MANUS PROVINCIAL HEALTH AUTHORITY

2017
ANNUAL MANAGEMENT REPORT

IN GOD WE TRUST; TO SERVE AND CARE

MANUS

PROVINCIAL HEALTH AUTHORITY

2017

ANNUAL MANAGEMENT REPORT

mpha@2019

CONTENTS

From the Chief Executive Officer

In 2017, the Manus PHA had to operate without a Board because its 3 year term had expired on the 31st July 2016. In contrast, the process of selecting new Board members was slow and had to undergo stringent scrutiny to enable a fair selection of members, representing all walks of life, ie; business sector, women, local communities, churches, etc. The selection also had to have the Governor's input, therefore the process was further delayed and as a result, there was no Board for the whole of 2017.

The Manus PHA had to rely on its Senior Management to fulfil some of the Board's obligations however, matters concerning governance was left unattended until the new Board is elected. This caused some important documents like the Corporate Plan and the Services Improvement Plans (SIPs) were shelved to await the Board's endorsement and blessings.

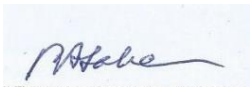
In 2017, we had advertised the remaining vacant positions and are preparing for the selection and recruitment. We are optimistic that with our full manpower, it will resolve our many problems and we would be able to provide quality health services in the years to come.

The Board has also given us the task to define spiritual health and incorporate it as part and parcel of the health services.

Due to the merger, Manus PHA has now become a bigger Organization and extends right to the utter remote parts of the province. Reaching the people at the ends of this province with quality health services is both challenging and difficult so in the context of Manus, Health remains one of the most expensive commodity of the government.

People have rights to good health and we feel it is our responsibility to educate our own people to take good care of their lives, their health and their environment in the events when we run out of drugs, in an attempt to minimize having to visit a health facility for health services. We are hoping to drive this agenda through the ***healthy island concepts*** so the people themselves become responsible for their own health through the three health dimensions which are; spiritual health, preventive health and curative health.

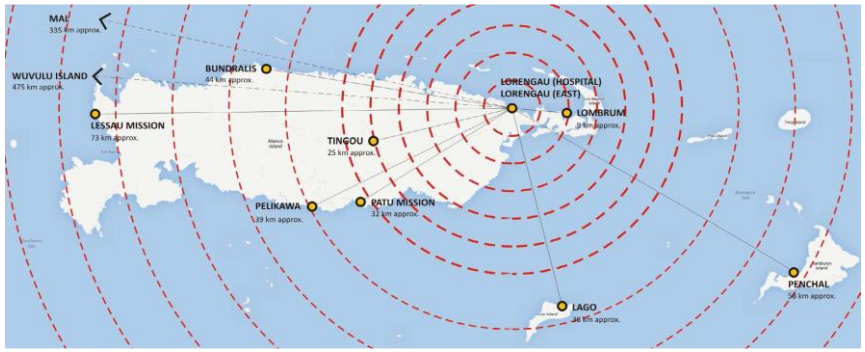
In our pursuit; in achieving better health for everyone in Manus, we foresee that we should focus mostly on two very important recipients of our services. If we can effectively achieve these milestones, then we will be able to accomplish the vision of government in providing better health services to the people. First and foremost, we will ensure that all our inpatients and outpatients are given priority and the best patient care services and secondly, the welfare of the Manus PHA workforce must also be given priority and address satisfactorily in order to attain our number priority, the patients.



ROBERT PEYAN SALIAU
Chief Executive Officer

EXECUTIVE SUMMARY

Overview



Generally, 2017 was another year for us to be together as one entity under the PHA reform. This was done and made complete when we were given the green light go ahead and advertise the remaining vacant positions in the merging structure.

Although Manus is one province, one district, it is spread out in the vast Bismarck Archipelago by its many atoll islands and coastlines making it a high risk when it comes to the delivery of health services especially during the north-west and south-east winds.

Most of our ural health facilities are spread out to the far west of Western Islands, and to the far east of Rapatona and Balopa.

Manus is served by a provincial hospital, 2 urban clinics in Lorengau and 10 health centres and 48 aid posts. About 24 of these aid posts are now closed following the retirement of our 24 retirees, most of whom were CHWs managing the level 1 facilities.

Most of the rural health facilities, especially the health centres were built in the early '70s and have now deteriorated to a state that it will be considered as a level 2 facility.

Upgrading these facilities back to the required National Health standard will cost millions, which is why we have opted to phase the maintenance program over a period of five years in line with our Services Improvement Plan 2020-2024.

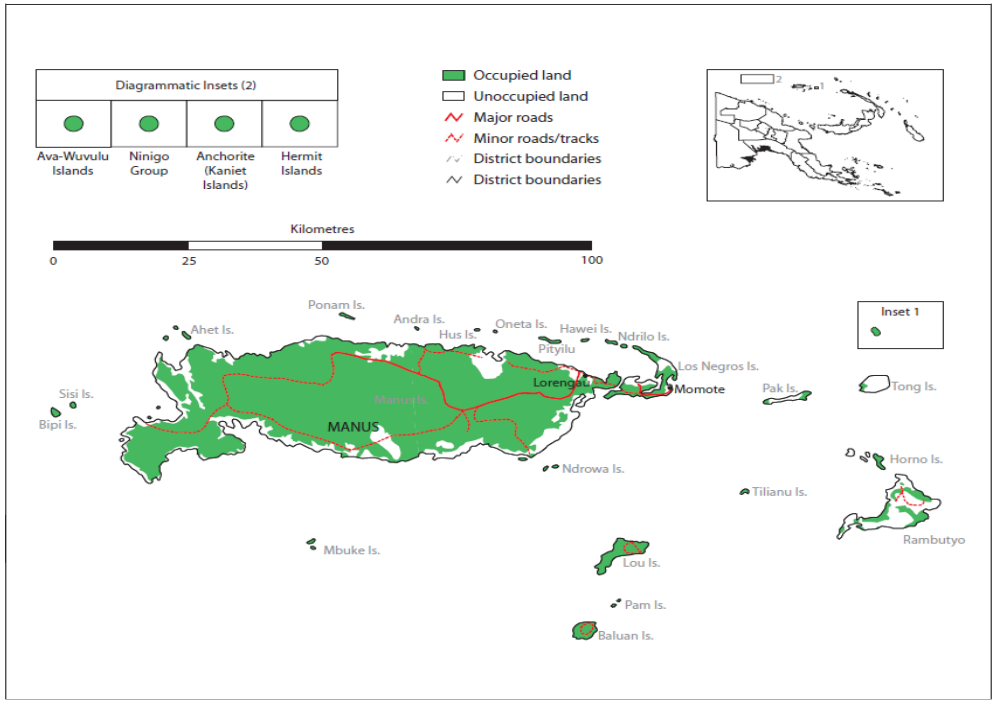
Agency Run	Hosp	Urban Clinic	HC	Aidpost
Gov't	1	2	6	48
Church	0	0	3	0
Other	0	0	1	

On the contrary, the transfer of the Asylum Processing Centre to Lorengau and with the incapacity of the Pacific International Hospital to meet the medical needs of these refugees, a lot of the refugees are referred back to the hospital for medical attention. This has increased our workload that puts a lot of stress to our already understaffing manpower but nonetheless, we have been assisting in every way possible.

This again, may have in some way, comprised the quality of services we are supposed to be providing. Also, because of the higher number of patients we are seeing every day, patient ratio against one health worker is well beyond the standard for quality health.

On the bright side, we had learnt a lot from these experiences and we hope to continue to improve in the years to come.

Background



Manus is the smallest of the 22 Provinces in Papua New Guinea in terms of land mass, population and economy. It does however, have one of the largest areas of sea mass than of any Province in the country. Manus is 300km off the north-coast of the PNG mainland, two degrees south from the Equator.

Manus is the largest island in the Admiralty group of islands and is the Provincial capital. The other larger islands are Los Negros Island (which is connected to the mainland Manus by a bridge across the Loniu Passage), Tong Island, Pak Island, Rambutso Island, Lou Island, and Baluan Island to the east, Mbuke Island to the south and Bipi Island to the west of Manus Island. Other islands that have been noted as significant places in the history of Manus include Ndrova Island, Pitylu Island and Ponam Island.

The economy of Manus is primarily agricultural, consisting of copra production and some cocoa and vanilla growing but these have declined due to lower prices in the World Market. Copper deposits have been located on Manus Island but not yet exploited. Only recently, there has been some exploration work being done in the area especially in the South Coast of Manus but more specifically in the Ere Kele electorate. Manus is heavily forested, and logging is another potential industry on the island however it has also not been fully developed. Current logging in the West Coast of Manus has seen a lot of destruction to the environment. On the contrary, the Logging Companies have been able to make roads (ungravelled) that has linked Ndrahukei, the new township to Lorengau.

Manus does have the potential to tap into the lucrative fishing industry (tuna) because of its vast sea mass and it is one of the major breeding places for tuna in the world. The Provincial Government has not been aggressive in its pursuits to tap into this Industry to make it happen. However, there has been positive outcomes into establishing a Fish Cannery at Ndrahukei Township that is hoped will boost the economy of the province. Beche-de-mer is another lucrative marine product but it has been temporarily banned because of over-harvesting.

Health in Brief

2017 Implementation Activities

Our 2017 activities include the normal routine activities and the new project activities. The normal routine activities will be addressed separately in the latter part of this report by each respective directorate however on the part of new projects, we have funding available but lack capacity to implement it.

The TB ward funding has been received but to date remains outstanding. The renovation and maintenance of the O&G ward remains outstanding because we are in dilemma to find an alternative arrangement prior to commencement of work.

Occupational Health and Safety

One of our strength lies in the good health of our workforce. When we have healthy officers working in a safe environment, we can be able to implement our responsibilities effectively. Due to understaffing because of the delay in advertising our positions, requiring officers to work long hours and under stress. We have lost three staff to sicknesses and we had some admitted to the hospital that has forced them to go on retirement. In contrast, our working environment needs to be safe both the building structures and the atmosphere. Due to these factors, some officers contracted contagious diseases that affects not only the services we are trying to deliver but also affect their immediate families. The cost of repatriating our deceased officers had been immense which is not covered for in our budget. This calls for an immediate construction of the new TB ward and that should have isolation rooms.

We will continue with our pursuits to ensure all our buildings are safe and equipped with fire extinguishers and other safety devices to ensure safety for both our patients and staff. Most of the buildings were built in the early '70s, otherwise during the colonial era, therefore poses a high risk for potential fire and breakdown.

Manus Communities and us

Health is everybody's business and for this reason, we would like to involve all Manus communities in taking good care of their own health and the environment they live in. We are optimistic that our two underpinning health pillars; spiritual health and preventive health, should take predominance in all our endeavors if we are to succeed in achieving good health for Manus. This has not been satisfactorily achieved in the previous years because our Corporate Plan and Services Improvement Plans (SIPs) are pending the Board's endorsement. It is important that these plans are understood by all officers of Manus PHA, so it can be satisfactorily implemented and our health targets achieved.

Our current position

Manus PHA continues to be impeded by several factors both within and without that are out of our control. First and foremost, we have had a dwindling budget cuts that affects most of our planned activities. Secondly, our Implementation and Monitoring section is yet to be fully functional in order to monitor and measure our performances against our targets. Thirdly, our new PHA Structure is still outstanding and needs to be completed soon. Most of the merging positions are very low and for this reason is unable to attract competitive workforce, especially in areas of specialist doctors, specialist nurses and specialized allied staff. Fourthly, disciplinary matters continue to remain unattended and staff have continued to use this weakness to their advantage and to the detriment of patients and other committed staff. Finally, there is no rapport between the staff, especially between the different professions and as a result; each sector is working in isolation of each other. Unless there is teamwork and rapport, Manus PHA will not be able to achieve its goals and vision, thus; the National Health goals and standards.

The current Hospital is located on a small ridge with deep gullies towards the eastside that any future expansion of the hospital would be near to impossible unless we build upwards. They land down the gulley is also allocated to a private citizen so any possible expansion will be to build upwards. The increase in population, the asylum processing centre and the influx of people coming into the province, demands for a new Hospital to replace the existing one. Currently, we are in the process of securing a piece of land that is

adequate for a new hospital site and with the provincial leaders consent, we are adamant the proposed plan will materialize into tangible results.

Our Strategy

Our way forward is clearly defined in our Services Improvement Plans (SIP) Vol 1 & 2, and the Corporate Plan however that is yet to be completed! We hope to start implementing these plans soon.

Our main focus, therefore will ensure that these plans are further translated into AIPs and AAPs so it can be implemented by respective sections and individuals within Manus PHA. At present, we are working on an Ad hoc basis until our Plans are printed and implemented.

In contrast, we will address other issues that are within our control and work within our means to fix them especially on discipline, structure, monitoring and evaluation, and; dwindling yearly budgets.

Our Expectation

Our greatest expectation would be to see that the actual results we aimed to accomplish (AIPs and AAPs) are attained satisfactorily with minimal cost. Due to funding constraints and other factors, managing our limited resources for maximized output is paramount and will give us the satisfaction if we are able to meet the National Health Targets in all sectors of health services. We see that Health has been compromised when we are seeing budget cuts and the late release of our CFC funding.

Our other expectation is to focus on building our capacities in all levels of rural health facilities so it minimizes the current load that is coming to the provincial hospital. In the urban setting, if our three urban clinics (Lorengau East and West clinics and Lombrum) can be upgraded to standard and are well capacitated, it can restrict the Provincial Hospital to emergencies only and referrals from the periphery.

EXECUTIVE SERVICES

Office of the Chief Executive Officer

The Office of the CEO is subject to the governing Board and is also responsible for the three Directors, the Internal Auditor, the Gesi Office, Quality Assurance and Infection Control. In the absence of the Board, the Senior Management Committee has been able to provide some leadership to maintain the smooth flow of operations.

Internal Audit

The Internal Audit Office is yet to be established and this needs to be expedited because it will play a very important role in ensuring that correct management procedures and good governance are followed. The office will also play another important role by establishing internal controls in areas of finances and in enforcing compliances to the Public Finances Management Act and the Financial Management Instructions.

Quality Assurance

This Office will play a very important function if Manus PHA is to comply with all the National Health Services Standards and undergo accreditation. Since the establishment of the PHA in 2014, this Office is yet to be filled and as a result, the Manus PHA may have compromised its health services in a lot of ways because there is no check and balance on the provision of quality health services.

Manus PHA, in its pursuit to provide quality health services and maintain par with the NHSS, it will need to employ an Officer to uphold and enforce quality in all areas of health without delay. As a measure in meeting this need, Manus PHA will create a position in its new Structure to take responsibility of this task. In terms of responsibility, this Office will carry out the CEO's instructions in maintaining quality assurance in all aspects of health services across the entire organization, both in urban and rural settings.

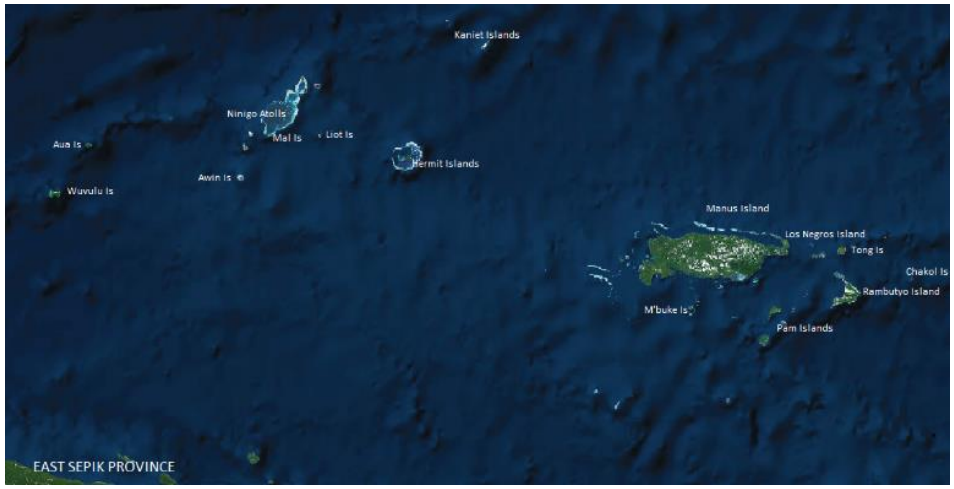
Infection Control

This is another important office that will play a pivotal role in ensuring that infections and cross infections are contained to a highest degree. With effective infection controls, we can be able to reduce diseases and other epidemic and pandemic diseases. Unfortunately, the incinerator has been out of order since 2017 and it is not helping us in our pursuits to control and contain infections.

GESI Office

DPM has been insisting to establish this position and we have made provisions to address and accommodate it in our new PHA Structure.

PUBLIC HEALTH SERVICES



The Public Health Services takes a dual responsibility in areas of preventive health and also on curative health care services. This is made so by the services that the two urban clinics, 10 health centres including Lombrum naval base health centre, and the 48 aid posts are providing. The success of these facilities will result in lesser number of patients being enrolled at outpatient clinics at the health centers and the provincial hospital.

The current government's policy on free health policy is causing an influx of outpatients coming to the provincial hospital instead of being served at their respective localities.

Delivering of health services in Manus is a very expensive exercise considering the bigger sea mass. Nearly more than half of the population and most of our rural health facilities are either situated along the coast of the main Manus Island otherwise on the atoll islands that can only be accessible by boats. As a result, most of our Budget is eaten by the cost of fuel and boat hires. A small but sea worthy boat should address this problem and will help to reduce some of our costs. Whilst the Western Islands are far to the west and shares the border with East and West Sepik, the risks involved in disseminating health services is also very high. In our pursuit of providing health services to people outside the vicinity of the main Manus Island, our Officers have been lost at sea and we have lost boats and outboard motors including drugs and supplies. Health therefore, in the context of Manus is a luxurious commodity.

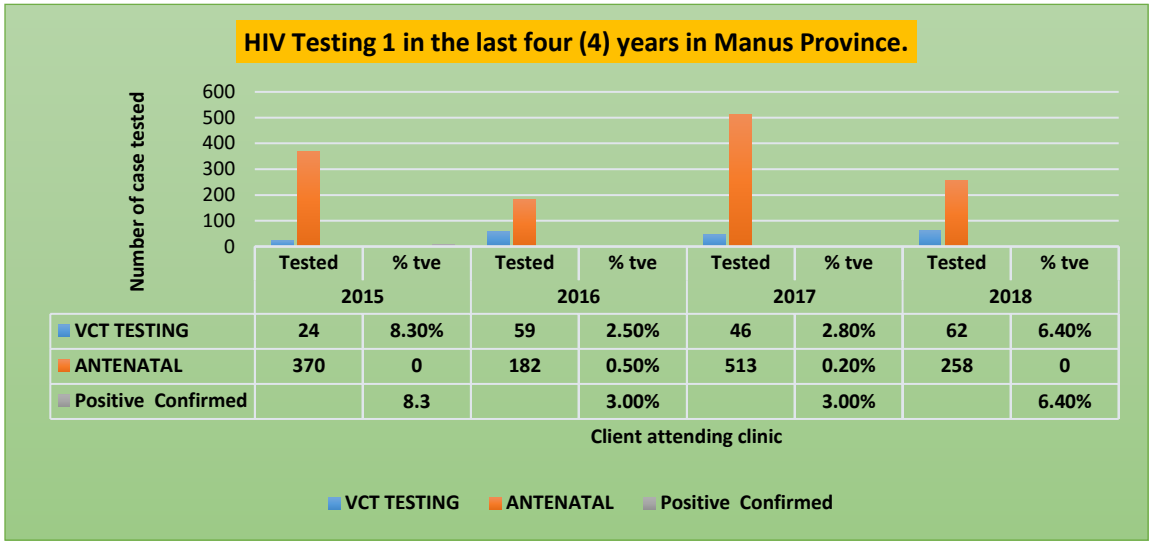
The public health services revolves around the five (5) of the eight National Health KRAs; (i) KRA 4- Improve Child Survival, (ii) KRA 5- Improve Maternal Health, (iii) KRA 6- Reduce the burden of communicable diseases, (iv) promote healthy lifestyle, and; (v) KRA 7- Improve our preparedness for disease epidemics and emerging population health issues.

Public Health services is basically responsible for promoting healthy lifestyle because it has currently become the leading cause of death in the province. The Public Health function will continue to ensue provision of health services are made accessible to the rural majority and the urban disadvantaged.

The following report reflects the 2017 annual performance of each sector within the Directorate and what it has achieved and overall; makes up the total provincial coverage for the province.

Our Public Health Services include the following data that are translated into graphs and tables;

1:4.HIV TESTING

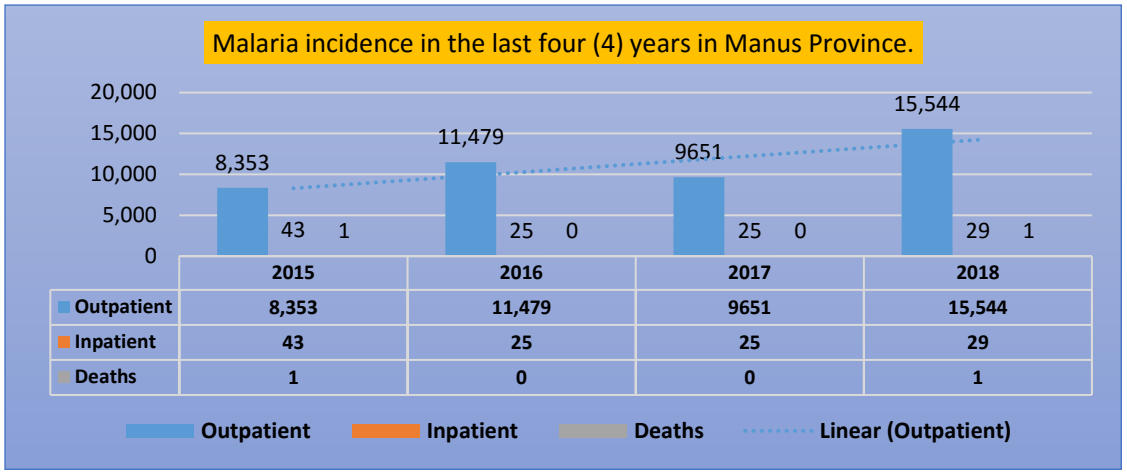


	Tested 2015	% tve 2015	Tested 2016	% tve 2016	Tested 2017	% tve 2017	Tested 2018	% tve 2018
VCT TESTING	24	8.30%	59	2.50%	46	2.80%	62	6.40%
ANTENATAL	370	0	182	0.50%	513	0.20%	258	0
Positive Confirmed		8.3		3.00%		3.00%		6.40%

VCT in HIV has increased constantly in the last four years with increase in HIV positive cases. In 2015, was 8.3% positive and in 2018 with 6.4%. The antenatal tested mothers has cases in 2016 with .5% and .2% in 2017.There were confirmed positive cases in the last four years.

Source: National Health Information System.

1:5.MALARIA INCIDENCE

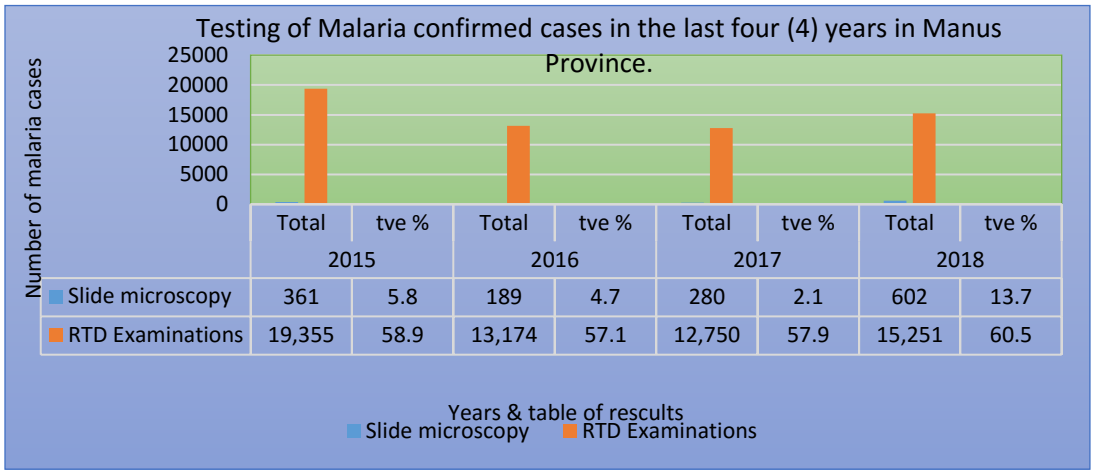


	2015	2016	2017	2018
Outpatient	8,353	11,479	9651	15,544
Inpatient	43	25	25	29
Deaths	1	0	0	1

Malaria cases treated in the outpatient has in 2018 with 15,544 cases. Inpatient has 43 cases admitted in 2015, while in 2016 & 2017 remain the same with 25 cases and has increased in 2018 with 29 cases. There was one malaria death in 2015 and 2018 who have admitted and died in the facility.

Source: National Health Information System.

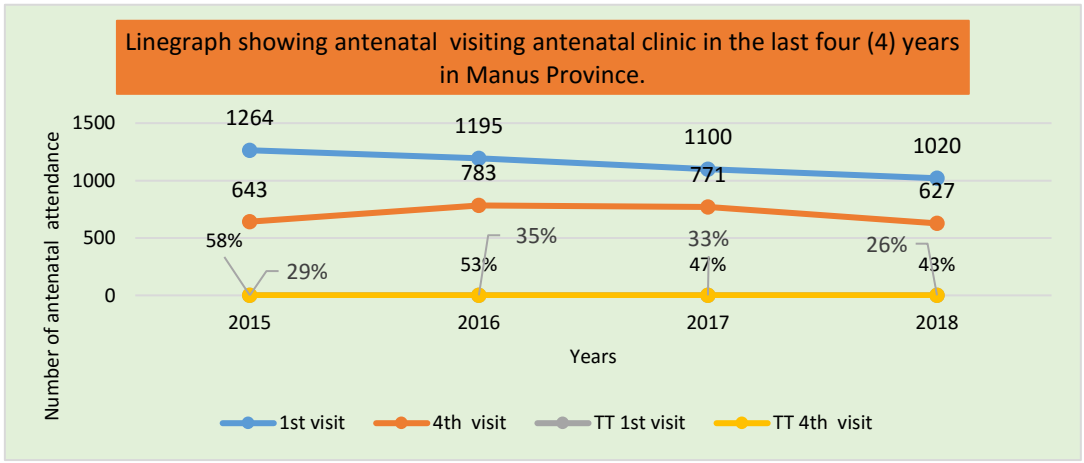
1:6.MALARIA TESTING



Source: National Health Information System.

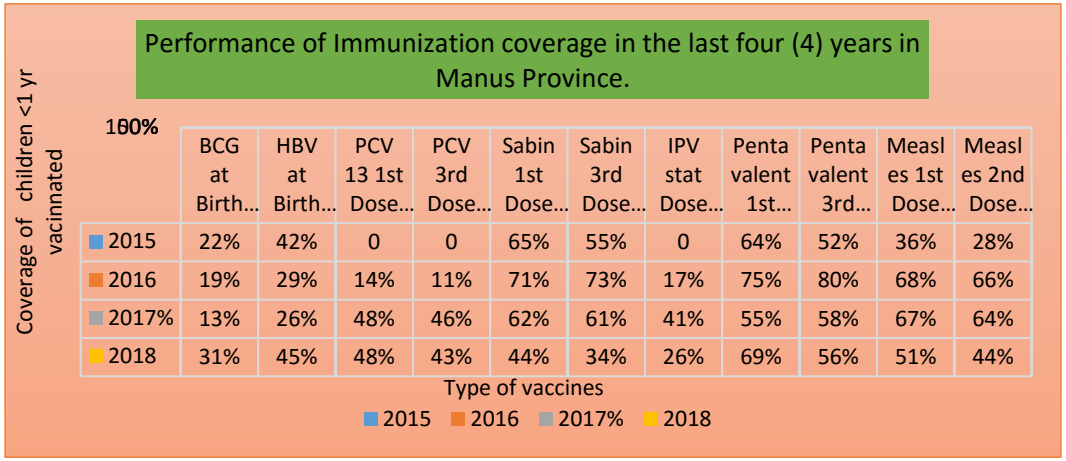
2: MATERNAL AND CHILD HEALTH

2:1. ANTENATAL CLINIC VISIT



Source: National Health Information System.

2:4.IMMUNIZATION COVERAGE



	BCG at Birth...	HBV at Birth...	PCV 13 1st Dose...	PCV 3rd Dose...	Sabin 1st Dose...	Sabin 3rd Dose...	IPV stat Dose...	Penta valent 1st...	Penta valent 3rd...	Measles 1st Dose...	Measles 2nd Dose...
2015	22%	42%	0	0	65%	55%	0	64%	52%	36%	28%
2016	19%	29%	14%	11%	71%	73%	17%	75%	80%	68%	66%
2017%	13%	26%	48%	46%	62%	61%	41%	55%	58%	67%	64%
2018	31%	45%	48%	43%	44%	34%	26%	69%	56%	51%	44%

Immunization coverage for less than one year is between 52% and 80% in the last four years. In 2015, the coverage was between 22% and 65% but has improved in 2016 with 80% in 3rd dose pentavalent. However, in 2018, the coverage was between 31% to 69%, which was below the national coverage of 80%.We need to improve the cold chain logistics in the Province in order to improve the immunization coverage and prevent the under one year children from these immunizable diseases.

Source: National Health Information System.

CURATIVE HEALTH SERVICES

Curative Health Services may be synonymous with Manus Provincial Hospital and curative functions in the rural areas are still managed by the Public Health Services which is responsible for all rural health facilities in the province. Curative functions in the hospital is twofold and comprises of the Medical and Nursing Services.

The medical services is responsible for the diagnosis and treatment of the patients while the nursing services is responsible for the caring of the sick on a twenty four hours, seven days a week basis. Medical Services is composed of the clinicians which include doctors, paramedical workers, oral health, the anaesthetic team and the support staff in fields of Medial Laboratory, Imaging, and pharmaceutical staff.

The Nursing Services is composed of specialist nurses in the all disciplines like mid-wifery, paediatrics, intensive care nursing, special care nursery and both Adult and children's outpatient clinic.

Staffing

CATEGORY	FUNDED	STAFF ON STRENGTH	VACANCY	REQUIREMENT
SMO	5	3	2	2
MEDICAL OFFICERS	4	2	2	2

IMAGING SCIENTIST	2	1	1	1
X-RAY ASSISTANT	1	1	0	0
DENTIST	1	1	0	0
DENTAL THERAPIST	1	1	0	0
DENTAL ASSISTANTS	2	0	2	2
ANAESTHETIC SCIENTISTS	2	1	1	1
ANAEST ASSISTANTS	2	1	1	1
SPECIALIST NURSES	35	19	16	16
GENERAL NURSES	23	16	7	7
CHW	26	18	8	8
MANAGEMENT MEDICAL	4	2	2	2
MANAGEMENT NURSING	4	4	0	0
ADMIN MEDICAL	1	1	0	0
ADMIN NURSING	1	1	0	0

HOSPITAL BEDS

NO	WARDS	TOTAL BED	NO	WARDS	TOTAL BED
1	Medical	18	5	Paediatric	20
2	Surgical	16	6	Postnatal Ward	16
3	FNC	4	7	Gynaecology/Antenatal	11
4	Side Room	3	8	Labour Ward	2
5	AOPD Cubicle	4	9	SCN	3 Warmer
Total Beds		**45**			**52**

The hospital is a 93 bed hospital including the 4 cubicles bed in the outpatients department

Radiology Department

Introduction

The Radiology department in Manus Provincial Hospital Authority is currently using the computerized and conventional x-ray unit. Below is a full report of the services from January to June 2017.

Radiology Team & Staff Ceiling

At the moment the staff ceiling stands at two, the OIC and the Assistant Radiographer. A new employer is expected to join us beginning of the 3rd quarter this year after the selection process is over. Generally, the man power is maintaining a smooth running of the x-ray services 24/7. Work commences at 8am and ends at 4.06pm during weekdays and after hours emergency x-rays are on throughout the week and weekends.

The ceiling is enough for a one x-ray room department for now. But the number could possibly increase in the future if the hospital expands. So another Gr. 10 position can be created as well, thus increasing the staff ceiling to four.

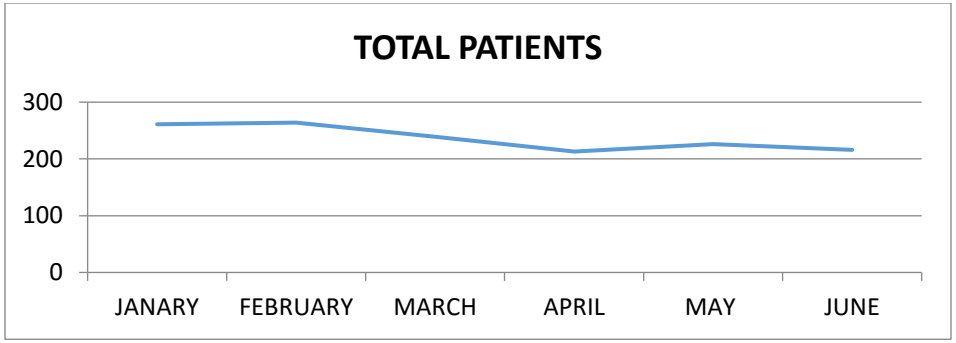
Workload

The daily workload depends on the day the clinicians do their consultations. Having two consultants (Dr. Naomi Pomat & Dr. Seginami) now on the ground would greatly affect the number of patients coming for x-rays. On average on a busy day, we x-ray 20-25 patients per day with one or two special examinations in a month. The ratio is 1:20 that is one staff to 20 patients a day. Normally three staff maintains the smooth running of the department but at the moment it is down to two or sometimes one person doing everything.

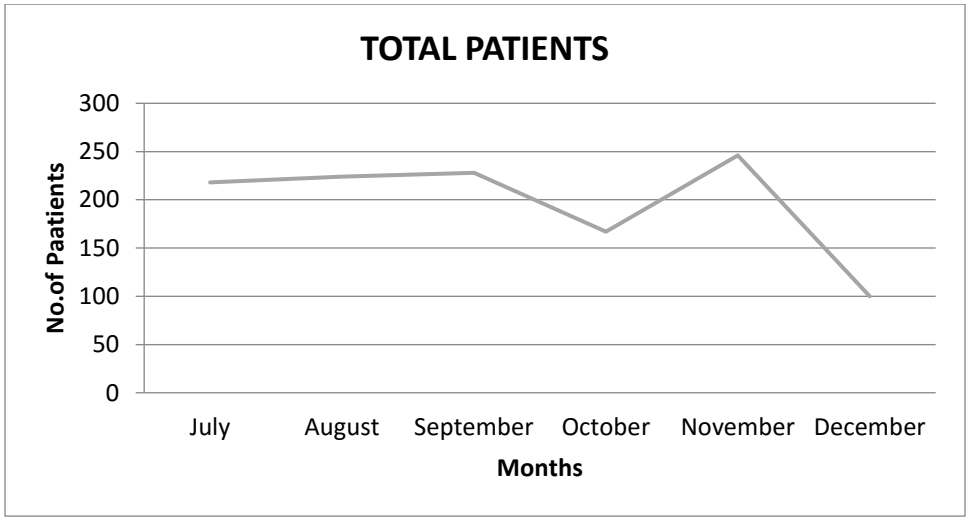
Also the ratio for the machine is 1:25 that is one machine to 25 patients in a day, thus in a week it will be more than 50 patients and over 100 examinations done.

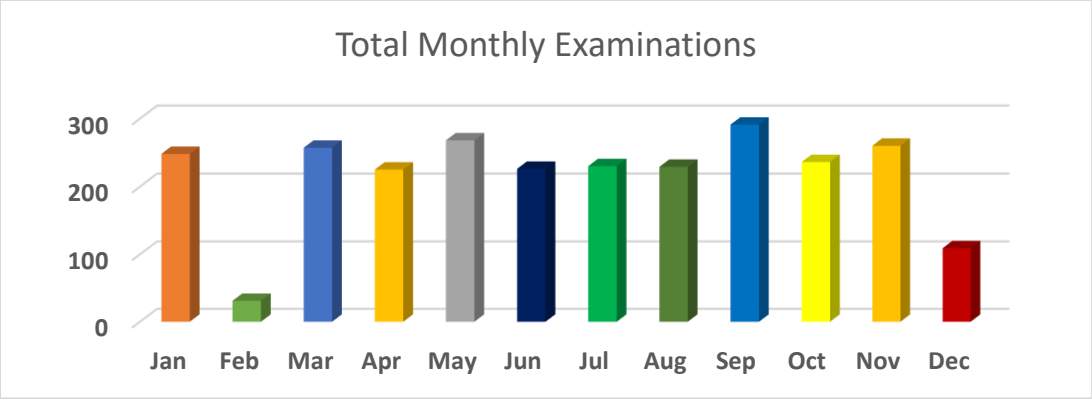
Statistics

For the months of January to June this year, we x-rayed a total of 1397 patients, of which highest numbers of cases come from AOPD for chest, followed by extremities and the number of examination is equivalent to the number of films used. The total number of patients differs from total number of examination because one patient can be requested for more than one examination.

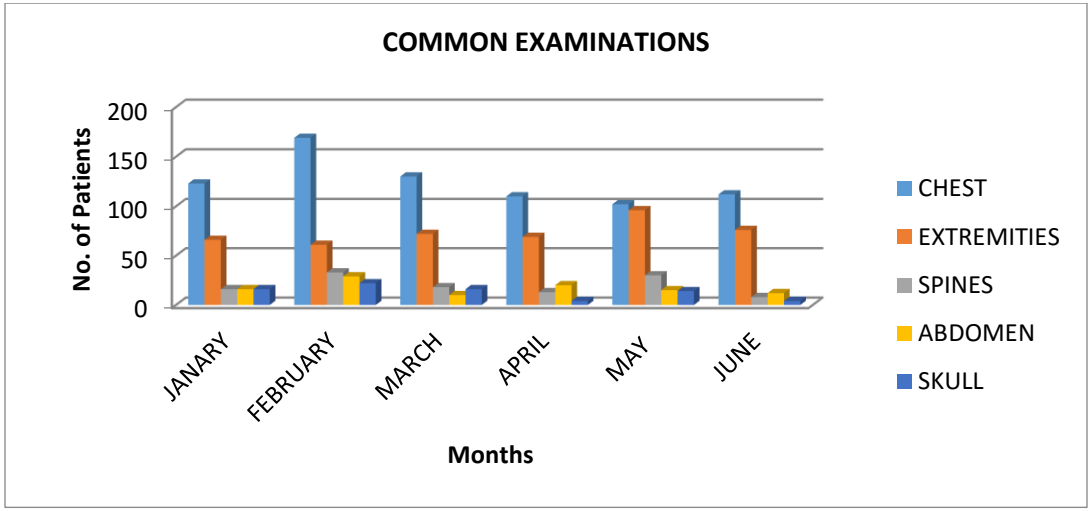


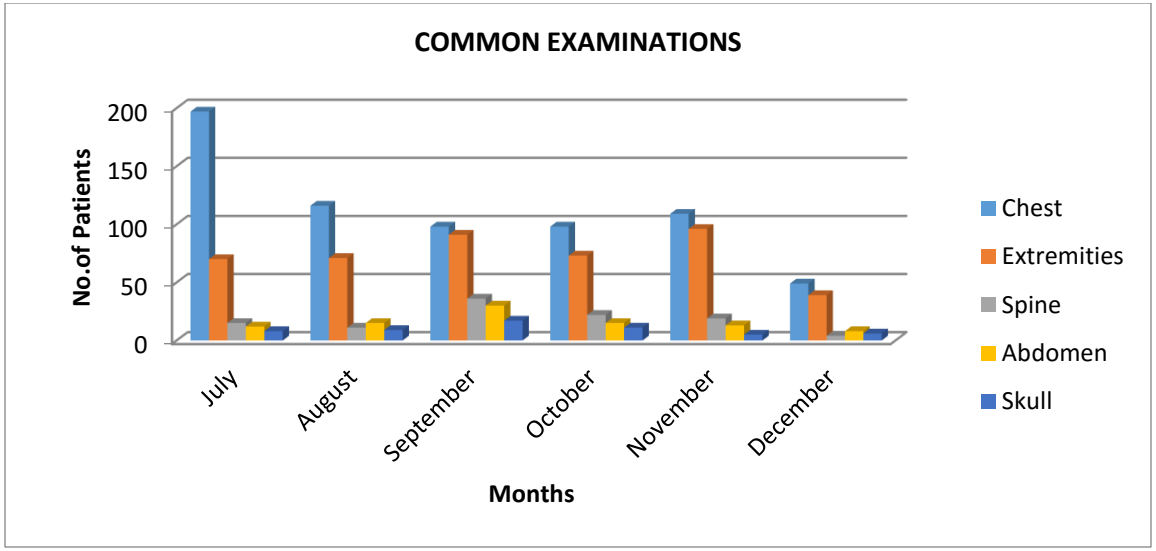
On average through out the 1st and 2nd quarter, we have seen rougly about 200+ patients per month.





Graph 1.1 Below represents the common examinations through out the first six months this year



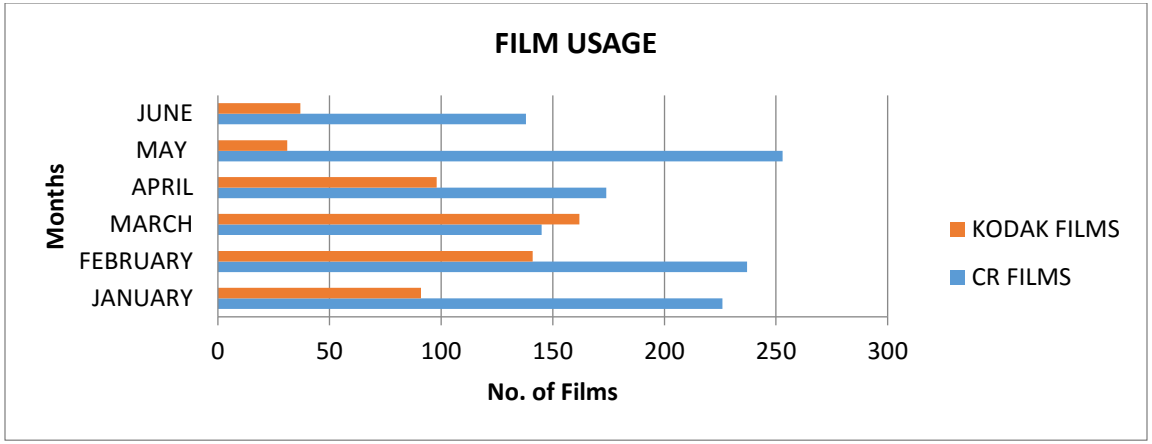


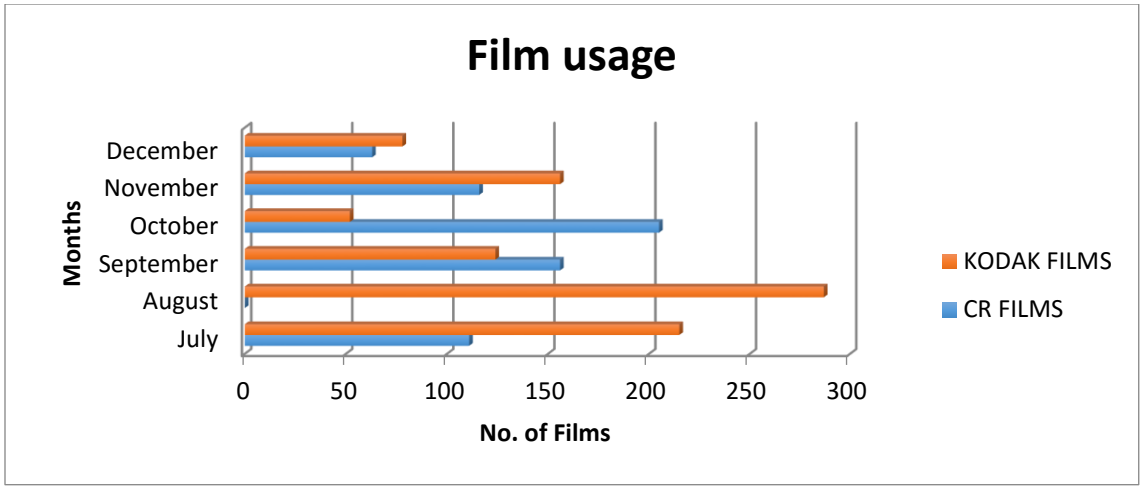
Chest examinations were the commonest of all examinations followed by the extremities, spine abdominal and then skull examinations. Medical examinations and respiratory conditions are the reasons for the high statistics for chest x-rays. Trauma and accidents followed by domestic violence account for the next increase in the examinations of the extremities.

Most of the spinal x-rays are due to simple complains of pain which can be treated instead of taking an x-ray. Special cases were rarely done due to limited requests by MO's. Only one IVP case was done in June to exclude renal calculi on a patient. The numbers of other examinations such as Abdomen/KUB, Cranial, and Spinal depend on the condition of the patients that come to the hospital.

FILMS USAGES

Both Kodak and CR films are used for the taking and processing of x-rays. The graph below shows the consumption of films and are self-explanatory. First half of the year more CR films were used but in the later part of the year more Kodak films were used and this may be due to the CR developing and processing process.


FILM USAGE
JUNE
MAY
APRIL
MARCH
FEBRUARY
JANUARY
Months
0
50
100
150
200
250
300
No. of Films
KODAK FILMS
CR FILMS


Film usage
December
November
October
September
August
July
Months
0
50
100
150
200
250
300
No. of Films
KODAK FILMS
CR FILMS

Pathology

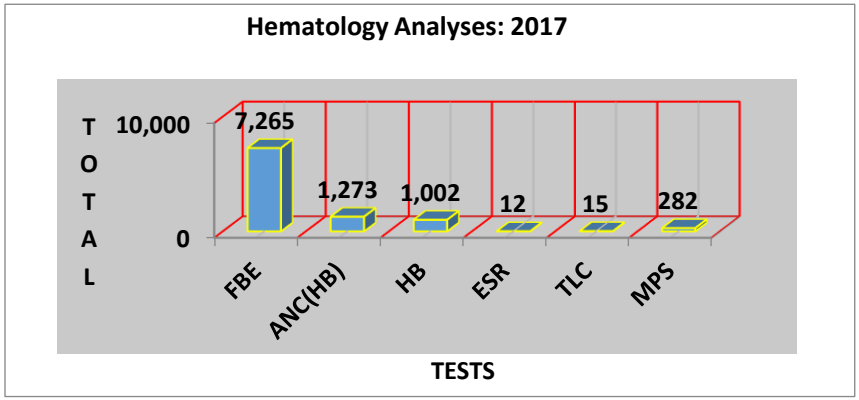
Pathology services is a specialist support services under the Curative Health Directorate in the Manus Provincial Health Authority. There are two laboratories in the province, one being the provincial laboratory at Lorengau Hospital and the TB Microscopic Laboratory at Lorengau East Urban Clinic. Currently most of our Health facilities in the rural areas do little or no pathology analyses. Most pathology analyses are now done at the provincial laboratory however there is a need to improve and maintain the pathology building to carter for additional tests such as culture and sensitivity testing in microbiology.

The Pathology Department has four officers occupying permanent positions within the Manus Provincial Health Authority establishment. Two are qualified Medical Laboratory Scientist (MLS/MT) and two are Medical Laboratory Assistant (MLA). One of the MLA is based at the Lorengau East Urban Clinic TB laboratory. The Pathology Section has one (1) MLA Grade 8 position vacant that has been advertised in 2016 and selection will be done in due course.

PATHOLOGY WORKLOAD STATISTICS 2017**.**
The following are the tabulated statistics for the various analyses carried out in each section of the laboratory at the provincial hospital.

Hematology

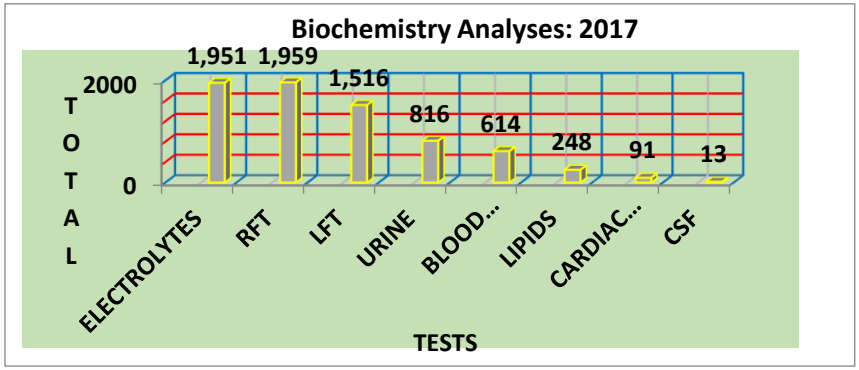
Figure 1: Hematology Analyses



The most requested tests in hematology are Full Blood Examination totaling **7,265** followed by hemoglobin analyses of antennal mothers of **1,273**. The malaria statistics of **282** are the slides that are microscopically examined in the laboratory. TLC is mostly requested to monitor our HIV/AIDS patients as we do not have a CD4 Count analyzer. The total tests analyzed for the year was **9,849.**

Biochemistry

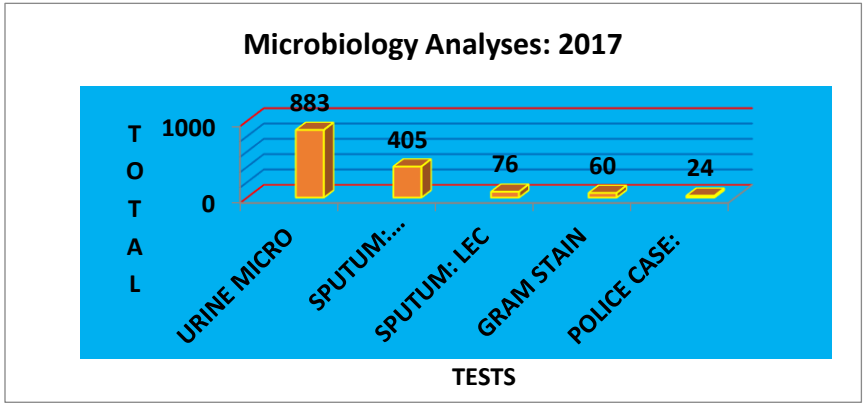
Figure 2: Biochemistry Analyses



In biochemistry analyses Electrolytes, Renal Function Tests and Liver Function Tests were the top leading tests requested for Biochemistry analyses. Urine protein and glucose mostly requested for our clients doing medical examinations. We received a Urine analyzer from Ihms during the closer of the Lombrum Detention Center at the end of November so the number of urine analyses increased in December. A total of **9,460** biochemical tests analyses in 2017.

Microbiology

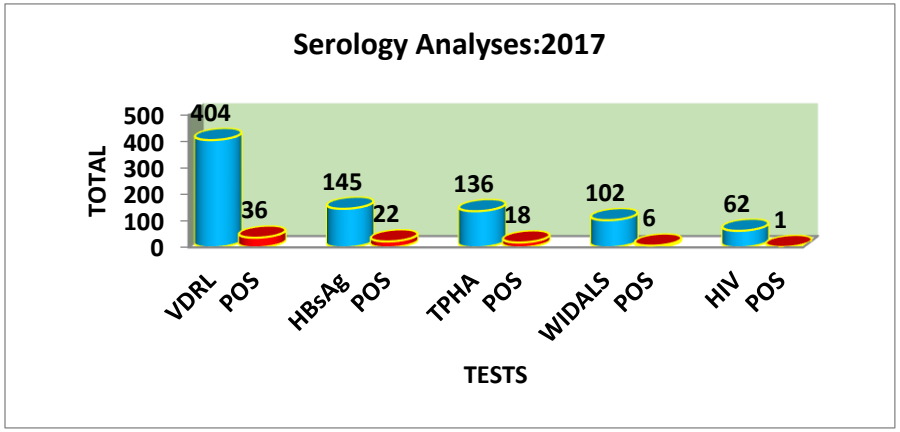
Figure 3: Microbiology Analyses



Microbiology is the section in the Pathology laboratory that needs improvement in areas of culturing and sensitivity testing. Most tests analyses are microscopic examinations such as in urine and ZN stain examination for AFB in sputum. A total of **1,584** tests analyses carried out during the year.

Serology

Figure 4: Serology Analyses with positive tests

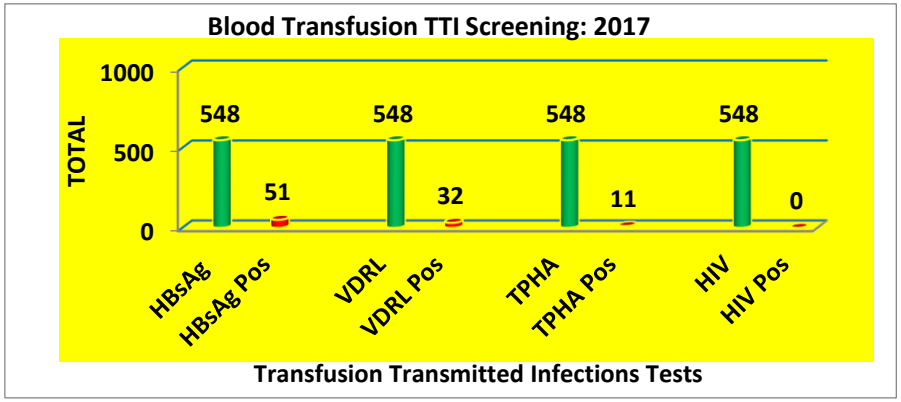


Most of the serology tests are from medical examinations and clinical patients seen by our clinicians at the Outpatient and inpatient wards. Most of the tests requested are VDRL **(404**), TPHA (**136**) and HBsAg (**145**) screening. A total of **986** analyzed during the year.

VDRL had **36** positives followed by HBsAg with **22** positives. Widals had **6** and HIV had only **1** confirm positive case for the year.

Blood Transfusion

Figure 5: TTI screening with positive tests



A total of **548** donor bags were screened for Transfusion Transmitted Infections which include HIV, HBsAg, VDRL and TPHA. The pathology performed **287** cross-matches with **449** blood bags transfused to our patients that needed blood transfusion. Total of **3,023** tests were performed during year, 2017.

For the screening of TTIs; HBsAg had the highest with **51** positives followed by VDRL **32** and TPHA with **11** positive cases. HIV did not record any positive case from our blood donors tested during the year.

Immunochemistry

Table 1: Immunochemistry Workload

TESTS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
TFT:TSH	0	0	0	0	0	0	0	0	0	0	2	3	**5**
:T3	0	0	0	0	0	0	0	0	0	0	2	3	**5**
:T4	0	0	0	0	0	0	0	0	0	0	2	3	**5**
CRP	0	0	0	0	0	0	0	0	0	0	0	1	**1**
AFP	0	0	0	0	0	0	0	0	0	0	0	1	**1**
CARDIAC ENZYME:TN	0	0	0	0	0	0	0	0	0	0	0	2	**2**
:CK-MB	0	0	0	0	0	0	0	0	0	0	0	2	**2**
:MYO	0	0	0	0	0	0	0	0	0	0	0	2	**2**
TOTAL	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**6**	**17**	
GRAND TOTAL													**23**

This is a new section introduced in the later part of the year when the pathology laboratory acquired its Immunochemistry Analyzer. The analyzer was installed in November and started analyzing some basic tests that are often requested by clinicians in the hospital.

A total of **23** tests done since installation.

Referred Specimens-PMGH/CPHL

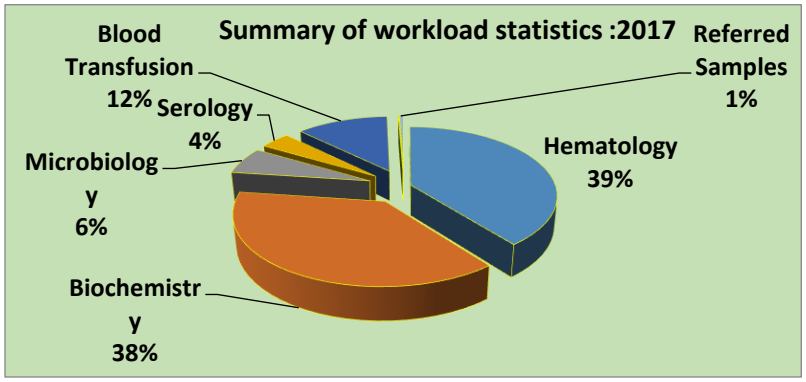
Table 2: Referred Samples

TESTS	AN	EB	AR	PR	AY	UN	UL	UG	EP	CT	OV	EC	OTAL
SERUM	0	0	0	0	0	1	2	0	0	0	0	0	**3**
SPUTUM(CPHL)	1	0	0	0	1	2	0	1	0	1	3	0	**9**
BIOSY	0	14	34	0	0	22	0	0	0	20	0	21	**111**
TOTAL	**1**	**14**	**34**	**0**	**1**	**25**	**2**	**1**	**0**	**21**	**3**	**21**	
GRAND TOTAL													**123**

Some of our samples are send to PMGH Pathology Department for processing and diagnosis especially biopsies. Sputum samples are sent to CPHL for GeneXpert analyses when suspecting MDR TB. A total of **123** samples were referred to PMGH or CPHL for further analyses during the year.

Summary of Statistics 2017

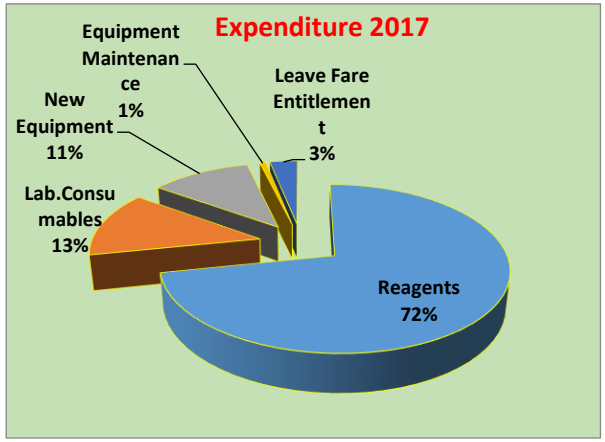
Figure 6: Percentages of workload summary for 2017



A total of **25,048** tests analyses conducted throughout the year with Hematology contributing **39%**, Biochemistry **38%** and Blood Transfusion **12%** of all tests conducted. The remaining sections of Microbiology, Serology and Referred samples contributed **6%**, **4%** and **1%** respectively. Immunochemistry did not featured prominently in 2017 as it was established in the end of year.

Pathology Expenditure 2017

Figure 7: Percentages of Pathology Expenses in 2017



Most of the Pathology budget was spend on purchasing of reagents for its automated analyzers both in hematology and biochemistry as well as serology testing kits at a cost of **K 161,257.70.** The Laboratory consumables were acquired at a cost of **K29, 684.45**. These consumables include blood collection tubes, analyzers cleaning materials and other laboratory necessaries. The purchase of the new Immunochemistry analyzer at the valued at **K25, 233.00** including reagents and installation cost. Maintenance of our computer and its UPS cost **K1, 500.00.** One of the laboratory staff went on recreational leave costing **K7, 000.00** for air fares to her husband province however this costing was not catered for in the pathology budget but was indicated in the AIP as funds were allocated by Human Resource Division. The pathology spending of its budget was in line with the AIP for the operational year 2017. The total funds used by the Pathology Services were **K 224,675.15**.

Equipment.

The Pathology laboratory is now fully functional with most of its analyzers are either semi-automated or automated. The analyzers include the Spotchem, Spotchem D-concept and Electrolyte analyzer for Biochemistry analyses. The Haematology analyzers include the Swelab, Quintus and the Hemo-Control for Hemoglobin analyses. Our microscopes are functional due to regular minor maintenance done by our trained laboratory staff.

The new analyzers acquired during the year were;

1. **Immunochemistry Analyze**r – the Manus Provincial Health Authority purchased the iCHROMA II and was installed by the supplier in late November. The laboratory can now do tests such as Thyroid Function Test, Tumour makers such as PSA and AFP, cardiac enzymes and hormonal tests.
2. **Urine Analyzer –** the Pathology Laboratory was fortunate enough to receive an Urisys 1100 analyzer for urine analyses from IHMS Medical Company that provided health care services to the asylum seekers at the Lombrum refugee center. These allowed the laboratory to do urine tests such as urobillinogen, bilirubin, ketones and specific gravity apart from protein and glucose analysis. The analyzer also gives the leucocytes and erythrocytes counts.

The Quintus analyzer used for hematology analysis broke down in November and is now with the supplier (EBOS) in Port Moresby awaiting parts from the manufacturer so it can be fixed by their Biomed Engineer and return back to the laboratory for use. Currently the laboratory is using the Swelab analyzer to do the hematology tests. During the year, the Biohazard Cabinet started having problems with its filter however it is still in operation. It was seen by the Biomed engineer from EBOS who had advice the manufacturer in New Zealand to come and change the filter as well as do general servicing and maintenance.

5. EXTERNAL QUALITY ASSURANCE

The Pathology laboratory continuously participate in the EQA program coordinated by CPHL since its inception and 2017 was of no exception. The Provincial Laboratory at Lorengau Public Hospital participated in three EQA programs which are HIV, Malaria and TB EQA. The TB microscopy laboratory at Lorengau East Urban Clinic participates in TB EQA only.

The External Quality Assurance exercise indicates the level of accuracy of each participating laboratories in regards to the tests results reported out to the clinicians.

Table: 9: EQA Results for 2017

QC Program	1st QTR	2nd QTR	3rd QTR	4th QTR
HIV- Prov.Lab	NIL	93%	86%	NIL
Malaria- Prov.Lab	?	100%	90%	100%
TB – Prov.Lab	?	88%	100%	100%
TB- Lorengau East Urban Clinic	89%	86%	100%	85%

In HIV, unknown samples are sent to each selected testing sites in 2nd and 3rd quarter of each year and tested with results forward to CPHL for comparison and verification with their results. With Malaria EQA, 10 slides are selected from the workload of each quarter and send to CPHL Malaria Lab. and re-examined microscopically and their results compared with our results. For TB EQA, a number of slides are selected from the total workload for each quarter and sent with the results to CPHL TB Lab. and re-examined and compared with results from the testing laboratories. The criteria used for validation of each laboratory work quality includes staining, smearing, parasites density count, in dated reagents used, use of standard algorithm and finally the results from each specific samples.

The Provincial Laboratory and Lorengau East TB Laboratory participated in all four quarters of 2017.From the EQA results received from CPHL, there were some notable points or areas that were identified and needed immediate interventions. The corrective measures were carried out as soon as the EQA results were received from CPHL.

The Malaria and TB EQA from the provincial laboratory results for the first quarter of 2017 are missing and cannot be located from the laboratory files. This could be due to results being misplaced or results not received from CPHL EQA laboratory. There's continuous break down of the hospital fax and telephone lines. This affects ordering of laboratory suppliers from outside the province. The hospital has purchase Digicel Modems and land line phone for the Laboratory to use however it is becoming a burden to purchase credits to use when excessing private emails. The use of private mobile phones is the now the main mode of communication.

1. One MLS and two MLT positions for the Provincial Laboratory to be included in the MPHA structure to carter for the increase workload as well as the establishment of the Microbiology Section. Other positions currently occupied will need to be upgraded as per MLTPA **Memorandum of Understanding** with DPM.
2. Funds must be made available to purchase Laboratory reagents and supplies so that consistent services are provided.

3. The Manus Provincial Health Authority to install free Wi-Fi service at the Provincial Hospital for all health staff to use in excessing their emails regarding patient care, ordering of medical supplies and following up on patients results.

The Pathology Services was maintained at a consistent level all year round however there were minor hiccups especially with some shortages of reagents. This was mainly due to the supplier not having reagents in the country and had to get from overseas companies. Our biopsies and other specimens which were unable to analyses here were sent to PMGH and CPHL respectively.

The results are emailed on a timely manner. There has been a big improvement on the time taken for PMGH to send our biopsies results back to us. We appreciate PMGH and CPHL for their continuous support.

Due to the National Health Department not purchasing the laboratory reagents, the Manus Provincial Health Authority had to use its limited funds to purchase the reagents so as to keep the laboratory operating smoothly all year.

Anaesthetic

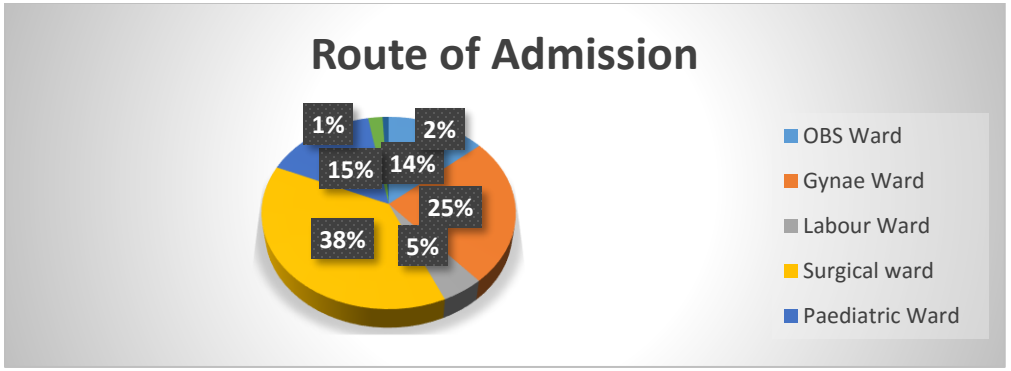
CASE BOOKINGS

Booking	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Rate (%)
Booked	57	38	68	66	91	78	64	74	70	76	108	51	**841**	
Done	43	8	53	41	77	59	46	49	36	55	69	39	**575**	68.4
Cancelled	8	4	7	12	8	11	9	10	13	10	24	8	**124**	14.7

REASONS FOR CANCELATION

CANCELLATION	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Rate (%)
Not Assessed By ASO	0	0	1	2	1	4	2	0	0	0	1	1	12	9.7
Not fit for Anaest	1	0	3	0	2	1	1	1	1	6	0	0	16	12.9
No Blood	0	0	0	0	0	0	2	0	0	0	0	0	2	1.6
Patient Ate/Drank	1	0	0	1	0	0	0	0	0	1	2	0	5	4.0
NO ASO	1	2		4	0	0	0	0	1	2	10	3	23	18.5
No Time	0	0	2	1	0	2	0	2	2	0	8	3	20	16.1
Absconding	1	0	0	1	0	0	0	0	0	0	0	0	2	1.6
Pt. Refused	0	0	0	0	1	0	1	0	0	0	0	0	2	0.2
Pt. Not Around	1	0	0	0	0	1	1	0	1	0	0	0	4	3.2
No Trays	0	0	0	0	0	0	1	0	0	0	0	0	1	0.8
Others	0	0	1	2	4	2	0	2	0	0	2	1	14	11.3
No Reason	3	2	0	1	0	1	1	5	8	1	1	0	23	18.5
Sub Total	8	4	7	12	8	11	9	10	13	10	24	8	124	

Route of Admission



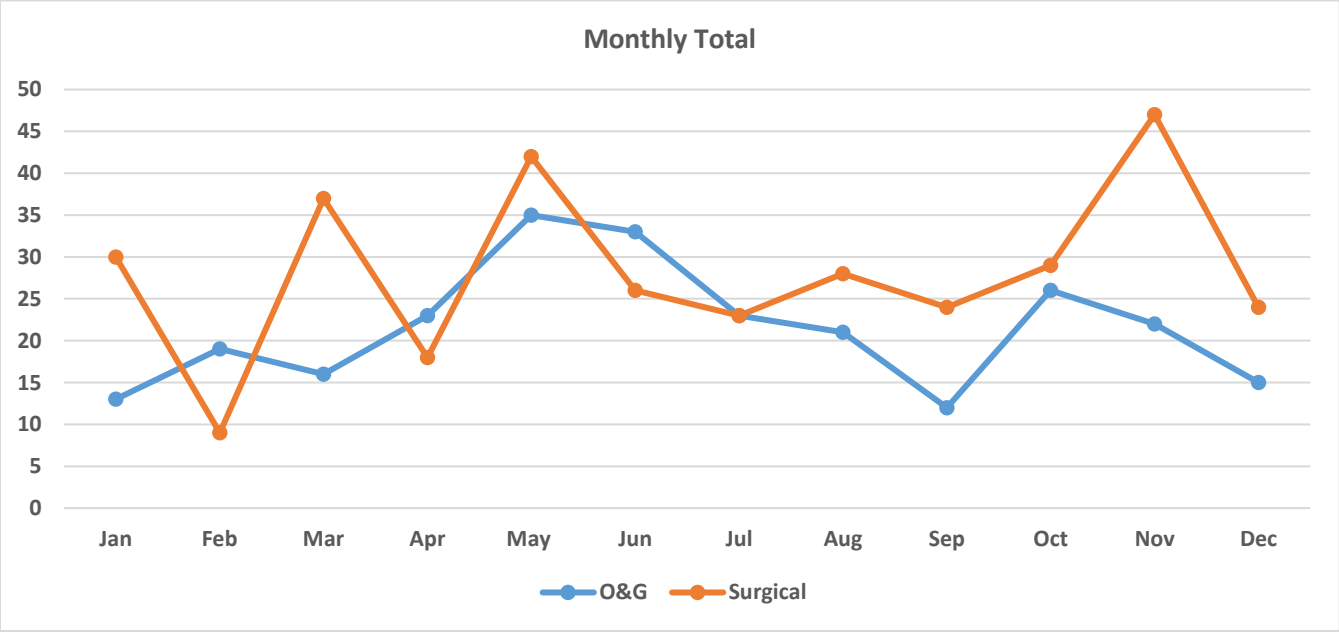
44% of the cases are from the obstetrics and gynaecology ward while 38% of the cases are coming from the surgical ward, 15% of the cases are from the paediatric section, 2% from the full nursing section and 1% from the surgical outpatient clinic.

SPECIALITY

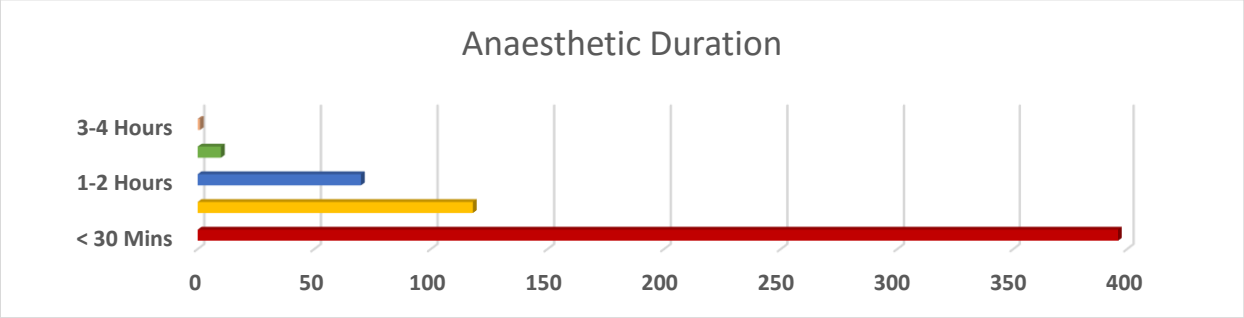
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	Rate (%)
O&G	13	19	16	23	35	33	23	21	12	26	22	15	258	43.4
Surgical	30	9	37	18	42	26	23	28	24	29	47	24	337	56.6
													595	

The number of cases are almost evenly distributed between the two disciplines between the O&G and the surgical team. The surgical cases lead by 57% compared to 43% from O&G.

MONTHLY TOTALS: O&G COPMARED TO SURGERY



LENGTH OF ANAESTHETIC



2% of the operation lasted between 2-3 hours while 12% of the surgery took 1-2 hours while 20% of the cases took 30-60 minutes to anaesthetize and 67% of the operations lasted less than 30 minutes.

TYPES OF ANAESTHESIA

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL	RATE (%)
General	1	6	11	11	10	11	5	9	10	8	6	7	95	16.0
Spinal	1	0	0	0	8	0	1	3	3	3	3	4	26	4.4
Ketamine	21	17	40	17	33	40	23	34	12	35	42	21	335	56.3
LA &Sedation	1	0	0	4	8	3	9	3	5	6	6	1	46	7.7
La & Ketamine	3	5	1	3	7	4	2	0	2	1	5	1	34	5.7
Sedation	1	0	0	4	0	1	1	0	0	0	1	1	9	1.5
BPB	1	0	1	0	1	0	0	0	0	0	1	0	4	0.7
Wrist Block	0	0	0	1	0	0	0	0	1	0	3	0	5	0.8
OR Block	1	0	0	0	4	0	1	0	2	0	1	0	9	1.5
Local Anaesthetic	0	0	0	1	6	0	4	0	1	2	1	4	19	3.2

The most common form of anaesthesia use is ketamine at 56% followed by general anaesthesia at 16% and then local anaesthetic & sedation 7.7%, local anaesthetic & ketamine 5.7%, and spinal anaesthesia 4.4% respectively.

Pharmacy

PRESCRIPTIONS

MONTH	Male Adult	Female Adult	Male 17 yrs & under	Female 17 years & under	Sub-Total
January	758	973	598	505	2834
February	923	1218	824	731	3576
March	840	1218	729	706	3493
April	677	990	585	559	2811
May	929	1299	759	698	3685
June	261	373	194	178	1006
July	810	1245	755	677	3487
August	923	1412	869	745	3949
September	770	1119	659	564	3112
October	853	1172	536	554	3115
November	1000	1281	729	681	3691
December	708	709	451	424	2292
TOTAL	**9452**	**13009**	**7688**	**7022**	**37051**

COMMON USED DRUGS

The most commonly used drugs are as follows;

1. Antibiotics
2. Analgesics & anti-inflammatory
3. Antimalarials
4. Iron Tablets
5. Oral Hypoglycaemics
6. Anti-hypertensives

Nursing Care Services

The 2017 Annual Report for the Nurses is a summary of the performance of the Nursing Division in the hospital. The nursing performance is being challenged with high turnovers, absenteeism and other related issues however, the nursing administration have lived up to its reputation and sustained nursing care services on the 24/7 (twenty-four hours/seven days a week) basis throughout the year with the support from the MPHA management.

The focus of the discussion in this report highlighted some of the achievements and challenges encountered in the past 12 months. The nursing activities and statistic presented in this report also outline some significant information that needed in the future planning and management of nursing administration and this institution

2017 AIP Budget and Expenditures

The Nursing administration expenditure for 2017 was basically spent on stationary, office equipment, basic nursing equipment, training and advance salary for short term contract officers with advance for mess vegetables and high protein diet for in patients. The nursing administration office have also been providing photocopy services to other directorates throughout the year and it has demanded an increase in stationary expenses thus, we suggest that management should have a central photocopy bay established for the hospital in future.

The approximate expenditures of 2017 are indicated in the table for your information.

No	ITEMS DESCRIPTION	ITEM No	TOATAL	REMARKS
1	Office Stationary	123	K29,791.72	
2	Office Equipment	124	K15,956.44	
3	Rations	135	K36,000.00	
4	Operational Expense	135	K60,564.56	
5	Training	135	K16,564.56	
GRAND TOTAL			**K158,877.00**	

Table 1

These expenditures are obtained from the claim raised in the nursing office and may not be the exact cost, however, nursing administration is now looking forward for 2018 budget allocation for nursing division which we will have the appropriate budget to spent and report exact cost at the review and in the 2018 annual report.

Area of Responsibilities.

The Nursing Administration area of responsibilities includes;

Table 2

1. Medical Wards 2. Surgical Ward 3. Full Nursing Ward 4. Pediatrics Ward 5. Antennal Ward *6.* SCN	7. Gyaneacology Ward 8. Labour ward 9. AOP & A/E-Department 10. COP-Department *11.* Consultation Clinic	*Other Services under Medical Services* ➢ Mental Health Clinic ➢ Masih Clinic ➢ Eye Clinic ➢ Blood Bank

This table indicated that nursing administration has a vast area of responsibilities to control and manage in order to sustain clinical nursing services on 24/7. Despites this comprehensive responsibilities, nursing administration was challenged in 2017 on its performances with negative comments, high turnover, absenteeism, sick leave with other related issues, but nurses have maintained continuity of nursing services with limited resource throughout the year

3.1 Nursing Establishment.

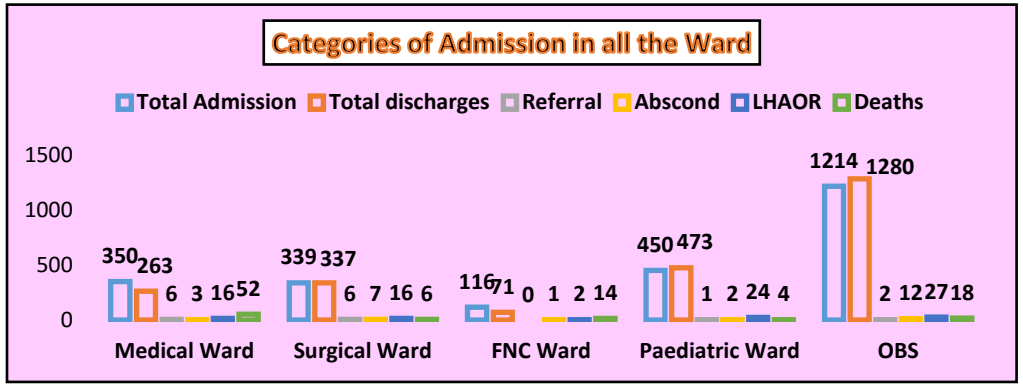
Table 4

Description of Nursing Establishment	NURSING ADMIN	CLINICAL NURSING	CHW	TOTAL
Approved Nursing Position	5	55	24	**84**
Position Occupied	4	32	18	**54**
Abonnement/Transfer	0	2	2	**04**
Current SOS	4	30	16	**50**
Vacant Position	1	23	6	**30**

The Quality Nursing Care depend on the manpower and in the nursing division, it has been an ongoing problem and the nursing division has been managing its nursing services below the nursing standard ratio to Bed capacity.

4. 2017 General Admission Categories Statistics.

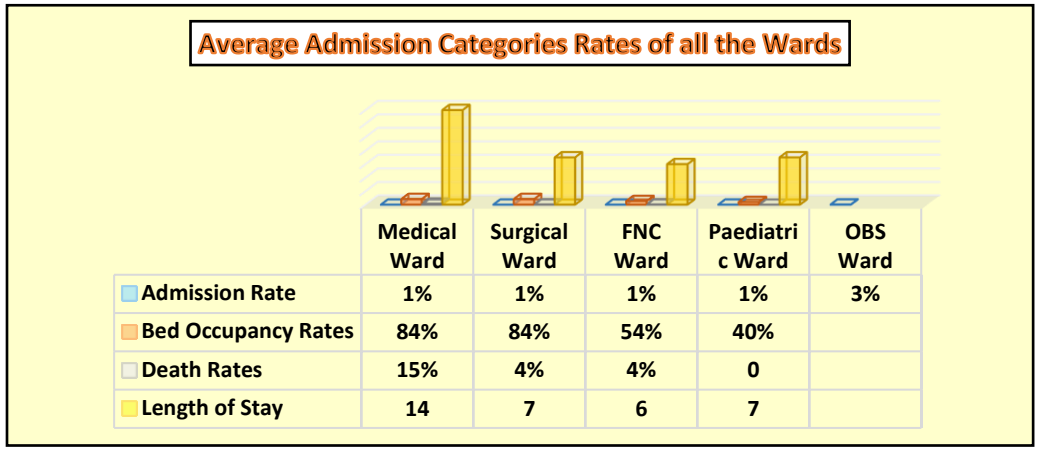
Figure 1



The statistics of all the admission categories presented in this reports are based on the bed statement nurses provided to the DDNS office.

This graph shows the categories of each of the wards admission which OBS has the highest admission followed by Medical and Peadiatric than Surgical and FNC wards.

Figure 2.



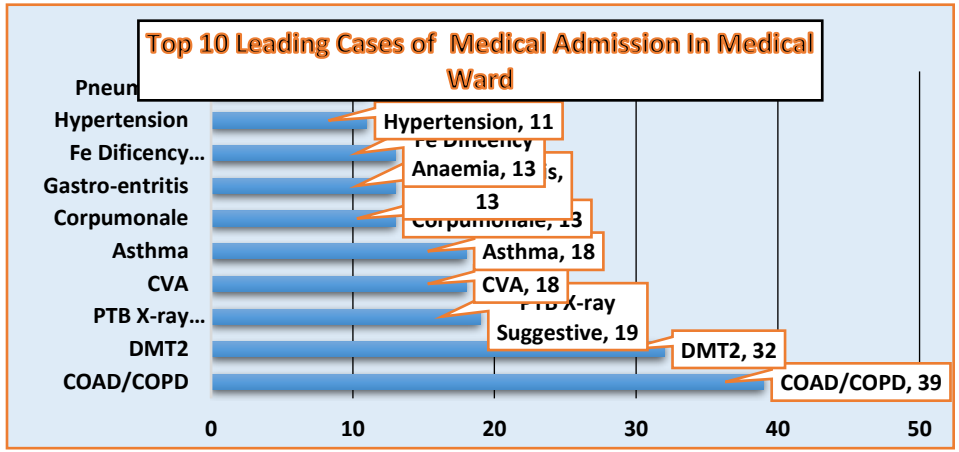
	Medical Ward	Surgical Ward	FNC Ward	Paediatric Ward	OBS Ward
Admission Rate	1%	1%	1%	1%	3%
Bed Occupancy Rates	84%	84%	54%	40%	
Death Rates	15%	4%	4%	0	
Length of Stay	14	7	6	7	

The OBS statistic is high because it comprised of Antenatal ward, Gynaecology ward and Post Natal Ward. The categories of each ward statistics is displayed in detailed on the graphs in the report.

Out of the total categories of admission categories in (figure 1) this graph displayed the average categories rates of admission, Bed Occupancy, and death in each of the wards in 2017.

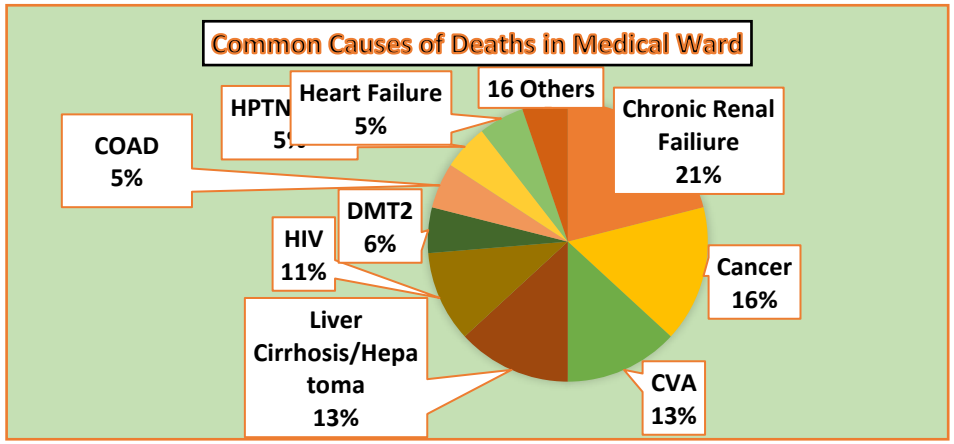
4.1 Medical Ward Statistics

Figure 3



This graph shows clearly the leading causes of admission to Medical Ward and COAD/COPD is leading followed by DMT2, PTB X-ray Suggestive and others as indicated in percentage.

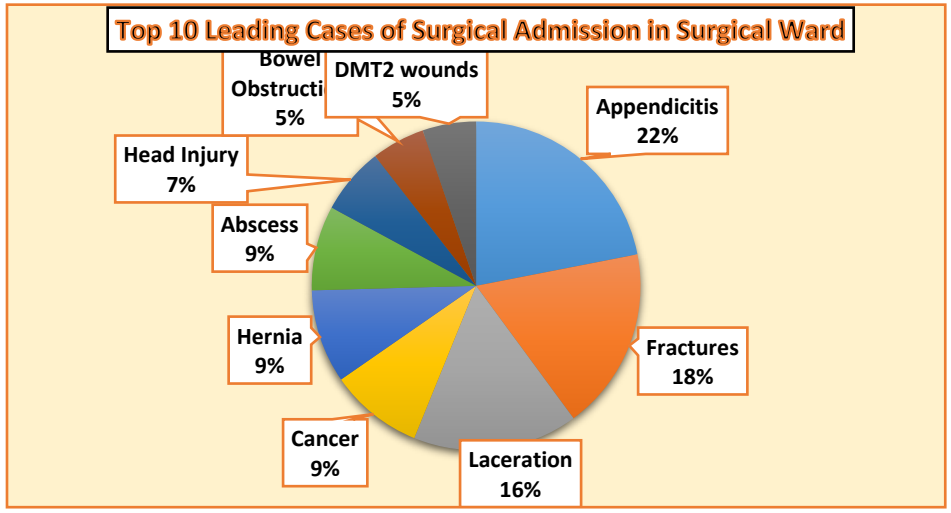
Figure 4



There were 52 deaths occurred in 2017 and this pie graph shows the top 10 common causes of these deaths in the medical ward which, renal failure accounts for most of the deaths followed by Cancer, CVA, Liver cirrhosis, HIV and others. This trend of the causes of deaths indicate that non communicable disease (life style related condition) also contributed in all the death in the hospital and it is gradually increasing thus, it will need continuity active awareness approach of the program.

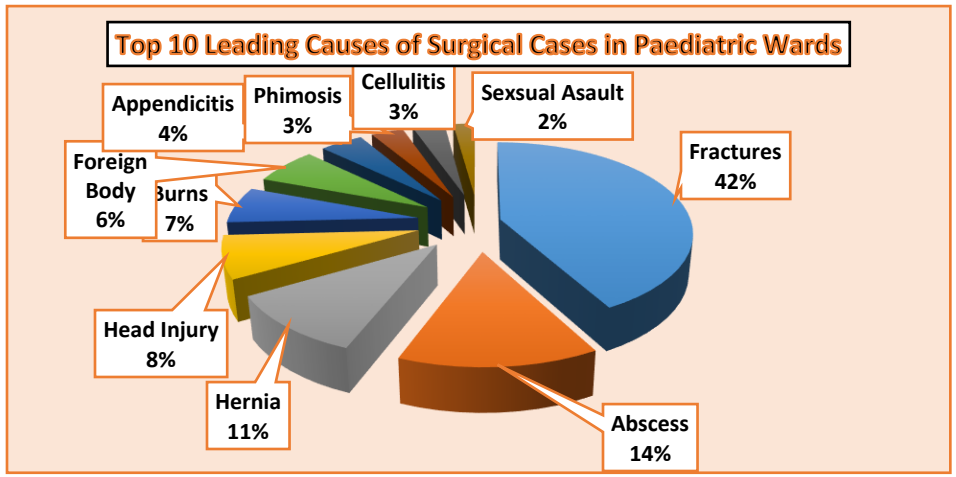
4.2 Surgical Ward Statistics

Figure 5



This pie graph indicated that appendicitis is a leading cause of admission followed by fractures, laceration, cancer and other as per the percentage.

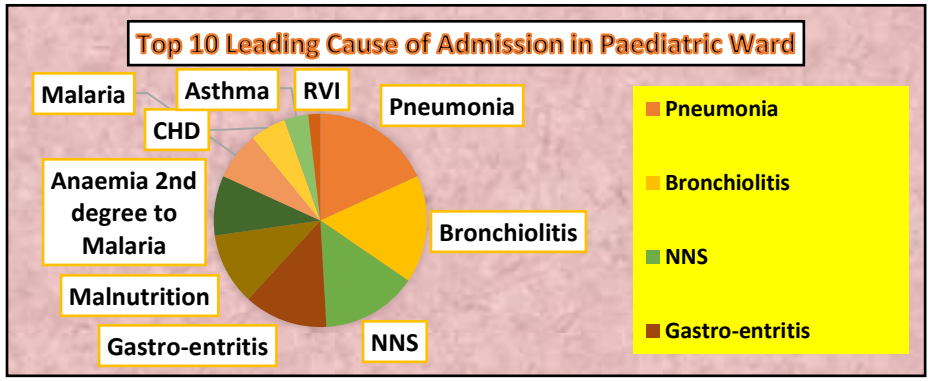
Figure 6



Surgical Team manage the surgical patient in Peadiatric ward and this pie graph indicated indicate the leading causes of admission which fractures top the list followed by abscess, hernia, head injury and others.

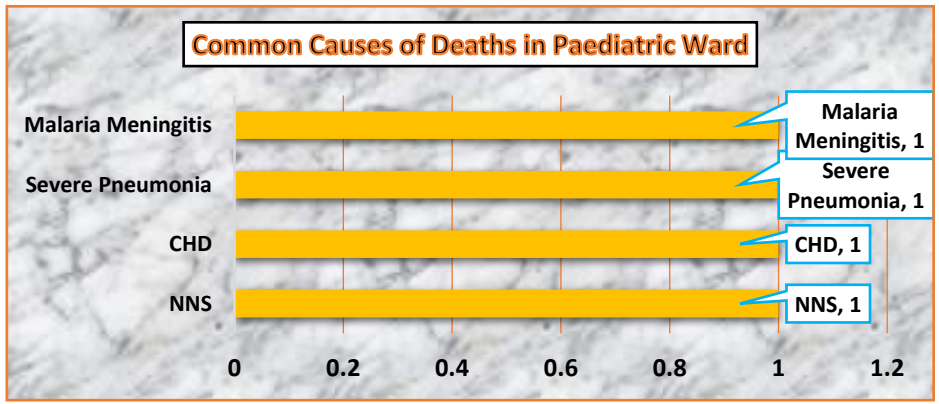
4.3 Paediatric Ward Statistics

Figure 7



The pie graph indicated that Pneumonia is the leading cause of admission, followed by bronchiolitis, NNS, gastroenteritis, Malnutrition and other. Pneumonia is one of the leading cause of deaths in the country and this statistics reveal that it is also a leading cause of admission in Manus Provincial Hospital.

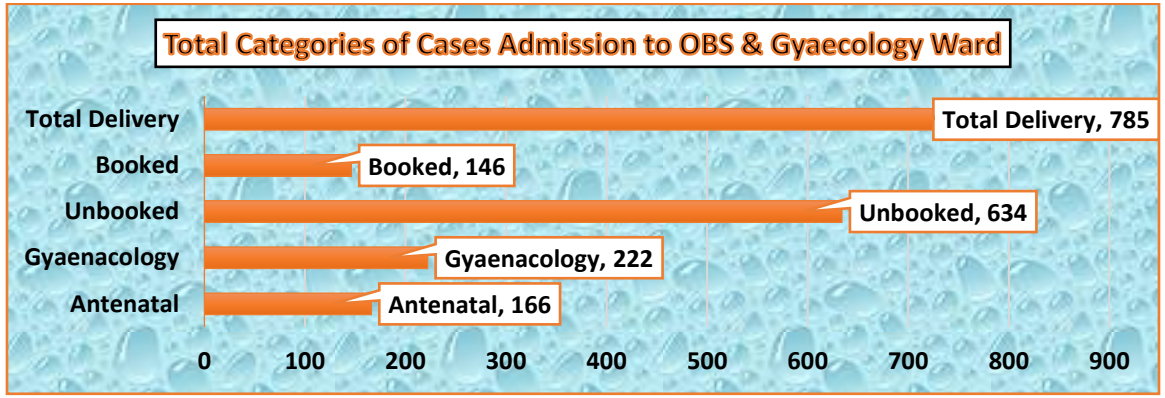
Figure 8



The Paediatric ward experience 4 deaths in 2017 and each causes of death varies from each other and display in the above graph.

4.4 O&G Ward Statistics

Figure 9



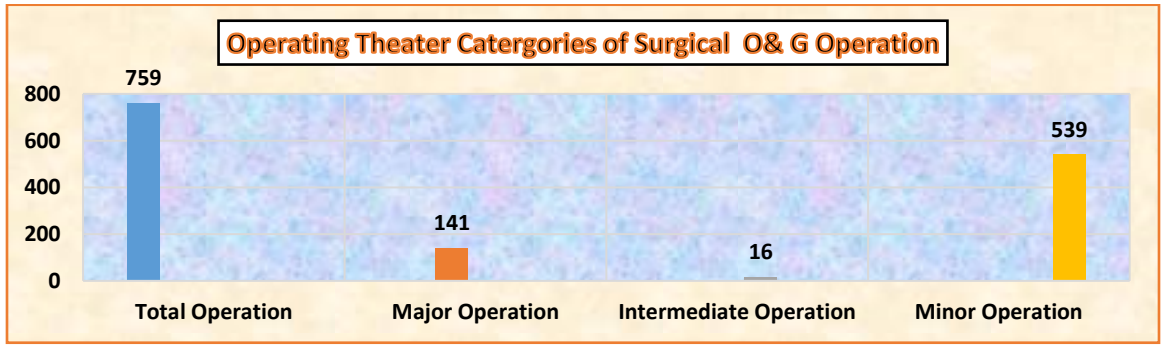
This graph clarifies the total admission categories in Figure 1 and these categories in distributed in this graph, thus, the total admission is justified in this graph.

5. Operating Theater Statistics.

This graph shows the types of surgical and O&G operation done in 2017 and according to the figure, it has been quite a lot of work for the two nursing staff in the theater, so it is a priority for nursing administration to increase the staff next year when we recruit new employee.

The further displays of the categories of Surgical and O&G operation will be indicated in each graphs presented in this report.

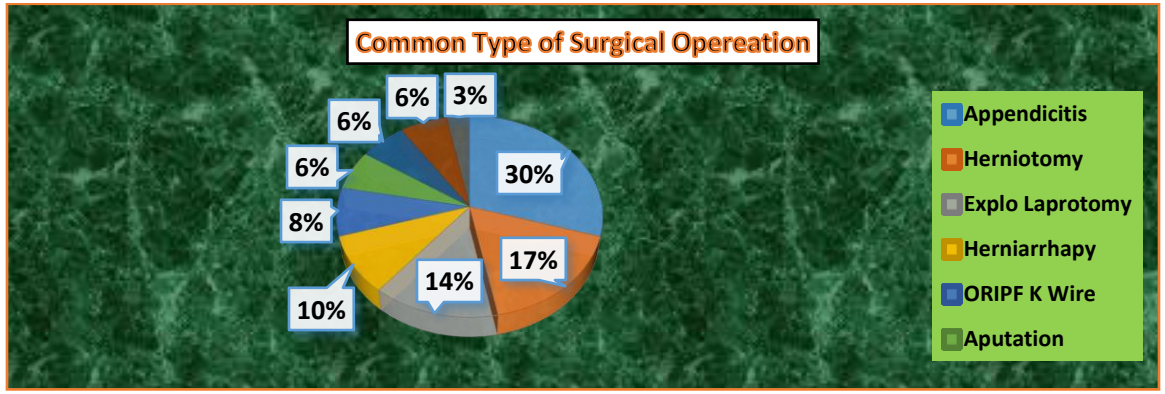
Figure 10



This graph indicated the total operation performed in 2017 with the type of operation done in that year.

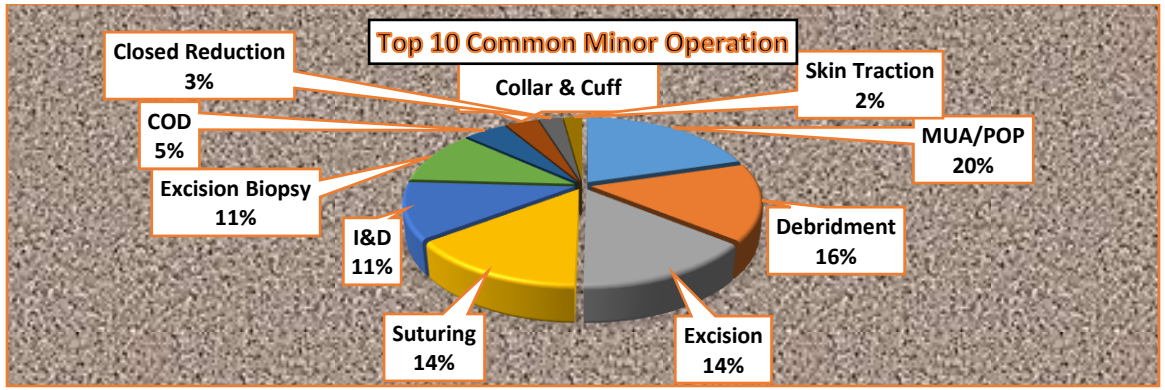
5.1 Surgical Categories of Operation

Figure 11



This graph indicated the types of the surgical case which were operated in 2017, which Appendicitis is leading followed by Herniotomy, Explo-Laprotomy, ORIF K Wire Amputation, ORIF, BKA and Hernia Repair.

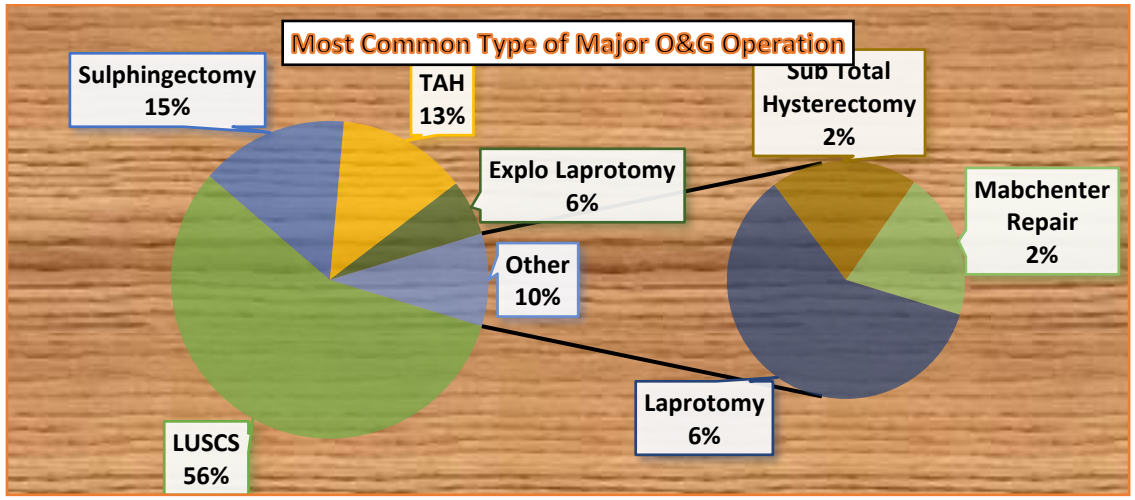
Figure 12



Out of the total categories of each type of operation performed, this are the 10 common minor surgical operation done in that period, which MUA/POP topped the tally followed by debridement, excision, suturing and others.

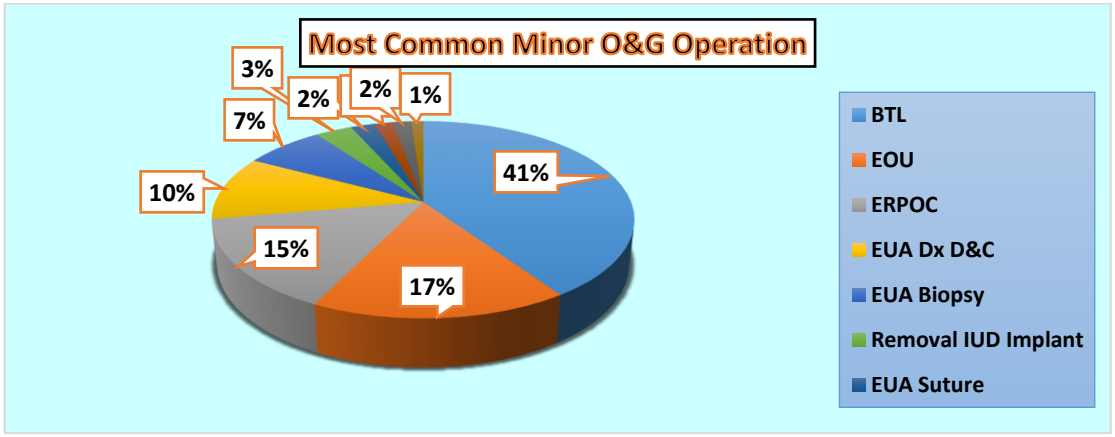
5.2 O&G Theater Statistics

Figure 13



In this pie graph the most common operation done is LUSCS which account for more the 50% of the cases followed by Salphingotomy, TAH, Exploratory Laparotomy and others as indicated in the graph.

Figure 14

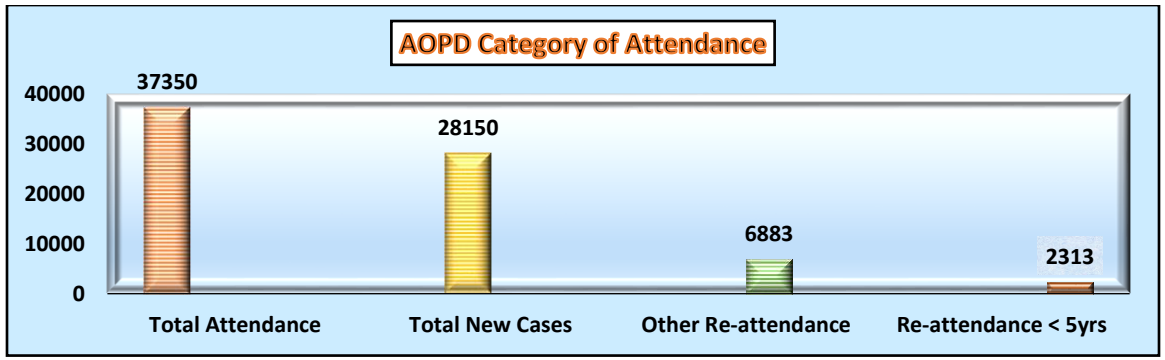


The common minor operation indicated in this table is BTL followed by EOU, ERPOC, EUA Diagnostic D&C and other as indicated in the graph.

6. Adult Outpatient Department Statistics.

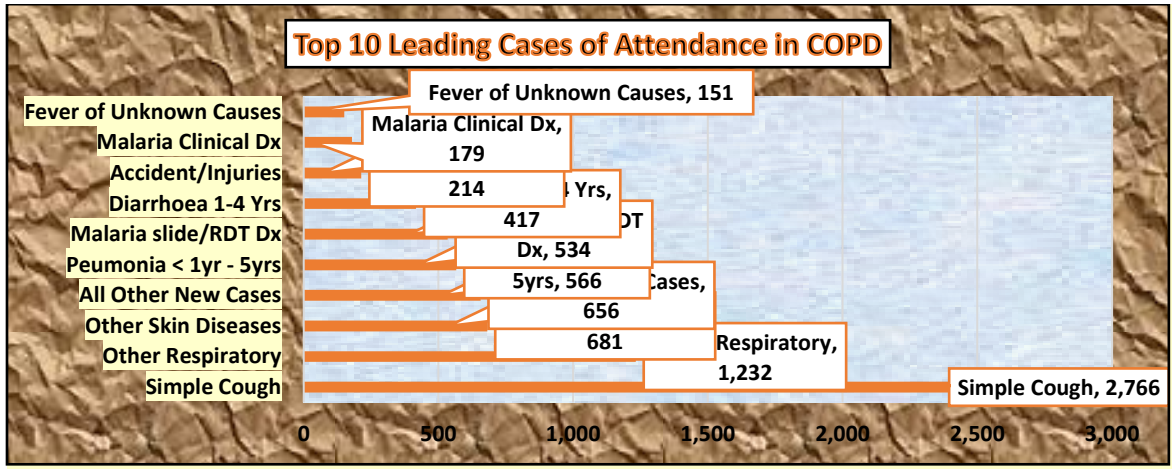
Staffing is a major problem that contributed to the services provided in the section because there is barely adequate staffing to cover the AOPD in a shift as per nursing standard. Most times only two nurses per shift and when attending to an incoming emergency, AOPD clients faced with a problem of long waiting time.

Figure 15



This bar graph indicated that out of the total attendance of 37,350, 2,815 are new cases while 6,883 are other re-attendance and 2,313 are re-attendance less than 5 years. The total attendance showed significant evidence that patients have been by passing rural health peripheries and seek health services at the Provincial Hospital.

Figure 16

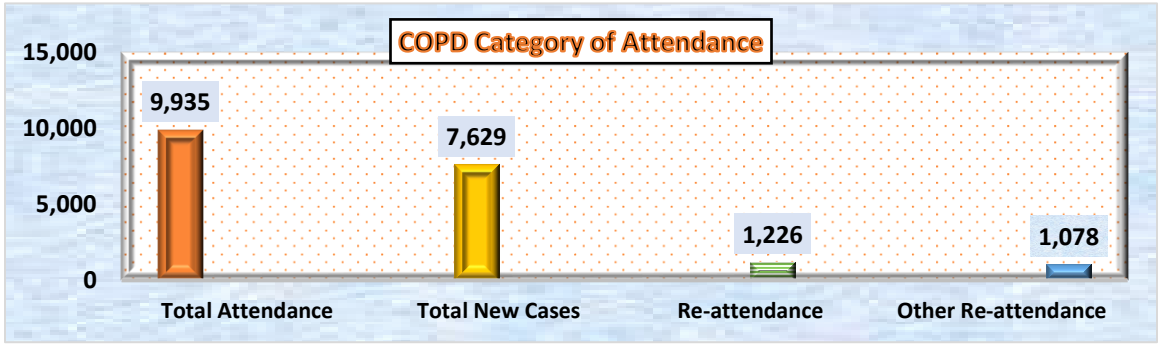


This clustered bar indicated that Simple Cough leads the tally followed by Other Respiratory, Other Skin diseases, All other New Cases, Malaria Slide/RDT 5-14yrs, PNA 1-4yrs, Diarrhoea 1-4yrs. Accidents/Injuries, Malaria and finally PNA >1yrs & Fever of Unknown Causes.

7. Children Outpatients Department Statistics

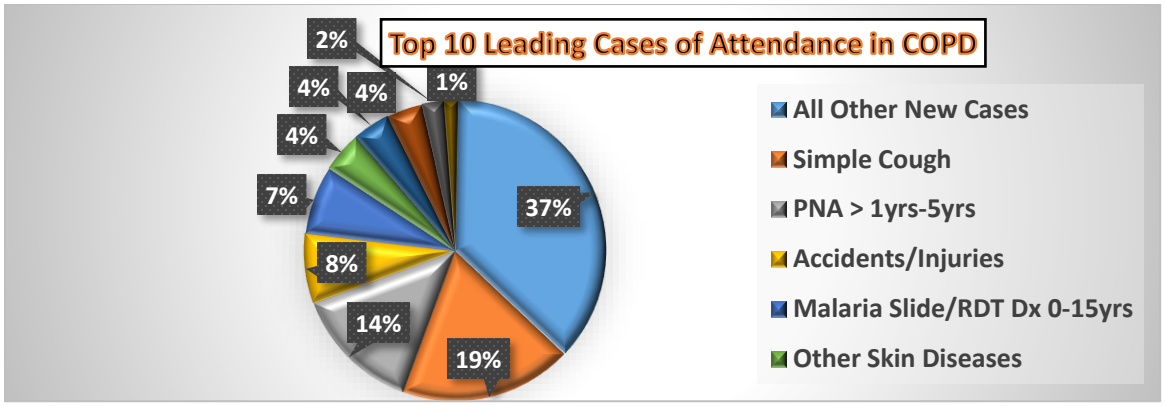
This section is manned by one Post Basic Paediatric Nurse and a CHW who does the clinic from Monday to Friday and with the total of each of the category of attendances indicated that the manpower needs to be increase. The clinic needs renovation to cater for medical doctor examination room, OIC office and observation cubicle and also equip with the basic paediatric medical equipment.

Figure 17



This bar graph indicated that out of the total attendance of 9,935, 7.629 are new cases while 1,078 are other re-attendance and 1,226 are re-attendance less than 5 years.

Figure 18



This graph indicated clearly indicated the leading cases with the labels.

(N/B. All Other New Cases in this pie graph represent other conditions that are not listed in the COPD tally sheets therefore they are indicated with the highest total.)

8. Mental Health Clinic Statistics.

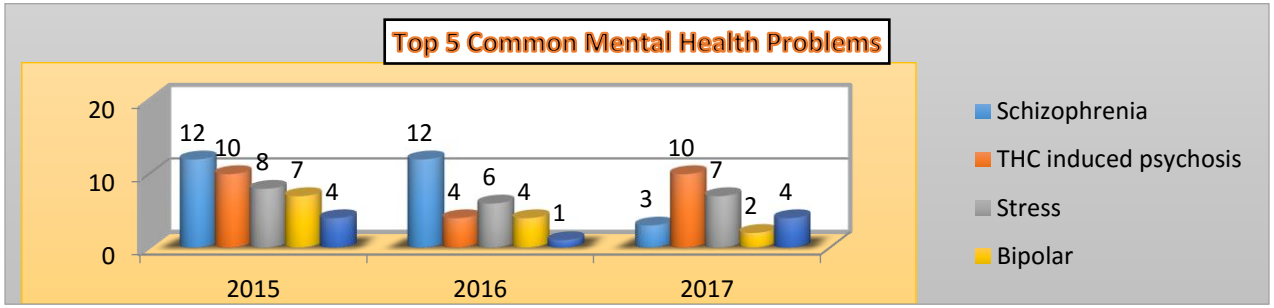
Since the introduction of this health services in Manus Provincial Hospital with the awareness program, clients are seeking the service and is now escalated with the inclusion of refugee's detention center in the province. This section is manned by one Post Basic Psychiatric Nurse who also works full time in the surgical ward and conduct clinic every Wednesday in a week. The current clinic is not conducive for managing mentally ill clients and the mental health nurse have requested the IOM to the install a self-contain unit for the mental health services in the hospital and thus, it need the support from the curative health services to establish the unit.

Table 6

YEAR	TOTAL NEW CASES	TOTAL RE-ATTENDANCE	FOLLOW-UPS/HOME VISITS	TOTAL REFERRAL	TOTAL REPATRIATIONS
2015	53	117	4	4	1
2016	33	65	16	2	2
2017	38	56	3	3	2
TOTAL	**124**	**238**	**23**	**9**	**5**

This is the trend of the total new cases seen from 2015-2017 with total attendance, follow up home visits and referral to Laloki hospital and clients repatriated back from Laloki hospital to Manus Province.

Figure 19

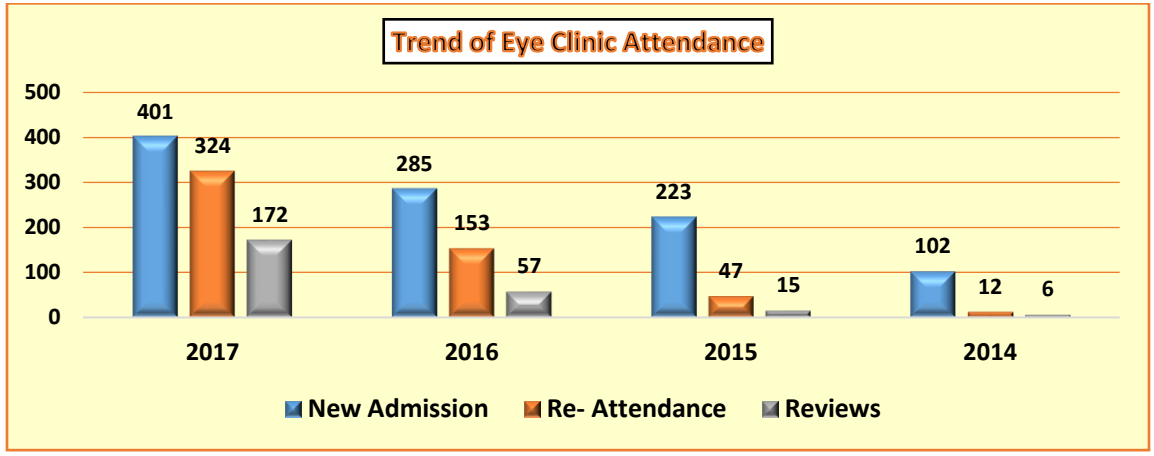


This is the common causes of patient seen by the nurse which schizophrenia, THC induced psychosis, stress and bipolar.

9. Eye Clinic Statistics

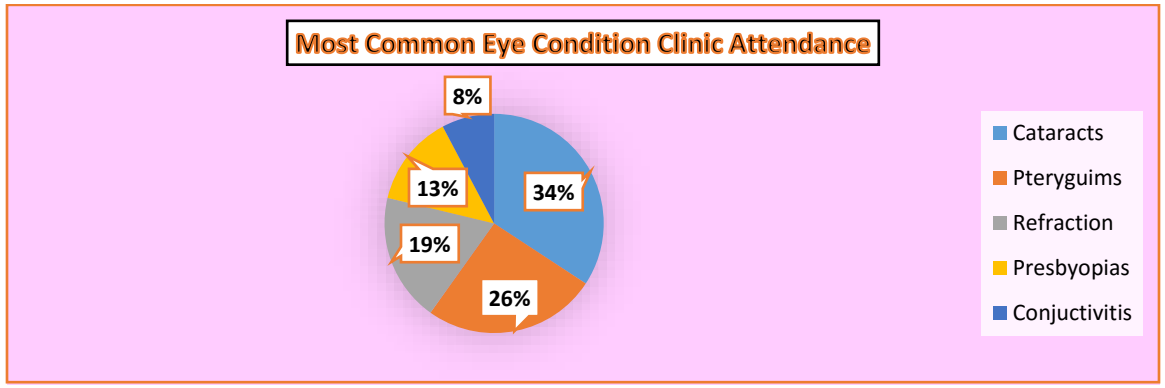
This Clinic is manned by a trained eye nurse who conducts two clinic days a week and also does routine nursing duties at the AOPD/A&E which can be stressful. According to this statistic the lone nursing officer needs an assistant to provide full time services and also needs further work attachment to be able to assist the eye visiting team in the operating theatre and purchased eye equipment for the hospital.

Figure 19



This graph indicated that the trend of patient with eye problem as significantly increase since the conception of the program, which the graph indicated that there is already awareness done on the availability of the services and people are coming for examination.

Figure 20

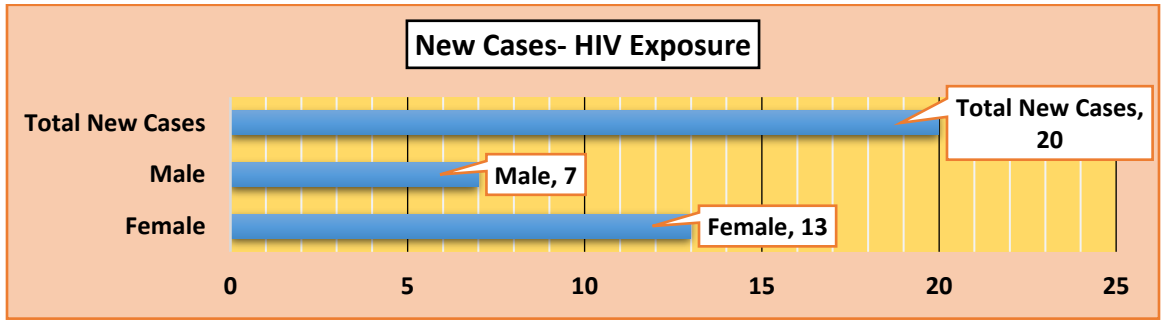


This pie graph show that cataracts is a most common eye condition examined in the clinic and the condition most on old age, followed by Pteryguim followed by Refraction for glass and then Presbyopias with Conjunctivitis

10. Masih Clinic Statistic

This Clinic is manned by a nurse with the assistant from a nursing coordinator but it needs a full time officers to monitor and manage the treatment of this patient in future.

Figure 21



This statistic provides an eye opening for us, the total new cases – HIV exposure indicated that we have not contained this disease, in my opinion we have strategize our plan and approach it more effectively.

CORPORATE SERVICES

Spiritual Health Services

Following the Board's inauguration in 2014, it has given the Management a mammoth task to define what Spiritual Health is and it must incorporate it as part and parcel of the health services. Health is this context refers to the spiritual life of a person and how he/ she relates to God. Sicknesses and diseases emanates from promiscuous lifestyle that leads to diseases like HIV Aids, STI's, etc. It is therefore our obligation to let others know and the repercussions it will have in their lives and the community they live in.

Health, in a holistic approach is basically; curative, preventive and spiritual. By addressing all these dimensions, each person in Manus should attain and have access to quality health services.

Human Resources and Manpower

Our strength and progress lies on our human resources. Manus PHA has a staff ceiling of 367 employees however, not all these positions are filled therefore we are still experiencing a decline in the quality of health service we would expect. This when put to age scale, 50% of the workforce are 50years and above which indicates that in the next 10-12years, about 170 positions will become vacant. Commencing 2018, we should gradually be filling these positions by way of elevating current staff to higher level positions and recruiting new employees to lower positions.

AGENT	APPROVED ESTABLISHMENT	APPROVED CEILING	MANPOWER (SOS)	VACCANCIES	UNATTACHED	CASUALS	NSTC	TOTAL (SOS)
EXECUTIVE SERVICES	6	6	3	3				3
CORPORATE SERVICES	78	78	62	16		15		77
CURATIVE HEALTH SERVICES	141	141	85	56				85
PUBLIC HEALTH SERVICES	142	142	103	39				103
TOTAL	**367**	**367**	**253**	**114**		**15**		**268**

Health Facilities and Projects

In 2017, all remaining positions within the Manus PHA were advertised but Selection was delayed until 2018.

Therefore, a lot of works done through the Facility Branch was contracted to private businesses and therefore the costs incurred was so high and as a result, depleted our little funds on item 128. Some of the major maintenances were absorbed through our Trust Account.

Electrical- The hive of maintenance was in the area of electrical that saw a continuing maintenances done on lighting in all areas of the Hospital, erecting of flood lights, installing a solar system for the OBS and antenatal, and rewiring of the new IFMS and Accounts Office.

Plumbing- A lot of effort and monies was directed towards installing new septic tanks for the male and female ablution, operating theatre septic tanks, replacing all guttering around Hospital buildings and wards. All leaking taps were fixed however, our setback was in the area of lack of materials from the hardware stores.

Static Plant and Fixtures- This is a major concern when the Genset developed major electrical faults and as a result, it has to be operated manually.
Patient lives are at risk when there are blackouts during operations at Operating Theatre or otherwise during the nights.

Assets & Equipment- Manus PHA has acquired a lot of assets and equipment through its merger and we are trying to account for them.

A lot of these assets will be in the rural facilities, health centres and aidposts.

Summary of Maintenance incurred through Routine Maintenance Funding in 2017 (Item 128)

Cost Agents	Maint Expenditure	Remarks
Building Maintenance	91,383.23	
Electrical Maintenance	23,887.45	
Plumbing Maintenance	23,239.24	
Medical Equipment Maintence	14,418.00	
Static Plant Maintenance	19,928.70	
Sewerage Pumpout	24,000.00	
Gravelling & Compacting	10,434.00	
Others	16,080.55	
TOTAL	**223,371.17**	

Implementation and Monitoring

The Implementation and Monitoring Branch is responsible for the monitoring of performances in relation to the Annual Implementation Activities (AIPs) through the Budget Reviews and then communicating back to respective sections on their progresses and whether or not they are achieving their planned targets. This is an important office and the position has been advertised so an Officer can be engaged to manage the operations and start doing the monitoring and evaluation.

It is our strategy that all our performances will be reviewed and analyzed during the quarterly reviews when each facility is presenting its quarterly reports.

Financial & Administration and Budgets

In 2017, the merging of the two respective Chart of Accounts became effective. All Public Health funding kept at the Manus Provincial Administration was removed from the Manus Provincial Treasury Office to become one with that of the Manus PHA Chart of Accounts. Based on the new Budget arrangements, each of the rural health facilities were given their own funding as per their respective chart of Accounts.

MANUS PROVINCIAL HEALTH AUTHORITY

CONSOLIDATED REVENUE AND EXPENDITURE ACCOUNT AS AT 31ST DECEMBER 2017

			MPHA	HOSPITAL TRUST	CONSOLIDATED ACCOUNT
			(K)	(K)	(K)
A	**GRANT REVENUE**				
	FORMER YEARS GRANT				
	1. Balance brought forward		-7,781,709.71	9,968,486.64	2,186,776.93
	2. 2016 Rollover Grant		4,796,280.00		4,796,280.00
			-2,985,429.71	9,968,486.64	6,983,056.93
	INCOME AND RECEIPTS				
	1. Personal Emoluments	110	949,292.00		949,292.00
	2. Goods and Services	120	2,810,330.00		2,810,330.00
	3. Grants and Transfers	140	858,304.00		858,304.00
	4. Capital Formaion	220	312,610.00		312,610.00
	5. Capital Transfers	240	6,578,701.01		6,578,701.01
			11,509,237.01		11,509.237.01
	TRUST ACCOUNT				

1. Internal Revenue			56,783.35	56,873.35
2. Disposal of Assets				
3. External Primary Health Care 2014				
4. Counter-Part Funding (MPHA)				
5. Investment (IBD Account) 22/01/2016				
			56,783.35	56,873.35
CAPITAL DEVELOPMENT			1,000,000	1,000,000
Minor Hospital Maintenance				
			1,000,000	1,000,000
TOTAL INCOME		**8,523,807.30**	**11,025,359.99**	**19,549,167.29**
B SUMMARY OF EXPENDITURE				
DEVELOPMENT EXPENDITURE				
1. MPHA Staff Housing Project (Trust)			151,891.65	151,891.65
2. TB Isolation Ward				
3. Minor Hospital Improvement			43,652.17	43,652.17
			195,543.82	195,543.82
RECURRENT EXPENDITURE				
1. Staffing Grant	110	669,835.54		669,835.54
2. Goods and Services	120	2,720,199.82	565,657.95	3,285,857.77
3. Grants and Transfers	140	343,448.64		343,448.64
4. Interest Payments	150			
5. Acquisition of Existing Assets	210			
6. Capital Formation	220	126,311.14		126,311.14
7. Capital Transfers	240			
8. Lending	310			
9. Other Payments		1,047,367.46		1,047,367.46
		4,907,162.60	565,657.95	5,472,820.55

	OTHER EXPENSES			
	1. MPHA Board Stipend			
	2. Urgent Medical Equipment			
	3. Miscellaneous			
	TOTAL EXPENDITURE	**4,907,162.60**	**761,201.77**	**5,668,364.37**
C	**ACCUMMULATED SURPLUS**	**3,616,644.70**	**10,264,158.22**	**13,880,802.92**
	TO BE REPRESENTED BY:			
	Cash at Bank	3,616,644.70	10,264,158.22	13,880,802.92
	Hospital IBD			
		3,616,644.70	**10,264,158.22**	**13,880,802.92**

NOTES ACCOMPANYING THE FINANCIAL STATEMENT

NOTE # 1

(a)

MANUS PROVINCIAL HEALTH AUTHORITY TRUST ACCOUNT SUMMARY AS AT 31/12/17

TRUST ACCOUNT	BALANCE B/FWD	RECEIPTS	PAYMENTS	BALANCE C/FWD
Housing Project	3,974,193	-	151,892	3,822,301
Minor Improvement	2,000,000	1,000,000	22,702	2,977,298
Contract Refund	953,140	-	586,607	366,532
TB Ward	3,000,000	-	-	3,000,000
Internal Revenue	41,153	56,873	-	98,026
TOTAL	**9,968,486**	**1,056,873**	**761,201**	**10,264,157**

(b)

MANUS PROVINCIAL HEALTH AUTHORITY TRUST ACCOUNT SUMMARY AS AT 31/12/18

TRUST ACCOUNT	BALANCE B/FWD	RECEIPTS	PAYMENTS	BALANCE C/FWD
Staff Housing Project	3,822,301	1,000,000	317,735	4,504,566
Minoir Maintenance	2,977,298	-	54,973	2,922,325
Contract Refund	366,532	-	129,387	237,145
TB Ward	3,000,000	-	-	3,000,000
Internal Revenue	98,026	55,512	-	153,539
Provincial Medical Store	-	2,500,000	13,702	2,486,298

	TOTAL	**10,264,157**	**3,555,512**	**515,797**	**13,303,873**

NOTE # 2

2017 ROLLOVER

VOTE	DESCRIPTION	AMOUNT
256-2201-9101	Lorengau Hospital	44,900
256-2201-9102	Public Health	771,300
256-2201-9103	Curative Health	548,200
256-2201-9104	Executive Management	74,600
256-2201-9105	Corporate Services	482,800
		1,921,800

NOTE # 3

MANUS PROVINCIAL HEALTH AUTHORITY 2018 BUDGET SUMMARY

	APPROPRIATION	WARRANT/CFC	EXPENDITURE	FUNDS AVAILABLE
PERSONAL EMOLUMENTS	11,896,000	542,800	361,800	181,000
GOODS AND SERVICES	3,036,100	2,745,814	2,079,365	666,449
GRANT TRANSFER	1,574,600	822,200	290,800	531,400
CAPITAL FORMATION	161,900	140,700	64,200	76,500

2016 ROLLOVER	1,921,800	1,921,800	1,835,400	86,400
TOTAL APPROPRIATION	**18,590,400**	**6,173,314**	**4,631,565**	**1,541,749**

* Salaries and Allowances item 111 is with held in Waigani for payroll processing

SUMMARY AND CONCLUSIONS

Issues

From the report as per our analysis on the 2017 operations, these are some of the major issues we are facing and if addressed, we will expect to see some improvement to the health services that we provide. These are some of our issues;

1. Lack of Office Space for the senior executives and managers,
2. Hospital Redevelopment is necessary due to congestion,
3. Accommodation is a dire need for health staff and employees,
4. Shortage of manpower and also recruitment of unskilled labor,
5. No Health Ship for patrol and ambulance plus administrative transportation,
6. Budget issues are a concern,
7. Timely receiving and distribution of medical supplies,
8. Employees attitudes towards work are poor,
9. Rundown of hospital and rural facilities,
10. Decline in immunization coverages,
11. Increase in non-communicable diseases,
12. Communication issues,
13. Routine maintenance issues,
14. Medical equipment for rural health facilities.

Recommendations

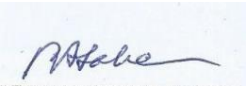
From the issues encountered, we make the following recommendations;

1. That; a new Office Complex be immediately build to house all Directorates and the Executive Services;
2. That; a new Hospital Redevelopment is necessary to address congestion;
3. That; the accommodation for all health staff and employees as a matter of priority;
4. That; the Manus PHA Organizational Structure be expedited to address the staff shortage and the selection and recruitment be strictly based on merits,
5. That; a new Health Boat be procured to minimize health patrol costs and alleviate risks,
6. That; there should not be any more budget cuts and that our funding through CFCs should not be delayed,
7. That our medical supplies should be received on a timely basis and should not be delayed,
8. That action and discipline should be seriously addressed to increase staff performances,
9. That all urban and rural health facilities should be maintained and upgraded,
10. That our immunization coverages should be made effective to meet the National Health targets,

11. That we should address the increase in non-communicable diseases cases in Manus,
12. That an effective Communication System should be installed throughout all urban and rural health facilities,
13. That our Facility Branch should become effective to address all routine maintenances issues,
14. That we should capacitate our rural health facilities with needed medical equipment.

Thank you,

Yours in Health,



ROBERT PEYAN SALIAU
Chief Executive Officer