



Southern Highlands Provincial Health Authority
Private Mail Bag
MENDI
SOUTHERN HIGHLANDS PROVINCE
PAPUA NEW GUINEA



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SOUTHERN HIGHLANDS PROVINCIAL HEALTH AUTHORITY

2017



ANNUAL REPORT 2017

PROVIDING QUALITY

PATIENT CARE

INCORPORATING THE HOSPITAL

AND

**RURAL HEALTH SERVICES IN
SOUTHERN HIGHLANDS
COMMUNITY**

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(i). VISION, MISSION & OBJECTIVES

VISION

Southern Highlands PHA, an instrument of dedicated health care providers, will be one of the top PHAs in PNG, giving the highest quality health care services to the people of the Southern Highlands Province.

MISSION

Inspired by the dignity of our profession as health care workers, we at Southern Highlands PHA strive to;

Care for the sick with a genuine compassion and professionalism, which creates a safe and loving environment, where appropriate and effective medical care is given, so that the sick may be comforted and healed.

OBJECTIVES

In achieving the vision and mission, Southern Highlands PHA looks forward in a better and quality;

1: Patient Care

To provide quality Health Care Services to all patients who come to the Hospitals & Health Facilities, appropriate to each person, answering their immediate needs and directed toward their long term and permanent wellbeing.

2: Staffing

To employ qualified and competent medical and technical staff, personal not only highly skilled in their particular field but also endowed with human qualities necessary to providing good and compassionate care for the sick.

3: Community Health

To work in partnership with the Stakeholders, the Churches and Community to promote awareness about prevention of disease and a healthy style of living through the media and outreach programs by doctors and other health workers.

4: Hospital Infrastructure, Equipment, Supplies & Environment

To make available a well-maintained Health Facilities building infrastructure, essential medical equipment and the necessary medical supplies, as well as a clean, healthy and friendly physical environment at the Health Facilities for the benefit of the sick.

5: Leadership & Management

To provide innovative and effective leadership and management at all levels and in all sections of the health facilities, which encourages a high quality of service to patients, offers opportunity for career advancement of staff through skills training, promotes a spirit of working together to ensure a positive morale and motivation among health personnel – all aimed at giving even better service to the sick who come to our health facilities for health care.

PHILOSOPHY

We value as integral to our culture:

- **The dignity of the individual**

We respect the value and uniqueness of each individual – staff and patients.

- **Integrity**

We conduct ourselves in a professional, responsible and accountable manner.

- **Accountability**

We are responsible for our actions.

- **Respect**

We respect the rights and wishes of individual.

- **Innovation**

We encourage and support creativity.

- **Cooperation**

We collaborate through open communication, trust and respect.

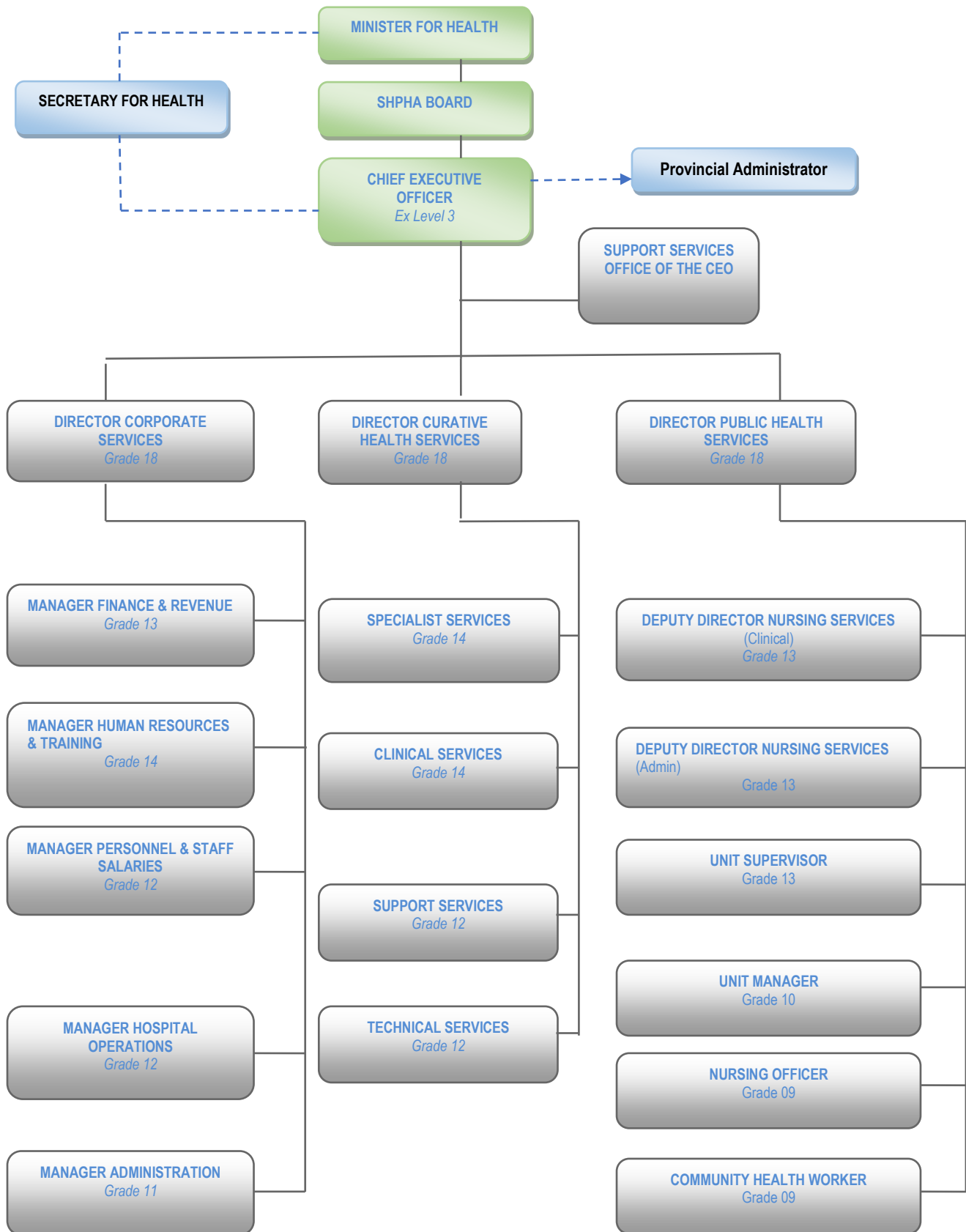
- **Excellence and quality**

We promote the highest standard of performance in all aspects of the organisation

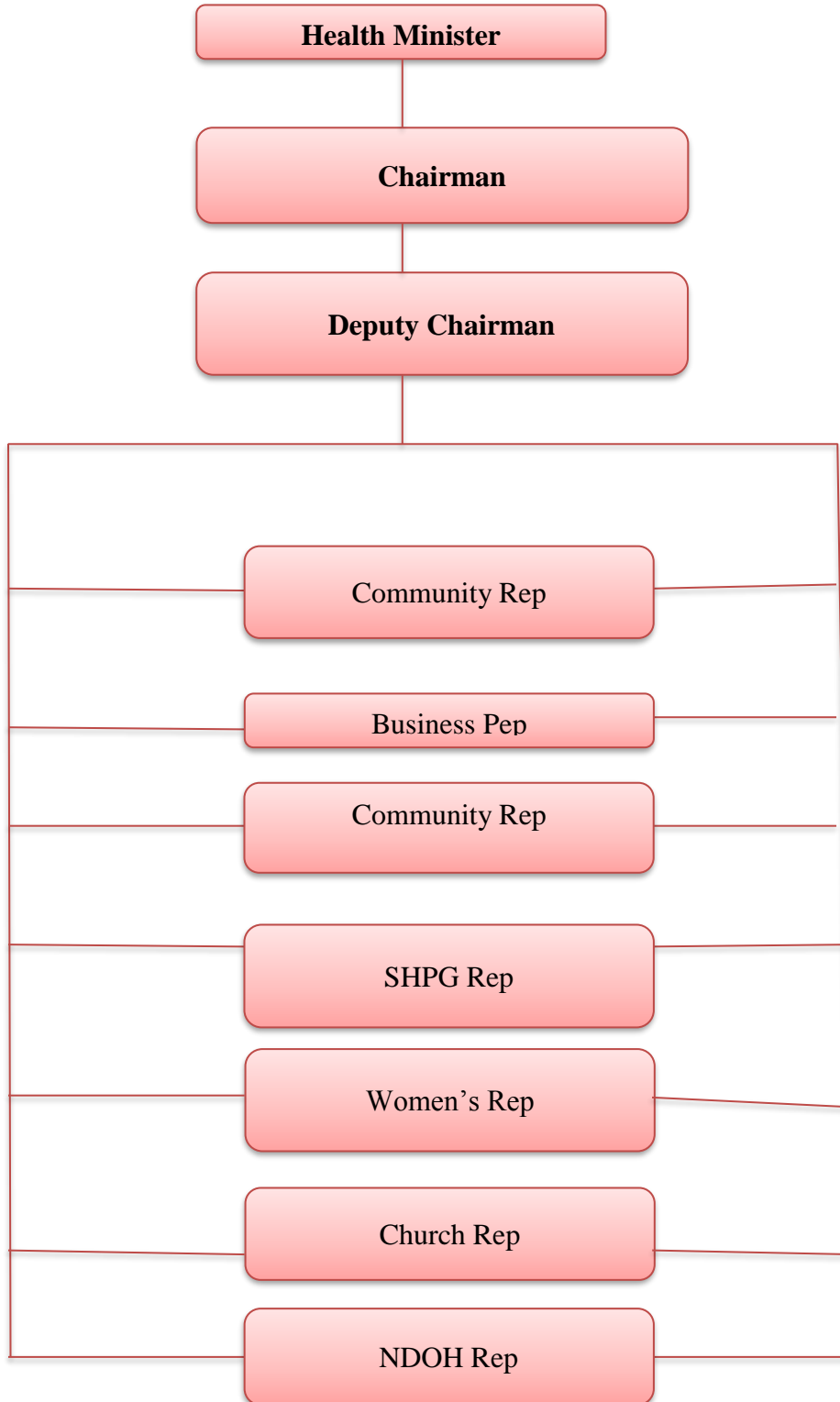
- **Personal Growth**

We seek to empower patient and clients to achieve their maximum potential through informed decision making and self-determination in collaboration with careers and health professionals.

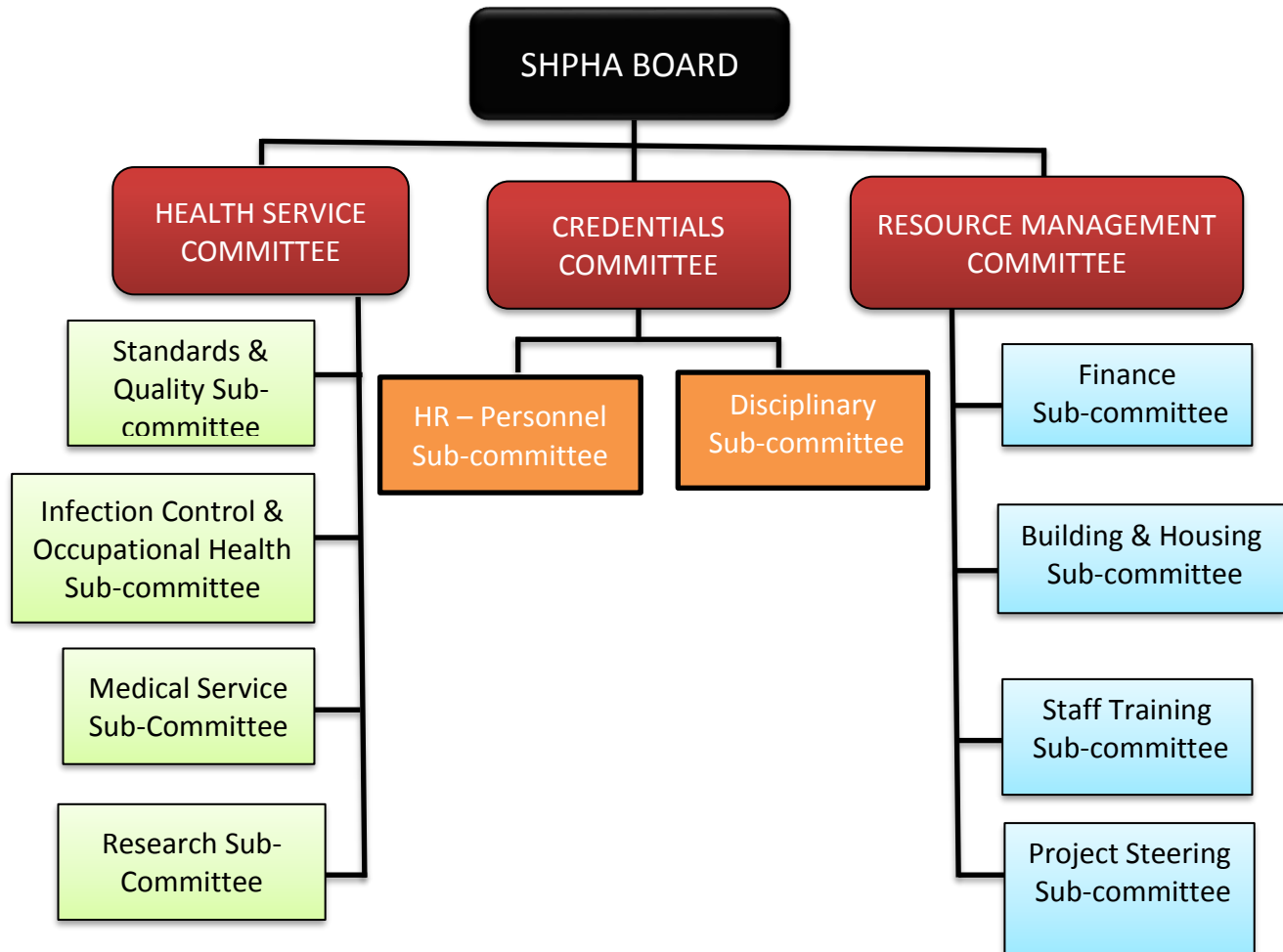
(ii) Southern Highlands PHA Organisational Structure



(iii) Southern Highlands PHA Board of Governance Structure



(iv). Southern Highlands PHA Committee of the Board



Above are the existing and approved committees for the SHPHA. There are others that can be looked at when need arises like; equipment committees, planning, drugs and events Committees.

CHAPTER 1

1.1 MESSAGE - GOVERNANCE BOARD CHAIRMAN



Once again it gives me great pleasure to present the 2017 Annual Report for Southern Highlands Provincial Health Authority (SHPHA) to the general public, government departments (Provincial & National) and donor partners. This report does not cover nor report every activity that has happened but tries to capture the important and significant events from 1st January to 31st December 2017.

The Southern Highlands PHA is at its infancy stage (18 months old) declared as a PHA Province in April 27th this year, 2016. Therefore, we could only report what we have done since the partnership agreement at this stage. Most of the activities as PHA Implementation is concerned is under progress, hence the Board and Management are trying their very best to nurture it to take up its maturity stage.

However, it will require time and effort from the staff and Management of Southern Highland PHA and communities in SHP to make PHA to be fully matured and implemented in the Province. On the 23rd April 2014, the Health Minister and Governor of the Province signed a partnership Agreement to say yes for SHP to be a PHA Province which successfully took place.

The main components of the PHA is to merge Health Financial Resources and Human Resources under one management and Board so as to address the declining health indicators especially the Rural Health Component managed under the Provincial Administration. The Human Resource component with the payroll are merged while the Financial Component (Health Functional Grant) was not. This is to do with the organic law that separates the financial powers of the Government. However, it is a problem with all the PHA Provinces and Treasury, Finance and NDOH are looking into solving that issue.

In this 18 months of operations as PHA, already we are seeing changes and effects of the new PHA reform in our health sector including; Provincial Government and MPs supporting PHA with vehicles & Medical Equipment's, health facilities being built and rehabilitated and funding given to run the health programs. We applaud the Provincial government, District Development Authorities and our partners like Oil Search Foundation for continuous support in this matter. Board, Management and staff alone cannot implement the PHA in the Province and we need partners and other Stake Holders on our side to support our programs.

On behalf of the PHA Board of Governance and Management, I salute the efforts of our hard working and dedicated staff especially, the Nurses, Doctors, Program Managers and Technical Officers. I have no doubt that with the same level of commitment from all our staff, this PHA will continue to be one of the best PHAs in the country this year and the years to come. Well done to all our staff and to the PHA management, thank you for your support and time.

Finally, I need to remind the community again that the PHA will be under significant financial pressure for some years to come and yet there is much work yet to do and some are in progress. Infant and maternal mortality rates remain among the highest in PNG. Immunization coverage and other Public Health Issues are poor and require more attention. New medical equipment is needed badly and many areas of the health facilities needed to be renovated as per the National Health Service Standards (NHSS) requirement. The only way for these challenges to be met is to work together to form a better healthier community where children of the future have a better chance

to live a healthy life. That is; through Stake Holders, Partners and Community participation in taking care of the existing health facilities.

With this, I believe you will find the 2017 Annual Report interesting and informative. I commend the 2017 Annual Report to you all.

Thank you.

A handwritten signature in dark ink, appearing to read 'Peter Nupiri', enclosed within a hand-drawn oval. A long horizontal line extends from the right side of the oval.

MR PETER NUPIRI
Board Chairman
Southern Highlands Provincial Health Authority

1.2 FOREWORD – CHIEF EXECUTIVE OFFICER



It is a great pleasure for me to present to the community of Southern Highlands Province and PNG as a whole, the 2017 Annual Report for Southern Highlands PHA. Southern Highlands is one of the least developing Provinces of Papua New Guinea. Since the last five years, there had been few changes in the health sector and most of its services and facilities remain unchanged.

Last year 2017 was not a good year not only for health but the whole province. We were baptised with crisis after crisis due to election related violence so basically, we were doing “crisis management” all this time. To manage these things, it came with costs that were not budgeted and the negative perception to the province has also made it difficult for us to attract or retain skilled workforce like doctors. Another challenge was the ongoing court battle between the previous hospital board and SHPHA Board.

But, despite these trying moments/challenges we were able to make some progress and achieved plenty of things & I want to commend the Board under the leadership of Mr Peter Nupiri. I also want to take this time to commend all our partners (OSF, WHO, UNICEF, ICRC, DFAT, DDA, SHPA/SHPG, Churches, NDoH) who stood with us in these trying moments. In fact, the earth quake was a blessing in disguise where we got a lot of support from partners like solar vaccine fridges (fully covered now), immunisation/vaccination coverage programs, medical equipment, logistics like air support to transport 100% kits to the health facilities, building capacity like training of our staff at no cost and many more.

I also want to commend my management team & staff that at no one time we closed the health services during the crisis. In fact, this prompted us to work more harder and at times I had to send officers to the disaster-stricken areas without food, allowance, etc to save lives. My officers at the hospital had to withstand the threats from criminals & continue to provide the service. I also commend the surrounding communities of our health facilities to provide support & security so that provision of health services was not disrupted during these tough times.

Some of the things achieved since PHA was declared in the province for the past 18 months include;

- 1) SHPHA Board sworn in & induction done
- 2) Merging of both hospital and rural staff to the new SHPHA structure and Alesco payroll
- 3) More than 80 casuals taken on board as public servants
- 4) Developed our Corporate plan, SIP and AIP for SHPHA
- 5) Established a proper HRM Framework and a new office fit out for HR done.
- 6) Discipline instilled for all SHPHA now. Staff are disciplined unlike in the past especially for the Rural Health.
- 7) Opened the new nursing and staff accommodations for Mendi Hospital (Sr. Wesi Kerak Residence)
- 8) Some hospital projects like the establishment of water supply, new medical equipment's and installation of the new laundry equipment for Mendi Hospital.
- 9) Some other important ICT projects like PGAS Accounting system, HMIS installation & Fix Asset Management Registry Installed this year. All our assets are valued by a valuation team. These projects were delivered in collaboration with ICT and Finance NDOH Team.

- 10) Established partnership with key Agencies and Stake holders like SHPG and administration, DDAs, Churches, Oil Search Foundation, WHO, GAVI, UNICEF, World Vision, ICRC, Marie Stopes, MRDC, KSPA, MSPA, PRK and importantly the communities.
- 11) Through partnership, we have completed the new Nipa District Hospital, Pimaga Waiting House, Yakisú CHP, five (5) new ambulances from Ialibu-Pangia DDA, two (2) new vehicles from SHPG, 2 new vehicles from Imbonggu DDA and Medical equipment (K1.5Mil) from Mendi Munhiu DDA.
- 12) Completion and opening of the Transit medical store and Rural pharmacist accommodation. Rural pharmacist is employed now.
- 13) Appointed the Top Executive Management Team-Director Curative Health, Corporate Service, Public Health & Hospital Manager.
Both External & Internal Positions for the merged structure advertised. Now doing screening for selections. Major restructure SHPHA will be done right after sorting out the current merged structure.
- 14) Working on the first 65 officers out of 300 for their retirement and exit of Public service. For DPM to effect it.
- 15) We are also looking at improving the health facilities in the districts. Facility based allocation of funds done of the Rural Health Grants. We are capturing that in the PGAS now.
- 16) Solar Vaccine fridges installed in almost all health facilities. These was through partnership as part of the disaster response. We are well covered now.

There are a lot of activities as far as PHA Implementations is concerned, some were successful while others pending implementations. We hope for full implementation of PHA activities and be graded the best performing PHA in the country. We look forward for more improvements and innovation in the way we operated our basic services in the years to come.

Southern Highlands PHA Board and Management support the National Government vision to be **'Smart, Wise, Fair, Healthy, and Happy Society by 2050** and National Health Plan 2011-2020. According to the National Health Minister," The National Health Plan 2011-2020 will focus its attention where the 87% of our population resides, it will focus on improving service delivery, Primary health Care, and capitalise on the current wealth in the ground" to carry these activities in a phase manner for the realisation of the dream to meet our targets.

It is mandatory that the health industry to Strengthen Primary Health Care for all and Improve Services Delivery to the Majority and the urban disadvantaged population of Southern Highlands Province, the Southern Highlands PHA (SHPHA) 2017 Annual Report is simply the record of all these activities implemented at the health facility level.

Under the one PHA Management, we expect some general improvements in the areas of resource management, manpower and health indicators in the coming years .

These are three (3) major issues that will need priority attention:

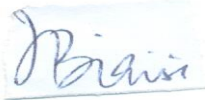
1. More than forty percent (40 %) of our staffs are well over their retirement age thus, very less work output.
2. Many of our health facilities were built many years ago and by today, their conditions have deteriorated.
3. In almost every district and at the facility level, staff houses are very limited and we can not attract officers from outside to work in those facilities.

Our priority task will be to address some of these issues and off course that will need support from every stakeholders like the Provincial Government, local members of parliament , relevant Government Agencies and the donors.

For the Directors, Unit Managers and Supervisors, Program Managers and Technical Officers in each section of PHA, it is their untiring efforts, skills and knowledge that enables us to deliver health service and put this report together to tell the Southern Highlands community and the country as a whole on the progress of the PHA.

Together we can address our health services challenges and strive to meet our desired services level in the respective sections as identified by the NHSS and as per the SIP and AIP of the PHA. Their recommendations of the current health service provided and the need for improvement has become very vital for the PHA management to improve health services and to provide much needed support to the middle and lower level managers and staffs.

I belief, the recommendations and suggestions made in this report by the lower and middle level managers will be of great help to the management for better planning and decision making to improve Health Service delivery.



DR JOSEPH BIRISI
Chief Executive officer
Southern Highlands Provincial Health Authority

1.3 ACKNOWLEDGEMENTS

Firstly, the PHA Board and Management acknowledge the contribution put in by Mendi Hospital staff and Rural Health services staff under each directorate in making the year 2017 a success. Your tireless effort in delivering a better health care to the patients and the community of Southern Highlands Province and Papua New Guinea as a whole is very much appreciated.

To the Directors, Unit Managers and Supervisors, Program Managers and Technical Officers in each section, you have done a great job in compiling the reports under your sections and directorates and make this report a success for everyone to view.



The support staff (Technical Officers) under CEO including, Infection, Health & Safety coordinator, Standards coordinator, IT coordinator and Planning and Project coordinator, your efforts are well appreciated for putting together your annual reports for 2017.



Thank you to the staff under the Directorate of Corporate services especially, Mr Ban Walom (DCS) for compiling HR and financial reports, Sr. Josepha Recks (HRM) for compiling HR reports, Mrs Ruth Kange (PO) for compiling staff salaries and payroll reports, and Ms Grace Garu (Finance Manager) for compiling PHA Financial Report, Mrs Melony Kon (Mgr Revenue) report for the hospital from revenue section and others.



The hospital board & Management also appreciates the efforts of the staffs under the directorate of Curative health services especially, Dr. Martin Saavu (DCHS) for providing the overall sectional reports and his Specialist Doctors (SMO`s) and unit managers for assisting him by providing their sectional report.



Nursing, Sr Wesi Kerak, MBE (DDNS) and her senior nurses especially, Sr. Stella Sondpi (a/DDNS clinical), and Sr. Susie Tol (a/DDNS Administration) for ensuring the staffs (Nurses) under your administration for delivering a better nursing care services to the patients. We appreciate the efforts of the hardworking unit managers to provide an

overview of each unit in the PHA under their directorate.



Lastly, our uttermost appreciation to the Director Public Health Mr George Epei (DPHS) and his team for constantly submitting your reports to PHA Board and Management. For this annual purpose, we appreciate your report as it will form part of the first Southern Highlands PHA Annual Report in PHA in Southern Highlands Province.

“Servants think more about others than themselves”

Elizabeth Brian
PLANNER
SOUTHERN HIGHLANDS PHA

CHAPTER 2

2.1 SOUTHERN HIGHLANDS PROVINCIAL HEALTH PROFILE

2.1.1 Geography & Population Coverage

The environmental condition in the Province is rugged mountains with fast flowing rivers. The Southern Highlands Province is made up of lush, high valleys between towering limestone peaks. Mt Giluwe (4367m), the second-highest mountain in PNG, sits on the Province's northeastern border. The limestone hills and high rainfall are ideal for the formation of caves. Some caves of enormous depth and length have already been explored and it is a distinct possibility that some of the deepest caves in the world are.

Southern Highlands is one of the richest highlands' province in the country in terms of natural resources, i.e. Oil and Gas which can be seen by the PNG LNG Project. Apart from the natural and mineral resources the province has produced a number of the country top human resource professionals and leaders.

The Province has five (5) districts which are governed by the District Members of Parliament all working and living in the nation's capital, National Capital District – Port Moresby. All the district operations are coordinated and overseen by the CEOs under the District Development Authority. The Province has total of 22 LLGs and 502 Council wards.

DISTRICT	DISTRICT POPULATION (2013 est)	DISTRICT MP	DDA CEO	# OF BMU & MCs
Mendi-Munihui	164 594 (2013)	Hon. Michael Nali	Mr Pora Nema	2 BMUs & 1 MC
Imbongu	102 579 (2013)	Hon. Pila Niningi	Mr Pius Puk	2 BMUs & 2 MC
Ialibu-Pangia	86 726 (2013)	Hon. Peter Oneil	Mr Samson Werek	2 BMUs & 1 MC
Kagua-Erave	93 068 (2013)	Hon. Wesly Raminai	Mr Paul Pawa	2 BMUs & 0 MC
Nipa-Kutubu	168 166 (2013)	Hon. Jeffery Komal	Mr John Harisol	2 BMUs & 1 MC
SHP	615 133 (2013)	Hon. William Powi	Mr Joseph Cajetan	10 BMUs & 5 MC

Southern Highlands is one of the Provinces of the highlands region of Papua New Guinea. The total area of the province spread across 15,089 square kilometres. Southern Highlands Province shares a common administrative boundary with Western Highlands, Enga, Gulf and Hela Provinces.

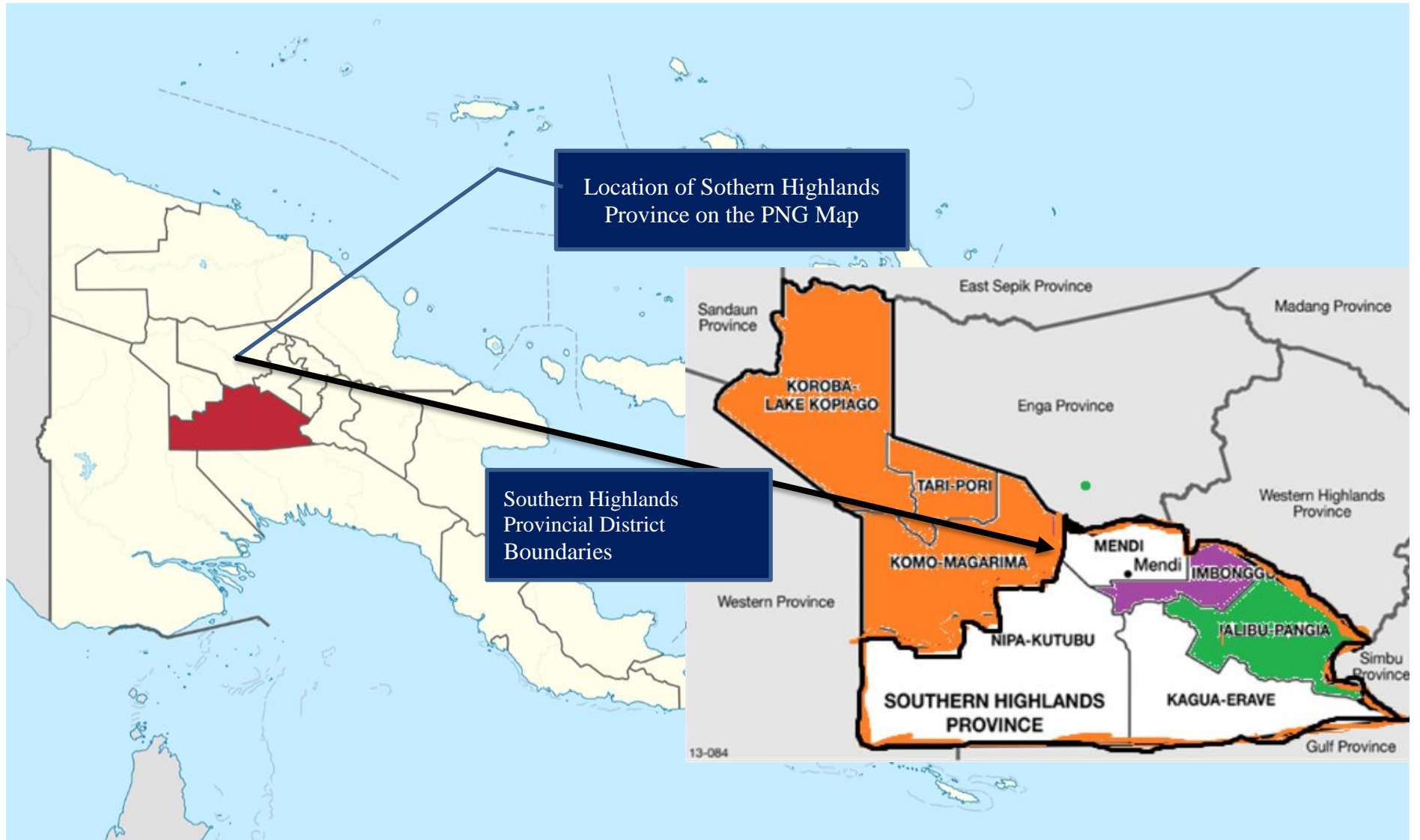
Southern Highlands Province has an estimated population of 615,133 in 2013 census and projected to 654,501.512 in 2017 basing on the projected growth rate of 3.2 %. Southern Highlands Province is made up of five districts. (Mendi-Munihui, Imbongu, Ialibu-Pangia, Nipa-Kutubu & Kagua-Erave)

Most of its people live in the remotest areas. It has a multi lingual tribal group with a low literacy rate of 40.6% for males and 32.2% for females. A total of 36.5%, the second lowest rate in the country compared to Wabag being the lowest (National Health Plan 2011-2020).

The province has a fair distribution of health services throughout the area as from Hospital, District Hospitals, Health Centre's, Community Health Posts, Sub-Health Centre and still few aid posts in the remotest areas. The facilities are governed by the Department of health and most by the Church Health Agency which serves most remote areas of the province.

However, almost 30% of our rural health facilities are closed and requires immediate attention to resurrect the deteriorating health services.

Location of Southern Highlands Province located on the PNG Map



2.1.2 CURRENT STATE OF HEALTH IN THE PROVINCE

Mendi Provincial Hospital is the provincial hospital for the province and is the referral facility for Southern Highlands Province. It serves all the five (5) districts with the neighbouring provinces.

Number of health facilities in Southern Highlands Province

Total = 173 health facilities

- 1 Provincial Hospital
- 3 District Hospitals
 - Ialibu Rural Hospital – 50 beds
 - Pimaga Rural Hospital – 20 Beds
 - Nipa Rural Hospital – 60 beds
- 8 Health Centers
- 31 HSCs
- 4 CHP (to be declared)
- 128 Aid posts

Church and Government Facilities

Government

- Hospitals - 4
- Health Centers -3
- HSCs -10
- CHP – 4
- Aid posts - 110

Churches

- 5 Health Centre
- 21 Health Sub Centers
- CHP – Nil
- 18 Aid post

Key Development Partners

The Key Stakeholders and Development partners in Southern Highlands Province that part take in the delivery and implementation of health programs and activities are;

Central Agencies

NDOH & DFAT

Non-Government Organizations

WHO & UNICEF

OILSEARCH FOUNDATION

REDCROSS INTERNATIONAL

WORLD VISION & GAVI

Churches

WESLEYAN & ECPNG

TILIBA CHRISTIAN CHURCH

CHRISTIAN UNION

CATHOLIC HEALTH SERVICES

PNG BIBLE CHURCH

UNITED CHURCH

Status of Health Facilities

Generally, all health facilities in the Province have the worst infrastructure conditions meaning, they are all run down and have deteriorated over the years. There was no maintenance done by the elected Members of parliaments (MPs) and Local Level Councils (LLGs) even though this services are serving the very members of the communities and their eligible voters.

The current functioning health facilities does not meet the NHSS 2011 standards requirements of each level of health facility. The District hospitals are level 4 health facilities however, in SHP they operate as a level 3 and 2 health facilities and the level 3 and level 2 health facilities does not even meet their required standards in terms of infrastructure and medical equipment's and staffing requirements.

There is a greater need for immediate rehabilitations and redevelopment. This is for the safety of the health workers and our disadvantaged communities accessing the health facilities.

CHAPTER 3

3.1 SOUTHERN HIGHLANDS PHA BOARD AND EXECUTIVE MANAGEMENT REPORT

3.1.1. Southern Highlands PHA Board

The Southern Highlands PHA has a full complement of nine (9) Board members. The current PHA Board was approved on the 27th April 2016 and sworn in on the 26th – 27th September 2016 and its term expires in 2019. The PHA Board Chairman is Mr Peter Nupiri, Deputy Chairman Mr Alex Awesa and Members, Reverend Wesis Porop, Rev Mondopa Mini (Church Rep), Mrs Gloria Rami (Women's Rep), Mr Ambe Keleli (SHPG Rep), Mr Jacob Iki (Community Rep), Joe Kunukunu (Business Rep), and Dr Goa Tau (NDOH Rep).

3.1.2: Executive Management Staff

The executive staff had the full complement in their substantive appointment positions consisting of Dr. Joseph Birisi as Chief Executive Officer, Mr Ban Walom, Director Corporate Service, Dr. Martin Sa'avu as Director Curative Health Services and Mr George Epei – Director Public Health Services. The reports of the three (3) Divisions namely Curative Health Services, Public Health Services and the Corporate Service are included in this 2017 annual report.

3.1.3: PHA Board & Committees

The Southern Highlands PHA Board is in existence and continues to its purpose in serving the population. The Southern Highlands PHA Board hold quarterly meetings each year and emergency meetings where necessary. Under the Board there are Three (3) Committees and its sub-committees.

1. Credentials Committee
2. Resource Management Committee
3. Health Services Committee

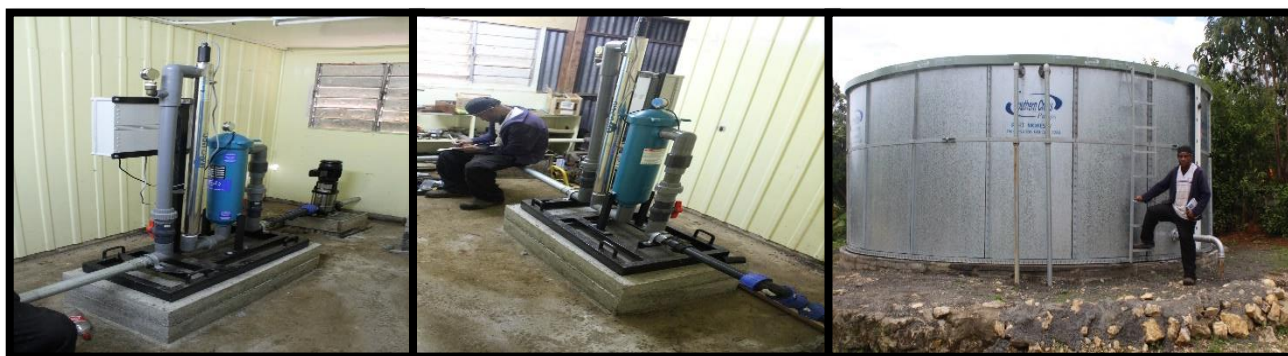
The Sub-committees will be set as per the Southern Highlands PHA By-laws under their own individual Terms of References.

3.2 ACHIEVEMENTS IN 2017 – SOUTHERN HIGHLANDS PHA

3.2.1: HEALTH INFRASTRUCTURE & MEDICAL EQUIPMENTS

a. Water Supply

The existing Southern Cross tank and water pump for Mendi Hospital rusted and worn out in the last one (1) year. The Hospital has been using only 1 Southern Cross tank and bore to supply the whole Hospital and staff residence. This has caused a lot of water problem for the Hospital and so the SHPHA Management through the Board committed funding to purchase a new water pump and Southern Cross tank.



b. Installation of PGAS Machine



Provincial Government Accounting system (PGAS) is the Manual of Government accounting system to keep accounting transactions and reports for Public organisations. On the 28th day of May 2014, the Department of Finance staff led by Mr Lucas Mathais, installed the PGAS software at the Hospital. The PGAS Accounting is fully installed and in operation now.

c. Installation of Hospital Health Information Systems (HMIS)

Mendi Hospital in Southern Highlands PHA is another PHA Province in the country to have its Hospital Health Information Systems (HMIS), a new Health Information system currently under implementation by the National Department of Health (NDOH) and rolled out into the Provinces. This HMIS system incorporates all Health information database in the Department of health including Patient disease statistics, Birth and death registrations, Human Resource and Payroll Information, Finance, and Asset & Equipment's registry.

Necessary equipment's including computers and software's were purchased by the Hospital. Around June 2016, NDOH IT Specialists namely Mr Pius Kalambe, William and David installed the system in Mendi Hospital Currently software installation and Training of users done. The Hospital Information Management System is in full operation now.

d. New Vehicles for Southern Highlands PHA

Southern Highlands PHA is privileged to receive new vehicles for all its rural Health facilities right after its declaration last year 2016. There were total of seven (7) new vehicles presented to Southern Highlands PHA from the Provincial Government and Ialibu Pangia DDA last year 2016.

The Prime Minister & Member for Ialibu Pangia Hon Peter O'Neil presented five (5) new ambulances/vehicles (all ten seaters) for Ialibu Pangia District Health services. The following health facilities receive these vehicles, Kuare SubHealth Centre, Ialibu District Hospital, Muli SubHealth Centre, Willame Sub-Health centre and Pangia HC in Pangia.

The Provincial Government Honourable William Powi presented another two (2) new vehicles for the Rural Health Services as well late 2016 and early 2017. One of vehicle was an open back land cruiser for transporting oxygen cylinders and Medical Supplies into the rural areas. Another vehicle was a ten seater for use during Family Health Outreach Programs in the Province. This was presented by Deputy Administrator Mr Henry Apen.



3.2.2: MEDICAL EQUIPMENTS AND SUPPLIES

a. Purchase and Commissioning of Mendi Provincial Hospital Medical Equipment's

The Medical equipment's for Mendi Provincial Hospital were purchased late last year 2016 around November and December due to transition of the health systems in the Province. They were officially commissioned for use in the PHA health facilities on the 05th April, 2017. The equipment's were officially commissioned by Dr Joseph Birisi, Chief Executive Officer for PHA and the directors Mr Ban Walom – DCS, Mr George Epei – DPHS and Dr Martin Sa'avu – DCHS.

This medical equipment's' include; new Dental Chair, orthopaedic beds, ward trollies, basic medical equipment's', x2 beds for lalibu district hospital, patient monitors. This equipment's are now under full use at the respective wards and health facilities in the Province.



b. Increase in Pharmaceutical Dispensing

The Hospital increased its' dispensing fees starting in November, 2005. This was due to high cost of drugs. Despite this minor increase, we are still subsidizing drugs to the public at cost lower than we pay for drugs. Again, as there are improvements in funds, the fees then stabilize and reduced to its normal rate.

Drug shortages in 2016 and 2017 was a country wide issue and Southern Highlands PHA health facilities faced a major challenge in management of drugs. Therefore, we used our National Government supplementary funding of K5 million to purchase urgent medical equipments and drugs.

c. Medical Equipment – GoPNG Funding

The Health Facilities Branch was responsible for replacement of the Medical Equipment and maintenance. Many of the equipment have yet to be replaced. Some new medical equipment's have been purchased by NDoH and Equipment funds from the National Government.

On the 7th of November 2016, Mendi Hospital able to purchased basic medical equipment for all the disciplines in the Hospital as well as the rural hospitals lalibu, Pimaga and Nipa. Medical Equipment include; Dentail Chair, Orthopaedic Beds, Patient Monitors and other basic equipment's.

Early 2017, Mendi Hospital able to purchased basic medical equipment for all the disciplines in the Hospital as well as the rural hospitals Ialibu, Pimaga and Nipa. Medical Equipment include; thermometers, BP Machines, Ward trollies, Stethoscopes, Patient Monitors, Emergency beds, Orthopaedic beds, and others basic equipment.



Pictured Above:

Commissioning of the newly purchased Medical Equipment's at Mendi Provincial Hospital

d. Installation of Laundry Equipment

Mend Provincial Hospital had a continuous problem with laundry and catering services due to the broken-down equipment's. The existing Laundry equipment's and kitchen equipment were installed since the establishment of the Hospital. They were not replaced due to shortages of funding. The responsibility to purchase Medical Equipment's is held with the National Department of Health and hence no purchase of new Medical equipment for Southern Highlands PHA.



In 2015, our good Prime Minister for PNG Hon. Peter O'Neil donated K5 million kina to Southern Highlands PHA to Purchase Mendi Provincial Hospital Medical Equipment's. Therefore, we were able to purchase a complete set of laundry equipment (washer, spinner & dryer) for the Mendi Provincial Hospital and some basic Medical Equipment's for all the disciplines in the Hospital and the Rural Health Facilities.

3.2.3: HUMAN RESOURCE

a. Merging SHPHA Staff Structure

In 7th October 2016, Department of Personnel Management (DPM) officially approved the SHPHA Merged structure for computation into the Alesco Payroll. In December 2016, the total of 783 SHPHA Positions were formally computed into the SHPHA Alesco Payroll system. The PHA staff are now drawing salaries from their new payroll system.

The major achievement for the PHA Board and Management in this exercise and PHA Implementations in the Province concerned is "all the genuine casuals on item 112 wages under the Provincial Government were absorbed into the new SHPHA Alesco Payroll System". The casuals include, drivers, securities and cleaners in respective health facilities in the Province. Other categories of casuals are CHW's and Nursing Officers working in the Rural Health facilities and were not on Provincial Government Payroll system. There were total of 81 casual employees of which 58 are genuine casuals.

b. Positions Advertisement

All genuine casuals who had worked for Southern Highlands PHA for more than five years starting 2013 and backwards were automatically on Payroll without advertisement. That includes genuine casuals (drivers, securities and cleaners) and Nurses and CHWs. Advertisement for the new positions pending settlement of all the HRM Payroll issues during the merging and transferring exercise. The Southern Highlands PHA, Vacancy positions advertisement should commence mid-2017 but delayed till 2018.

Senior Executive Management Positions (Directors) were advertised early 2017 and recruitment done in consultation with DPM and National Department of Health.

3.2.4: TRAINING

a. In-service/In-house Training

There has been continuous staff in-service trainings conducted within the Hospital by HRM team Ms Rhoda Ipia – SDO and Mr Danny Apeano - TO with the help of the In-service coordinator, Mr William Mar. Most areas of training including Word Processor and Excel trainings, Performance appraisals, time management, quality work outputs, etc.

The SHPHA Management acknowledges the efforts put in by the HRM team in continuous provision of in-service and training to the staff and hope to see them continue in the future.

b. Internal and External Training

It's a great pleasure, most of the hospital staff especially Midwifery nurses to do their Bachelors and Masters in Midwifery at UPNG and Overseas Universities especially through the Australian Aid Sponsor.

There are other staffs in corporate service section have also gone for training and some will be going in 2018. Below are the lists of staffs;

Curative Health Directorate

1. Nathan Polty – Bachelor in Public Health, Graffit Uni 2015
2. Dr Meles – Masters in Internal Medicine

Nursing directorate

1. Magaret Kariap – BCN Mental Health, UPNG
2. Maria Ako – BCN Acute Care, UPNG
3. Sr Regina Yasi-Midwifery, UOG

Corporate Directorate

1. Tommy Kange – Diploma HR/IT

Attachments

1. Glen Apili – Morgue Management/PMGH

In-services

1. Training Need Analysis
2. Report Writing
3. Minute Taking
4. Basic Computing
5. Time Management
6. SPA
7. House Keeping

Mini Workshop

1. Office Administration
2. Orientation for new hires
3. Refresher workshops/Trainings

3.2.5: PLANNING & PROJECTS

a. AIP Review 2017

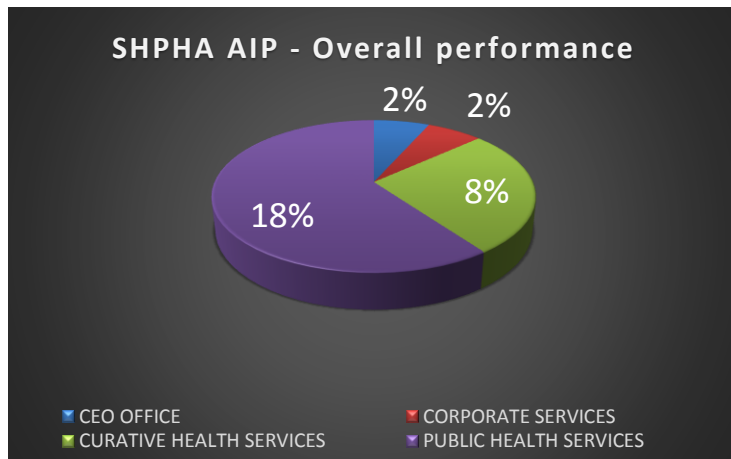
Review for activities Planned for each year is very important because it gives the management and staff a picture of activities implemented and those not yet implemented. This will allow for pressing and important activities not executed to be carried forward so can be implemented in the future period.

It is therefore a requirement for every Public-Sector Organizations and not quite sure with Private Sectors, to review their activities so outcomes and indicators worth the money spent by the Government on service delivery are transparent and accountable.

SHPHA has taken and adopted that initiative and reviewed its activities for the year 2017 early following year 2018 due to strict work schedule late 2017. No quarterly reviews were done again due to strict work schedule. It is also a requirement from the National government and Minister that review reports must be submitted to their officer at the beginning of the next quarter.

Two (2) officers from the Planning unit at National Health Department were invited to coordinate the review together, Mr Joseph Sowa (Strategic Planner) and Mr Wilson David (Operational Planner). The activity review was coordinated by the Hospital staffs themselves from the 6th - 17th February 2017 for 2016 AIPs. The report on the review and Annual Implementation Plan was done by Mendi Hospital staff and submitted to NDOH planning unit.

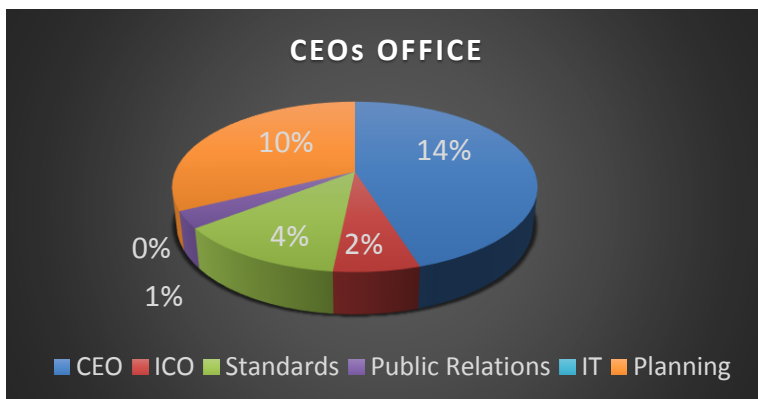
For 2017 AIPs, the activity reviews were coordinated by our planning team headed by SHPHA Planner Ms Elizabeth Brian. The overall Performance indicated that about 30% of the planned activities were implemented and 70% not implemented and further broken down as per sections.



- CEO – 2%
- DCS – 2%
- DCHS – 8%
- DPHS – 18%

This indicated that most of the activities were not implemented and carried forward into 2018 Financial Year.

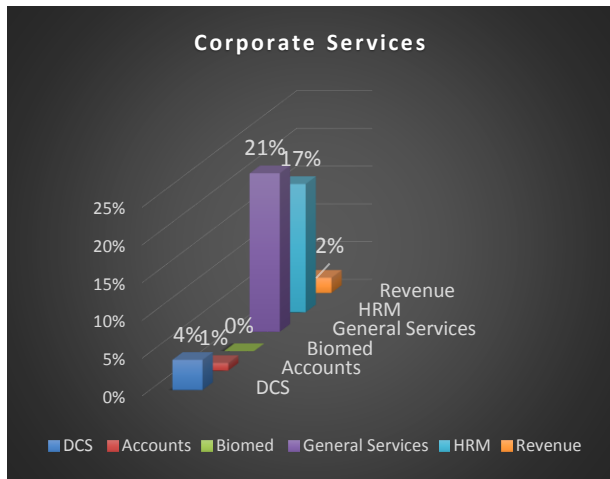
1 . CEOs Office Performance Ratings



The ratings under CEOs office include;

- CEO – 14%
- ICO – 2%
- QA – 4%
- PRO – 0
- IT – 0%
- Planning – 10%

2 . Directorate of Corporate Services



Overall Performance for the sections performance compared to the rest of SHPHA Planned activities for 2017 is only **2%**.

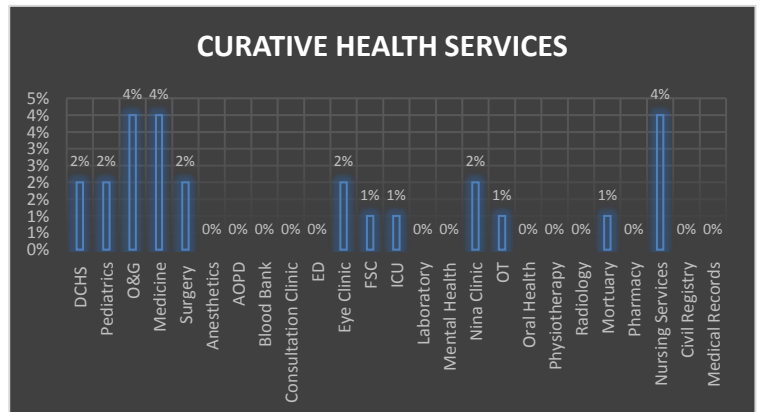
About 45% of all planned activities for 2017 under DCS office were achieved.

- DCS – 4%
- Accounts – 1%
- Biomed – 0%
- General Services – 21%
- HRM – 17%
- Revenue – 2%

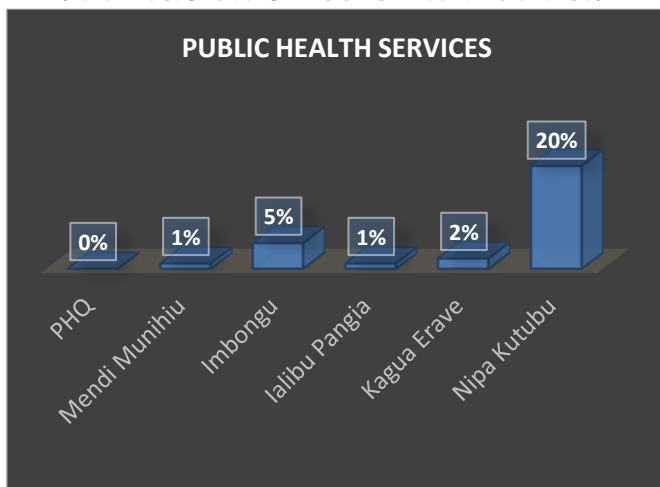
3 . Directorate of Curative Health Services

Overall Performance for the sections performance compared to the rest of SHPHA Planned activities for 2017 is only **8%**.

About 26% of all planned activities for 2017 under DCHS office were achieved.



4 . Directorate of Public Health Services



• Overall Performance for the sections performance compared to the rest of SHPHA Planned activities for 2017 is only **18%**.

• The total Performance rating for each units in the directorate compared to the rest of the directorates planned for 2017 is only **29%**.

- PHQ – 0%
- Mendi Munihui – 1%
- Imbongu – 5%
- Lalibu Pangia – 1%
- Kagua Erave – 2%
- Nipa Kutubu – 20%

b. Annual Implementation Plan (AIP) Workshop 2017

The Annual Implementation Plan is a plan for set of activities to be implemented in each year and is planned by the Hospital Management and staff especially directors, OICs and Unit Managers and Program Managers of each section. These activities are taken out of the Hospital Five (5) year Strategic Implementation Plan (SIP) 2017 - 2020. Planning for activities sets as a road map for implementing our duties and set clear path for the Programs and activities to be implemented so staffs are aware of what to do.

AIP is therefore, a requirement for the Government for all the Public-sector organization and some Private sectors may have, to provide the government with the breakdown of budgets on its use in the delivery or service to allow for transparency and accountability.

Mendi Hospital in abide by the requirements of the government, took up the initiative to plan for its activities for 2017. These events are a continuous effort for each year and was done on the 6th - 17th February 2017. This is to plan for activities ahead for the following year.

No staff from the Planning unit at National Health Department was invited to coordinate the Planning of AIP, it was coordinated by the Hospital staffs themselves from the 6th - 17th February 2017. That includes all the Specialist Medical Officers, Medical Officers, Nurse Unit Managers Officers, OICs of sections and Management Staffs. The report on the review and Annual Implementation Plan was done by SHPHA planning unit, Management and staffs and submitted to NDOH Planning Unit.



Management and Hospital Staff during planning

It is very enlightening that the Management Staff become interested in Planning and make it a priority to spend the entire week with the staffs and took ownership of the planning process.

The complete compiled plan for the activities for each directorate is completed on March of 2017. The completion of AIP was compiled and submitted to Management and Directors by Coordinator Policy, Planning, Budget`s & Projects Manager for Southern Highlands PHA.

c. Major Achievements for AIP

DIRECTORATES	ACHIEVEMENT	RATING
Ex MGT	Planning framework	90%
	Financial Framework	50%
	Human Framework	30%
	Clinical Framework	10%
DCS	Staff Recruitments and Trainings	50%
	Financial account audits for 2016	50%
	Land acquisition negotiations	50%
	Organised meetings and workshops	100%
	Procurement and distribution of goods & Services	80%
	Security, transport & cleaning services	100%
DCHS	Trainings & Clinical Attachments	50%
	Organised Meetings attended	100%
	Distribution of Medical Equipments & Supplies	100%
DPHS	Trainings	50%
	Organised Meetings attended	100%
	Distribution of Medical Equipments & Supplies	100%

d. Strategic Plan 2017-2020

The Strategic plan for 2011-2016 expires as 2016 ending. The Annual Implementation Plan for 2017 was planned in line with the new strategic plan for 2017-2020 as a PHA Province.

In 6th – 17th February 2017, Southern Highlands PHA Board and Management led by Dr Joseph Birisi – Chief Executive Officer SHPHA did their first Strategic Plan for the next Four (4) year 2017 – 2020 as a Provincial Health Authority Province in History. Staff of all the Four (4) directorates/Sections including Corporate Services, Curative Health Services and Public Health Services and support services to CEOs office were grouped in their respective sections. The four-year implementation plan for the PHA were planned in their respective sections and compiled by NDOH and SHPHA Planners for distribution.

Strategic plan in most cases is for the term of five years. Southern Highlands PHA did it in Four years taking into consideration the expiry term of the National Health Plan 2011-2020 and aligning to its time frame and budget as per planned and budget.

Participants from throughout the Province especially, District Health Managers, Facility Managers and OICs and Nursing Supervisors were asked to join the workshop and plan activities for their respective districts.

e. Service Improvement Plan 2017-2020

The Service Improvement Plan 2017-2020 contains the Infrastructure Development Plan for Southern Highlands PHA for the next Four (4) years again taking into consideration the expiry term of the National Health Plan 2011-2020. The strategies and project recommendations highlighted in the SIP 2017-2020 aligns with the NHP 2011-2020 KRAs and Strategies and objectives.

In 16th – 27th January 2017, an observation and facilities visit was conducted. The plan of survey or observations on the facilities were done using the National Health Services Standards, NHSS 2011 Criteria's and guidelines or auditing a health facility from level 7 to level 4 in the Province.



This plan was a joint effort of the Standard Coordinator for SHPHA Sr Schola Kapou and Ms Elizabeth Brian – Planner for SHPHA and Mr Ludwick Salu – Driver SHPHA. Joint Survey was conducted in conjunction with the assets team for SHPHA mid-year June 2018. The plan is now complete and distributed to Funding Agencies, donors, partners and Local MPS (Southern Highlands Province) for funding.

f. Projects

The year 2017 was an eventful year for SHPHA, meaning the Board and Management were went through court battles and most of the projects were not implemented. Therefore, most of its projects were carried forward to 2018 financial year. Brief reports including financial expenditures are provided in the CEOs Report below. The projects undertaken in 2017 includes;

1. Staff Accommodation Fencing & Gate at Wesi Kerak Residence
2. External works, landscaping (Back filling) and Drainage
3. Water Supply (Pump & Southern cross tank)
4. Purchase of Medical Equipment's
5. Mendi Hospital Redevelopment
6. New Nipa District Hospital opening

i. Mendi Hospital Redevelopment

Many public-sector organizations have gone through rehabilitating their existing facilities to provide a better and quality services to improve service delivery to the rural majority and urban disadvantaged. These developments are funded by the government (National & Provincial) through the GoPNG funds and other private sector organizations with the submission of proposals and submissions by the implementing agencies.

Mendi hospital has also compiled a redevelopment plan and definition of all redevelopment activities and submitted to the Project coordinators at the Department of Health Mr Peter Toalbert. In November 2012, the stage was completed and now tendered to the Public for designing a Master plan and developing a construction plan through the Central Supplies and Tenders Board of Papua New Guinea.

Applicants were screened in 2013 and the Planpac Group of Companies was selected to the Master Planning and construction documentation for the new redeveloped Mendi Provincial Hospital. The documentation for construction is ready awaiting the availability of funding from Mendi Hospital.

The Redevelopment contract was awarded to Planpac group of companies on the November 2013 to do the detail design, detail documentation and detail drawings. The Principal Managing Director Mr Damien Ferguson did his first visit to the Hospital in December 2013.

Mendi Provincial Hospital Redevelopment Master Plan



In 2014, the Master Planning, Schematic design and Detail design works for the redevelopment works were completed. The detail documentation should be completed and finalised in March 2015 however, the contractor claimed variation to the original contract due to the increased in floor area with the changes in NHSS and delays the Project until August of 2015.

The Southern Highlands Provincial Government in its first 2014 PEC Meeting approves the Mendi Hospital Redevelopment Plan. The SHP Provincial Government announced that they will take ownership of the plan initiated by the Hospital Management and staffs and its Board and take it up to the government's level for funding.

In 2016, the process of approving the Variation was complete but withheld for further consultation with the current SHPHA Board, NDoH team and relevant Stakeholders.

Here is the Cost Breakup for the Mendi Hospital Redevelopment Masterplan and Schematic Design paid to Planpac. Also included is the actual costing for the construction.

Costing into Stages

CONSTRUCTION OF MENDI PROVINCIAL HOSPITAL REDEVELOPMENT FOR FIVE (5) YEARS			
PHASES 1	TIME FRAME	COMPONENTS	COST (Kina)
Stage 1	2014	Mobilisation and Early Works	K 1,109,550.00
Stage 2	2014	Master Planning (Project definition)	K 939,000.00
Stage 3	2014	Schematic Design	K 2, 119,500.00
Stage 4	2014	Detail Design	K 1.450,000.00
Stage 5	2014	Detail Documentation	K 1,778,950.00
TOTAL AMOUNT REQUESTED (GST EXCLUSIVE)			K 7,397,000.00
TOTAL AMOUNT REQUESTED (GST INCLUSIVE)			K 8,500,000.00
	2015	VARIATION	K7,000,000.00
TOTAL AMOUNT REQUESTED (GST EXCLUSIVE)			K 15,500,000.00
TOTAL AMOUNT REQUESTED (GST INCLUSIVE)			K 17,050,000.00
PHASE 2	TIME FRAME	COMPONENTS	COST (Kina)
1	2015	Preliminaries, Mobilisation and Early Works & Construction	K183,700,000.00
2	2016	Construction	K36,575,000.00
	2017		K36,575,000.00
3	2018	Construction	K36,575,000.00
	2019		K36,575,000.00
TOTAL AMOUNT REQUESTED			K 330,000,000.00
TOTAL VARIATION COST			K400,000,000.00

Therefore, a total of **K 8,500,000.00** was already paid to the contractor with GST inclusive for the first 5 stages.

ii. Staff Accommodation Fencing & Gate at Wesi Kerak Residence

The staff accommodation Fencing & Gate Project for Mendi Hospital Staff residence Project is complete and commissioned December 2017, named after one of the pioneer retiring nurse for the Hospital Sr Wesi kerak (MBE) residence.

The fence and gate provided 24 hours security to the staff and families living in the compound.



iii. External works, landscaping (Back filling) and Drainage



The external landscaping and back filling project was left off by the previous contractor as part of the contract package. However, after an unsuccessful attempt to question completion of the project, we engaged another contractor to complete the unfinished works. Pictured are the works as progressed to completion.

3.2.6: HEALTH REFORMS

a. National Health Services Standards

The SHPHA is continuously working on the hospital standards through the Standards Committee headed by the Quality Assurance Officer Sr Schola Kapou, to improve its service delivery standards. This is an ongoing process to improve the hospital's way of doing business. We are working in partnership with Hospital Management Service standards division, National Department of Health to improve its Clinical base performances.

In 2010 accreditation survey, Mendi Hospital was accredited and was rate Five star (5 *) in the Country. The next survey will be in 2017 and the hospital is continuously preparing for the second survey by ways of its organised meetings, however did not eventuate and looking forward for the next survey in 2018.

Attempts were done for Rural Health Facilities District Health Managers and OICs to assess their district facilities and rate the services they provide. That was the way forward for rolling out Standards into the rural areas.

b. Implementation of the Southern Highlands Provincial Health Authority

The Southern Highlands Provincial Health Authority implementation preparation and awareness have started since 2013 and came into full function in 2015 and 2016 until the declarations.

In 2014 and 2015 a more advocacy and tasks were done in order for the SHPHA implementations activities to take effect. Those activities include;

- Rural health Staff cleansing
- Merging exercise
- Board appointments
- Secretariat meetings and Health reform team meetings
- Budget & Financing

All SHPHA implementation activities compiled by SHPHA Secretariat team and are before the Health Reforms in NDOH and pending further submission to DPM and Treasury funding and getting the positions approved.

Southern Highlands was officially declared as a PHA Province on the 27th May 2016 though much preparation works pending implementation/completion. That includes, the merging exercise, budget, staff advertisement, etc. In December 2016, the Southern Highlands Staff Structure merged into one Southern Highlands PHA Alesco Payroll system. Staff salaries under one system were received in the first pay in 2017.

The financial component of Southern Highlands PHA was merged has yet to be merged due to separation powers in the Organic law of Papua New Guinea, where all funding for Provincial Departments will go to the Provincial Government basket and redistributed into their individual ledgers, except for Provincial Hospitals governed by the Public Hospitals Act 1994 and adopts a National Function. The Public Hospital funding is directed straight from National Department of Health Hospital Management vote 241.

The Southern Highlands PHA Management have highlighted the issues associated with the financial arrangement. Verbal recommendation was done for Provincial Government to transfer Rural Health Funding straight to PHA Basket for management and use. Therefore, in the 2018 financial year.

c. Installation of the Hospital Information Management System (HMIS)

The new Hospital Health Information System (HMIS) is an initiative of the National Department of Health to establishing a uniform Health Information system in the Health Sector from the Aid post to the National Department level.

The components of the new HMIS system would include incorporating the health sector payroll system, accounting (PGAS) system, Medical Records – patient information systems and entries, Asset management systems and others systems applicable to the health sector.

Vanimu General Hospital in East Sepik Provincial Health Authority, was the pilot hospital and province to receive the new system in 2014. Mendi hospital was the next to receive its service and other equipment's necessary in late 2015 and to complete in 2017.

Southern Highlands PHA has adopted to the changes in terms of infrastructure in the department and accepted the new HMIS system to be installed in Mendi Hospital and later to the districts. The server and other necessary cabling have been done and pending training of users and installation of the standalone desktops all purchased by the Hospital at the cost of estimated K500, 000.00.

We hope this system will be of more help in the health sector and we thank our hard-working IT technical team led by Mr John Mondo, Mr Pius Kalambe and his team for introducing such magnificent IT programs in the Country. We applaud for continues support from NDOH IT Technical team to the Provinces on IT matters and help recruit IT officers on ground to maintain the system in place.

D. district Development Authorities (DDA)

The DDA Act was passed in 2014 running in parallel with PHA Act 2007. The system is running in the districts where health services are in which, PHA have direct management and control over the services. The role for DDA is to look at infrastructures for the Health services while PHA runs the operations of the services including HR, Fuel and daily Management and operations of the system.

e. Community Health Post Project Reforms

The community Health Posts projects reforms was also passed in the health sector in prior to PHAs for all Aid posts and Sub-health centres to be absorbed into a CHPs. This project is slowly being rolled out into the Provinces up to this date.

f. District Hospitals Project Reforms

The District Hospital projects reforms was passed in the year 2018 in the health sector during PHAs implementations and preparations into most of the Provinces. However, this has not stopped PHAs from being implemented. The District Hospitals project is one of the strategies for effectively implementing PHAs in the Provinces. Southern Highlands PHA with the partnership with Imbonggu DDA has already received K7 million. K2 million for Community Health Post and K5 million for Imbonggu District Hospital. We applaud the effort of the hard working MP for Imbonggu and Minister for Health for making this possible for Southern Highlands PHA. All these funds for the districts hospitals will be managed through establishing working committee or project steering committee to make sure infrastructure built must meet the National health standards requirement.

3.2.7: FINANCING

a. External Financial Audit

The Department of Auditor Generals have audited the Hospital Accounts every year for financial reporting and project management to ensure the financial transactions are conducted in line with the Public Finance Management Act. All the books for the year 2014 and 2015 for Mendi Hospital were audited. Hopefully, 2016 and 2017 audit will be done after the General Election.

The Southern Highlands PHA Management thanked Department of Auditor Generals and its staff for their kind support every year in identifying our failures and ensuring that transparency is practiced in the use of public funds. We hope for more support to the SHPHA in the future.

b. Improvement in Revenue collection.

The revenue collection in 2017 hasn't been success stories because most of our services were free as the free health care and subsidised health care policy was passed and the continuous election violence and Natural disaster (earth quake) in the Province. Compared to 2016, the revenue collection was a success and the other financial years.

The total revenue collections in 2017 have increase to **K143, 971.00** compared to 2016 of the total amount of **K140, 605.70**.

c. Financial Standing End of 2017

The Hospital which is partly PHA received all its full funding appropriated for 2017 of **K 17,981,600.00** of which K15, 250,500.00 for Personnel Emoluments and K2, 731,100.00 for Goods and Services. The accumulated funds brought forward from 2016 of K1, 775,426.05 of the OPERATIONAL ACCOUNT. TRUST ACCOUNT has full funding appropriated for 2016 of K 12,225,067.63 and accumulated funds brought forward from 2015 of K 17,266,057.54.

In 2017, the Hospital was partly PHA because HR merged structure was merged and PE funding went through the current Alesco payroll on the ground.

3.2.8: Other Achievements in 2017 include;

- Successful declaration and Preparation of SHPHA
- Approval and merging of the SHPHA Merged structure
- Board Induction and appointments done
- Regular Board and Management Meetings
- Regular staff meetings
- Regular management team
- Six monthly staff appraisal
- In-house Training of staff
- Doctors clinical meetings/presentations
- Successful completion of Nursing Conversion Degree and studies still going on.
- Completion of Post Graduate studies either by Hospital Staff with UPNG, DWU and overseas (Australia)
- Nurses and Doctors symposiums
- HRM and Corporate Forums attended
- Recruitment of doctors
- Successful execution of Hospital and Rural Health facilities rehabilitations
- Staffs awarded with scholarships to study overseas (Australia)
- Improvement in Financial and Assets Management

3.3 ASSISTANCES IN 2017

a. Construction of Kalalo Community Health Post - ICRC

The International Committee of Red Cross (ICRC) aims to support in health and wealth in the disadvantaged areas in the country and the world. Kagua Erave is rated as one of the least disadvantaged Districts in the Pacific Region according to the Ausaid report. Therefore, the International Committee of Red Cross (ICRC) has responded to this report and had its hand up to help the Kagua and Erave areas especially the trouble zones areas where people and communities are homeless, sick and wounded.

In 2013, International Committee of Red Cross (ICRC) has established its camps in two locations in the district. One from the Erave area at Kalalo where they build a new Community Health Post and the other one in Uma where they also build a new Aid Post. Both facilities were equipped with basic medical equipment's for levels 2 and 3 health facilities according to the NHSS 2011.

The Southern Highlands PHA Board and Management thanked the Country Manager for International Committee of Red Cross (ICRC) for their kind support to PHA since their establishment and hope for more support to SHPHA in the future.

b. Donation of Medical Equipment' - ICRC

Last Year 2016, International Committee of Red Cross (ICRC) Mr Francis Devlin, ICRC Delegate donated basic medical equipment's for the Family Support Unit in Mendi Provincial Hospital. This equipment includes patient bed, Filing cabinets x2, Emergency Trolleys and Steam Sterilizer. The Unit Manager for FSC unit in the Hospital, Sr Mary Balupa had made a request of these medical equipment's and her request was answered.

The Hospital Management thanked International Committee of Red Cross (ICRC) for their kind support towards Southern Highlands PHA since their establishment in the Province. ICRC have been contributing in a very big way to support the SHPHA and the Southern Highlands PHA Board and Management extend our uttermost appreciation and hope for more support to the hospital and PHA in the future.

c. Assistance from Mendi Munihiu MP

Mendi Provincial Hospital receives K1.5million from the MP for Mendi Munihiu Honourable Michael Nali for Medical Equipments in 2017. The Medical Equipments were ordered from Malaysia and pending receipt.

d. Assistance from Imbongu MP

The MP for Imbongu Honourable Pila Ninigi donated x 1 Ambulance for Imbongu Health Centre Late 2017 and early 2018. The Honourable MP has shown interest in supporting SHPHA through Imbongu health services. SHPHA Board and Management applaud the support towards SHPHA and looking forward to working with you in the future.

e. Assistance from the Provincial Government

The Provincial Government constructed the modern Nipa District Hospital and officially handed over the health facility to SHPHA in 2017. The Provincial Government also donated x 2 vehicles to SHPHA for Family health services and medical supplies distribution in the Province. The SHPHA Board and Management thanked the Honourable Member William Tipe Powi for your great effort and contribution to SHPHA.

f. Assistance from the National Government

The Southern Highlands PHA Board and Management would like to thank the Prime Minister Hon. Peter O'Neil MP for Pangia/lalibu for funding the amount of **K5 million** for Medical Equipment's for Mendi Provincial Hospital in 2016. This has been a boost to the Hospital and PHA Management effort to purchase all the Medical Equipment so doctors and nurses can work with. This will also help us recruit doctors and maintain the current level of doctors, and prepare us for the next Medical Standards accreditation.

Mendi Provincial Hospital was also able to assist the District Hospital with Medical Equipment's purchased through this funding. As a PHA Province, we plan to maintain our outreach services and day clinics to the rural majority by way of visiting the rural based health facilities. That is the only venue specialist health care services can be delivered to the rural population. The core vision of then introducing the PHA Reforms in the country and can be fully realised.

Therefore, SHPHA Board and Management has supported that vision to equally distribute the medical equipment's to the rural based facilities who are serving more populations. In the Eastern end is, lalibu District Hospital serving, Kagua Erave, lalibu Pangia and Imbongu.

The money was released 2015 and management have already committed some of this funding to purchase the basic Medical Equipment's in the Hospital and rural health facilities.

The SHPHA Board and Management thanked the Prime Minister and Member for lalibu Pangia, Honourable Peter O'Neil for his undivided support to the Provincial Hospital and appeal to the National Government, other MPs and Provincial Government to continue its support to the SHPHA in the future. We are part and parcel of the Provincial Curative Health service, we provide service to the people of SHP and the country as a whole and therefore we expect undivided support from the Government.

e. Oil Search PNG Limited

The Oil Search PNG Limited through the Health Foundation has been very supportive to Southern Highlands PHA even before the declaration of PHA in the Province. They have been maintaining the Provincial Health Services in the Nipa and Kutubu areas by way of supplying fuel for standby generators in almost all the facilities. The team has also been conducting public

health programs and facility maintenance within the project site areas including Pimaga and Kutubu areas.

Oil Search have also supported Southern Highlands PHA with T-Shirt to promote the world violence against women's day, Service Planning and World Aids Day. They funded the 2017 World Aids Day and was a success story.



Oil Search have also been supporting Southern Highlands PHA with logistics to conduct its first Annual Implementation Plan 2017 and Strategic Implementation Plan 2017-2020. They have been great help and are looking forward to working with them in the future.

f. Credit Assistance

The Management would like to extend our thanks to these companies who have provided credit facilities to Mendi Provincial Hospital and SHPHA for accepting the Hospital cheques to pay for goods & services.

- Able Computing
- Kiburu Lodge & Kewapini Lodge
- Wantok Trading
- Karinz Fuel Supplies
- Pacific Travel Tours
- Christian Guest House
- Mendi Traveller's Inn
- Kwaipini Lodge

g. Assistance Acknowledgement:

In 2017, we have received the support of some business houses, organisation, ordinary members of the community, tribes and individuals in our efforts to provide safe, appropriate, effective, and efficient hospital services and without such generous support we would not have done as well as we have done in the year.

The Southern Highlands PHA would like to thank the following organisations for their support in 2017 in cash and kind to support the clinical services provided;

- Catholic Health Agency Kumin
- SHP Provincial Administration
- Provincial Police Force SHP
- Air Niugini & Wild cat
- Specialist Medical Officers from PMGH, GKA and Hagen Hospital.
- NDOH Chief SMOs & MRDC
- Oil Search PNG Limited
- Oil Search Foundation
- Central Agencies - NDOH, DPM, DNPM, DOT & DOF
- FSC, VSO & ICRC
- Able computing
- Telikom
- BSP Mendi Branch
- Kewapini Lodge
- Pacific Travel Tours
- DDAs for Southern Highlands

a. Oil Search PNG Limited

The Oil Search PNG Limited through the Health Foundation has signed a partnership agreement in 2017 to partner with SHPHA in the delivery of healthcare services in the Province. Through the partnership Oil Search PNG Limited has assisted SHPHA through;

- i. Short and long term Training programs
- ii. Medical supplies and Equipments
- iii. Technical Expertise
- iv. Logistics Support
- v. Health Infrastructure support

b. International Committee of Red Cross (ICRC)

The International Committee of Red Cross (ICRC) has signed a partnership agreement in 2016 to partner with SHPHA in the delivery of healthcare services in the Province. Through the partnership ICRC has assisted SHPHA through;

- i. Medical supplies and equipments
- ii. Technical Expertise
- iii. Logistics Support
- iv. Health Infrastructure support

g. Church Health Services

The Church Health Services especially Catholic, ECPNG, United Church and PNG Bible Church has a partnership agreement with SHPHA through the Church health Services to provide basic health services to the remotest parts of Southern Highlands Province. Through the partnership Church health services has assisted SHPHA through;

- i. Medical supplies and equipments
- ii. Technical Expertise
- iii. Logistics Support
- iv. Health Infrastructure support

h. District Development Authorities (DDAs)

The DDAs in Southern Highlands Province has a partnership agreement with SHPHA as specified under the DDA Act 2014 under the roles and functions of DDA in terms of health service delivery in the Districts. Through the partnership DDAs has a role to;

- i. Medical supplies and equipments
- ii. Technical Expertise
- iii. Logistics Support
- iv. Health Infrastructure support

3.5. HOSPITAL & SOUTHERN HIGHLANDS PHA VISITS

a. Department of Health Visits (HMIS/ Technical Services)

There was no department of health visit for 2017 despite technical support via email and phone have being provided to the Staff and Management of Southern Highlands PHA especially, in the areas of standards, ICT, projects and planning due to continuous election violence and Natural disaster in the Province.

b. Central Agencies Visits (DPM, DOT, DOF, DNPM)

In 2017, there was no visits from the Central Line Agencies due to the continuous election violence and Natural Disaster. However, technical support was received for them via email or phone during our Port Moresby visits especially in HR, Project and Budget matters.

3.6: CONSTRAINTS IN 2017

The Southern Highlands PHA Management would also like to report on some constraints faced in the year that has affected our service delivery.

a. Doctors Depart from Mendi Hospital

Mendi Hospital lost some of its Doctors for other centres in the country. These doctors include;

1. Dr Beena Dagam – Surgeon
2. Dr Richard Kulau - Surgeon

The Hospital Surgeons Dr Beena Dagam and Dr Richard Kulau left for further Training in 2017. The Surgical section was left with Registrars until Dr William Saweri joined in 2017.

b. Lack of Specialist Medical Officers – ENT & Anaesthetic

The recruitment of specialist medical officers has been one of our major challenges.

In 2016, we also had an ENT specialist who went to green a pastures and left Mendi Provincial Hospital. The ENT Registrar also left for Training and left the clinic now unattended. Until now we have not replaced one ENT specialist as well as the Anesthetic specialist. The current SHPHA CEO is a specialist Anesthetic Officer however, couldn't do both clinical and administrative duties. Therefore, we also looking at creating more positions for doctors and resident officer to cover for the whole province.

c. Pharmaceutical Supplier & Laboratory Reagents

The Pharmaceutical Supply shortage continued on into the middle part of the year until New Year 2017 and critically low for the whole country. We were forced to procure Pharmaceutical Supplies from the private pharmacies since 2016 up till 2017 and 2018 due to the shortages. The purchase of the drugs, medical consumables and laboratory reagents from private pharmacies for both 2017 and 2018 (till August) stands at **K800, 000.00**.

d. Medical Equipment's

All the SHPHA facilities need new or replacement of medical equipment. The current arrangement needs to be improved to ensure equipment is supplied to needs.

Many more of the medical equipment's have broken down and needs immediate repair and maintenance or replacement of new ones. Following were the machines that were broken down and the hospital went through a critical time of referring patients to Mt Hagen referral Hospital;

1. Anesthetic machine
2. Laboratory machine Monitors
3. X-ray Machine
4. Cooking dish for the kitchen & Baking oven for the kitchen

e. Hospital Vehicles

Some of the SHPHA Vehicles are now old and need replacement.

f. Inadequate Nursing Personnel

Our nursing personnel approved positions have not changed from total ceiling of 181 nursing positions with a total staff strength of 100 nurses since 2013. Financial constraints have led to the restriction on recruitments of new employees.

In 2016 & 2017, the new graduates from the Mendi School of Nursing have being recruited to fill up the Nursing officers Gap in the Hospital. However, there are need for more nurses in the Hospital with a total of 3 shifts.

g. Accommodation

Accommodation has been a chronic problem, staff living out of the health facility boundary, in rented or private houses or with friends or far away in the villages. Another urgent need is the need for Housing for staff performing night shift.

h. Maintenance Funds

Insufficient funding for maintenance restricted our effort to do preventive maintenance to staff and hospital building. We are striving all the time to ensure the Health facilities are well maintained with the limited funding.

i. Accreditation

Mendi Provincial Hospital has not had an accreditation visits by the accreditation team. In 2017, the Hospital will have an accreditation survey around November and are preparing towards it. However was forwarded to 2018 due to continuous election violence and natural disaster. We will continue to press for a visit so for an assessment on the way we do business so that we make improvement.

3.7: CONCLUSION

To conclude, the Board of Management would like to applaud the performance by the Doctors, nursing staff, Community Health workers, Technical officers, Health Extension officers, Administrative staff, House-keeping staff, Oral Contract officers, Service staff and security staff considering known limitations have been very encouraging in our effort to restore normal service within the Hospital and Rural Health Facilities. We acknowledge the support from community and business house/s to keep the services open. This has inspired us to maintain and improve our services whilst taking on added responsibilities of providing care to people from Southern Highlands.


We have tried in the year 2017 to maintain the Hospital Standards by actively implementing and reviewing the Quality Management Plan through the Quality Management System in our effort to improve the way we do business at the Hospital. We are continuously optimistic that the New Year (2018) will bring even better things as we aim to maintain our standards and look at ways to improve our physical facility at the hospital and Rural Health Facilities and improve patient care.

The external donor, partners and stakeholders support has once again been tremendous and we will continue to work in partnership with such programs so that the people who seek our services benefit from that support.

We believe that with this background of support from the community, external donor agencies, the general Southern Highlands PHA staff and the Management Team that prioritizes quality management. The Southern Highlands PHA will in the years to come improve in the quality of health services and continue to sustain the improvement attained.



Peter Nupiri (Mr)
SHPHA BOARD CHAIRMAN



Joseph Birisi (Dr)
CHIEF EXECUTIVE OFFICER, SHPHA

CURATIVE HEALTH SERVICES DIRECTORATE REPORT

The year 2017 has been a challenging year especially for clinical services. “It was all management by Crisis”. By April, the critical shortage of drugs and consumables faced in the country forced the hospital to scale down some services such as consultation clinics, rural outreach programs, outpatient services and clinics to cater for critical areas such as ED, ICU, labor ward and operating theatre. The situation was made worse by the election crises in July that forced our doctors to evacuate the premises. However, we managed to bring them back after two weeks to resume clinical services again and managed to complete the year.

4.1 ACKNOWLEDGEMENT

The office of the Director Curative Health would sincerely would like to thank everyone within SHPHA including the executive management and both clinical and cooperate service staff for their invaluable contribution annually towards making Mendi Provincial Hospital and rural health services as to what it is today.

During the course of the year, the institution was affected by many internal and external problems namely; drug and consumable shortage coupled with poor logistic support throughout the course of the year, funding constraints and political unrest in SHP which took a toll.

Despite the problems encountered in 2017, the management and staff stood firm to see that basic services continued for the people of Southern Highlands Province for those who sought treatment at Mendi Provincial Hospital, Ialibu and Pimaga hospitals including L4-1 facilities in the province. The PHA in its capacity and under the sure leadership of the CEO Dr. Joseph Birisi was more than confident and continued to ensure clinical services were not completely disrupted until the year ended.

Milestone achievements for PHA were;

- Appointment of permanent directors
- PHA merging Structure which continued from 2016 into early 2017 for completion in which long time causals were able to draw their salary
- SIP, AIP and corporate plans were carried forward from 2016 into early 2017 for completion
- Strengthening partnership with partners such as Oil Search Limited, ICRC and other stakeholders

Hence, let me conclude by saying “*The progress of any institution lies in the hands of each and every one of the employees of that institution*”. Good things may not come easily and be achieved over night, but positive progress can be made through commitment and determination through team work.

God bless,



.....
Dr. Martin Sa'avu

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4.2 EXECUTIVE SUMMARY

Reporting Facility: Mendi Provincial Hospital, lalibu and Pimaga district Hospitals

PHA Establishment: April 27th, 2016

Function: Southern Highlands Provincial Health Authority – Curative Health Services

Bed Capacity: 320 + 22 + 22 = 364beds

Catchment Population: 500 - 600 000 population

Staff Strength & Skills Mix:

Total clinical staff - 271

Doctors – 7 SMOs, 10 MO, 2 DO

Clinical HEOS -7

Nurses - 153

Allied Health Workers - 32

Community Health Workers -72

Total Outpatient attendance – 124,735

Total doctors/specialist Clinic Attendance – 16155

Total Admissions -10,457

Total Inpatient Deaths: 445

Mortality Rate (inpatients): 4.3%

Number of deaths in ED: 11 (mostly DOA)

Mortality from Pneumonia (<5yr): 5.6%

Daily Average of occupied beds: 112 patients

Bed Occupancy Rate: 35%

Average length of stay: 4 days

Total Surgical procedures done: 4472

Total supervised Deliveries: 2212

Un-booked Mothers delivering at Hospital: 307

Total live births: 2176

Total still births: 36

Early Neonatal Deaths: 29/94 (30%)

Maternal Deaths:

MMR/1000: 185

SBR/1000: 18.2

PNMR/1000: 34.4

NNDR/1000: 16.6

Number of family completions performed: 135

Total Autopsies Performed: 48

Total Clinical Death Audits done: 0

Number of outreaches conducted:

From Mendi Prov. Hospital: 4

From District Hospitals:

School clinics:

TB Patient Retrievals:

HIV/AIDS & Rural ART runs:

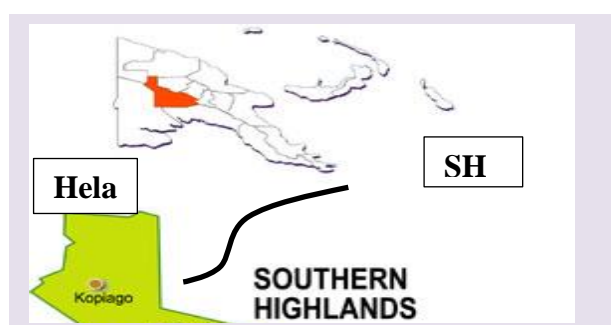
Emergency Patient Retrievals: 7

Number of new litigation cases: 0

4.3 BACKGROUND

Southern Highlands Provincial Health Authority was established in April 27th, 2016 with an aim to improve and provide quality health services right from level seven to level one facilities. Mendi Hospital now serves under the Southern Highlands Provincial Health Authority (SHPHA) as a provincial referral hospital for Southern Highlands Province with a population of more than 500,000 people including an unpredictable mobile population that travels between Hagen and Kandep and Hagen and Tari.

Fig. 1. Provincial Map: Hela & SHP



Apart from the referrals within the province, the hospital also receives patient referrals from Hela, Gulf, Western and Enga provinces.

With the inception of SHPHA in April 2016, the structure has changed though function remains the same in which all levels of health care is brought under one administration and management. The separation of the functions remains under different directorates who report to one CEO.

Functionally, all facilities that assesses and treat sick patients fall under the Curative health services, while all functions dealing with disease surveillance, prevention and elimination falls under Public Health Division.

A significant progress has been made in terms of amalgamating the hospital and the

provincial health payroll, HR and financial framework including the appointment of permanent CEO and recruitment of top management. SIP and cooperate plans for the newly established SHPHA have also been completed in early 2017.

There are yet more to be done to bring the hospital to a level 5 fully functional facility as per the National Health Service Standards (NHSS).

Over years of neglect, the two district hospitals, (Ialibu and Pimaga) have deteriorated to levels below its designated level. The key challenges are mainly infrastructure, equipment and skilled manpower.

Fig. 2. Mendi Provincial Hospital



Nipa District Health Centre will soon be upgraded to a District Hospital. The new Hospital physical structure is already in place and needs commissioning. After the commissioning of the building, the PHA management will look into equipping the hospital and putting in place HR structure for it to be operational.

4.4 VISION AND MISSION STATEMENT

Vision

Southern Highland Provincial Health Authority (SHPHA), *an instrument of dedicated health care providers*, will be one of the top PHAs in PNG giving the highest quality health services to the people of Southern Highlands Province.

Mission

Inspired by the dignity of our profession as health care workers we the SHPHA strive to; Care for the sick with *a genuine compassion and professionalism which creates a safe and loving environment where appropriate and effective medical care is given* so that the sick may be comforted and healed.

Values

- i. **Accountability:** Being accountable to the people for the services we deliver and being committed to learning from experience to improve our performance.
- ii. **People focused:** Patients and clients are the institutions focal point. Treat them as you would want yourself to be treated
- iii. **Integrity:** maintaining and improving the image of the institution through dedication and professionalism
- iv. **Equity:** providing an equitable health care independent from political interference, and being fair in all dealings irrespective of age, gender, religion, ethnicity and political affiliation
- v. **Quality:** Providing safe, effective, efficient, people-centered, timely and equitable health care
- vi. **Teamwork:** working in partnership at all levels of the health system with all stakeholders, the management and with each other
- vii. **Loyalty:** being committed and faithful in our profession as health care providers.
- viii. **Innovation:** Our progress is measured in terms of accepting change and being creative and innovative.
- ix. **Courage:** being strong and resilient in times of stress to overcome challenges in our provision of health care services

4.5 MENDI PROVINCIAL HOSPITAL

4.5.1 Clinical & non-clinical Service Provision at Mendi Provincial hospital

The clinical services now available and accessible at the provincial hospital include;

A: Outpatient clinics and services

1. Adult Outpatient
2. Children's Outpatient
3. Emergency Department
4. Specialist Consultation clinic
 - a. Internal Medicine
 - b. Surgery
 - c. Child health
 - d. Maternal Health
5. Nina clinic – Sexual reproductive health
6. Family Support Centre
7. Eye Clinic
8. Dental Clinic
9. ENT clinic (now temporarily closed)

B: Inpatient care

1. Full Nursing ward for the critically ill patients
2. General Internal Medicine ward
3. General Surgical Ward
4. Pediatric Ward including Special Care Nursery (SCN)
5. Obstetrics & gynecology wards (*Labor ward, Postnatal ward, Gynecology wards*)

C: Surgical & Anesthetic Services

1. Minor operating Theatre for minor operations
2. Major operating theatre for major operations

D: Clinical Support Services

1. Radiology – does mainly plain x-rays
2. Pathology – doing very basic tests, FBC, UEC, LFT, serology, and microscopy including gene-expert
3. Blood bank – collects blood, stores them, does grouping and cross-matching.
4. Hospital Pharmacy that does ordering, storage and dispensing of drugs and consumables
5. Physiotherapy – treatment of injured and disabled patients, also involves in rehabilitation
6. Biomedical – supports with servicing of medical equipment

E: Non-clinical support Services

1. Mortuary – keeps bodies and does autopsies
2. Civil registry – Keeps personal profiles of all births and persons within and out of hospital
3. Medical Records – keeps and updates patient information

Table 1. Staff Strength & Skills Mix

Hospitals	Mendi Hospital	Ialibu District Hospital	Pimaga Rural Hospital	Vacancy
Staff ceiling according to PHA Est	376	49/49	28/28	
Total Staff at Work	226	43	18	
SMO	7	0	0	
MO	9	1	0	
Dental Officers	2	0	0	
HEO	6	0	1	
Acute Care Nurse	8 (1 in-service cord)	0	0	
Midwife	18(2 in admin)	3	0	
Pediatric Nurse	8	1 (sec)	0	
Mental Health Nurse	6	0	0	
Eye nurses	4	1	0	
GNO	89	13	3	
CHW	48	8	6	
Pharmacist/assistants	2	1	0	
MLS/MLT/MLA	4/3/2	2	1	
Dental Therapist/Tech	4	1	0	
ASO/ASA	4/2	1	0	
Radiographer/assistant	3/1	1	0	
MIS		1	0	
Others		9	7	

i. Clinic Attendance, admissions & Discharges at Mendi Provincial Hospital

Table 2. Summary of Outpatient clinic data, admissions and discharges over the last 4 years

OVERALL STATISTICS	2014	2015	2016	2017
ADULT OUT PATIENT(AOPD)ATTENDANCES	55,232	47,353	31,320	22,541
ACCIDENT & EMERGENCY(ED) ATTENDANCES	14,359	15,735	9029	6972
CHILDREN OUTPATIENT (COPD) ATTENDANCES	33,329	37,116	26,886	15,753
CONSULTATION CLINIC	4,253	5,225	4608	2236
Mental Health	-	-	127	100
EYE CLINIC	2820	3874	2456	2046
DENTAL CLINIC	3739	4556	4432	2135
ENT CLINIC	2163	1634	0	0
NINA CLINIC	2849	2437	6739	5776
FAMILY SUPPORT CENTRE	202	877	610	471
PHYSIOTHERAPY	698	895	1026	703
Total OPD/Clinic attendance from other provinces				576
ADMISSIONS TO WARDS	8,075	8,509	5675	9461
Total admissions from other provinces				-
DISCHARGES	6,123	5,854	4999	
In-patient deaths (%)	312(3.86)	208(2.44)	242 (4.3)	421(4.4%)
ABSCONDMENTS	225	324	208	
DELIVERIES	2,092	2,333	2070	1655
REFERRAL TO OTHER HOSPITALS	?	?	-	-
TOTAL SURGICAL OPERATIONS	1,932	1,670	1,835	2,464

4.5.2 OUTPATIENT SERVICES

4.5.2.1: Accident & Emergency Services (ED)

The emergency department in the hospital had the following staff on strength in 2017,

- 1 MO
- 3 HEOs
- 8 nursing officers
- 1 CHW

The emergency department attended to 6972 patients, about 16% (1119) got admitted to the wards and 11 deaths were recorded with 0.15% mortality. Most (90.9%) of the deaths were deaths before arrival to ED. 301(4.3%) patients attended ED from other provinces (Hela, Enga, WHP, Gulf)

Trauma related cause of injuries – 3624 (51.9%)

- Politics related – 133 (3.7%)
- MVA – 169 (4.7%)
- Domestic violence – 166 (4.6%)
- Burns – 38 (1.04%)
- Bush knife – 393 (10.8%)
- Human bites – 45 (1.2%)
- Spear/GSW – 48 (1.3%)
- Others – 2459 (67.8%)

Trauma related types of injuries sustained

- STI – 779
- Wounds & laceration - 2137
- Head injury – 30
- Spinal/cervical injuries – 14
- Chest/Abdominal injuries – 14
- Sexual assault – 14
- Injuries with Fractures – 598
- Burns - 38

Non-trauma related – 3348 (48%)

- Respiratory emergencies – 873
- Abscess/pyomyositis - 276
- Gastroenteritis – 188
- Typhoid – 149
- Others –

There were 151 admissions from ED, 17 admissions were life threatening and got admitted straight into FNW.

- Stroke and hypertension – 8
- Head injuries – 6
- Meningitis/SOL – 5
- AMI – 3
- Others – 2

Patients do also come from other provinces to have access to services at Mendi Provincial Hospital. In 2017, 301 patients from neighboring provinces sought treatment at the ED department either by way of referral or by direct entry.

- Hela – 106
- Enga – 172
- WHP – 16
- Kikori – 7

4.5.2.2: Adult Out-Patient Department (AOPD)

The AOPD is closely associated with the ED department. The MO and 3 HEOs that cover ED also cover AOPD as well.

Staff strength:

- MO – 1
- HEO – 3
- Nursing Officers – 7
- CHW – 3

The total attendance at AOPD in 2017 was 22,541. No deaths were recorded.

4.5.2.3: Children's Outpatient Department (COPD)

The children's outpatient screens and treats children from ages 0- 12 years old. Staff strength at COPD include;

- HEO – 1
- Nursing Officers – 7
- CHWs – 2

More than 15,000 children were screened and treated at COPD in 2017. Of these, 1027 (7.5%) got admitted into the wards and 2 (0.01%) deaths were recorded. The leading causes of admissions from COPD included;

- Respiratory tract infections -379
- Diarrheal diseases - 187
- Neonatal conditions- 145
- Surgical conditions -114
- Malnutrition – 30
- Malaria – 4

Malaria admissions have reduced since the introduction of treated nets.

Table 3. Nutritional Assessment at COPD

Nutritional Status	2016	2017
Weight<60%:	152 (0.7%)	331(2.7%)
Weight 60-80%:	1353 (6.1%)	2052 (16.5%)
Weight>80%:	20498	9956
TOTAL	22003	12399

Cases of malnutrition have increased from 0.7% in 2016 to 2.7% in 2017 for those whose weight is <60% and 6.1% in 2016 to 16.5% in 2017 for those whose weight is between 60-80%.

Malnutrition rate at COPD is: 19.2%

Table 4. Immunization at COPD, SCN and Postnatal wards

		2016	2017
BCG	Soon at birth	36	386
	< 1 week	172	198
	> 1 week	411	217
Hepatitis B	At birth	1226	524
	>24hrs	224	217
Penta-valent (DPT, HepB,Hib)	1 st dose < 1year	347	417
	2 nd dose < 1year	142	202
	3 rd dose < 1year	71	123
	Vaccinations beyond 1 year of age	13	
Sabin (OPV)	1 st dose < 1year	598	395
	2 nd dose < 1year	256	181
	3 rd dose < 1year	135	95
	Vaccination beyond 1 year of age	38	31
PCV 13	1 st dose <1yr	630	325
	2 nd dose <1yr	216	170
	3 rd dose <1yr	109	120
	>1yr	0	3
Measles	At 6-8months	281	161
	At 9-11months	116	88
	At >12 months	93	50
Vitamin A	At 6months	276	123
	At 12 months	53	8
	At > 1year	81	42

Vaccination coverage at Mendi Hospital is opportunity based. As children attend clinics for various other reasons, the nurses identify them and vaccinate them.

- Number of children immunized at birth – 910

No in-house training was conducted in 2017

4.5.2.4: Consultation Clinic

The doctors' specialist clinic includes; Internal Medicine, Surgery, Pediatrics and Obstetrics & Gynaecology units.

The total consultations attended to was 2236 patients.

Table 5. Attendance at Consultation clinic

Units	2016	2017
Internal Medicine	1454	527
Surgery	1869	747
Paediatrics	611	483
O&G	674	498
Total	4608	2236

About 7.8% of the patients seen at consultation clinic were from other provinces such as;

- Hela – 75
- Enga – 73
- WHP - 27

The number of consultations was almost reduced by 50% compared to 2016. Due acute shortage of consumables and drugs all clinics and OPD were scaled down from 25th April and made worse by election related crisis and instability which started in July and lasted the whole year in 2017.

A total of 121 medical reports were written.

4.5.2.5: Eye Clinic

Eye clinic was established in 2011 and has been doing well with the following staff strength;

- 1x SMO
- 2x Specialist Eye Nurse
- 2x CHW

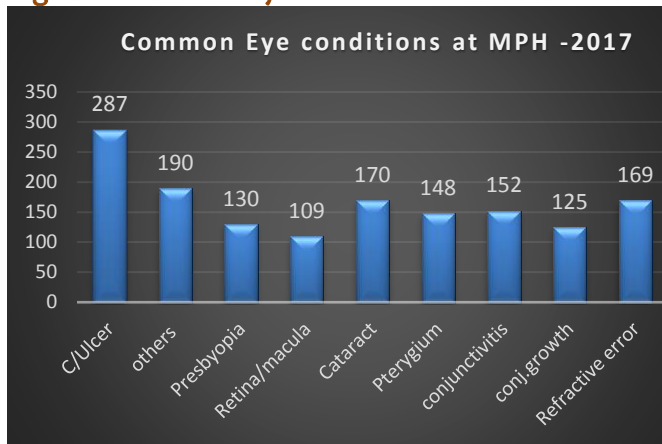
Eye clinic treated **2046 patients** in 2017 and had 26 admissions, and 15 operations.

- Hela – 83
- Enga – 69
- WHP – 12
- Others 16

Common eye surgeries done

- SICS/PCIOL – 46
- PTR/Growth excision – 17
- EUA + Repair – 15
- Others – 7
- Eviscerations – 4
- SICS/ACIOL – 3

Fig. 3. Common Eye conditions at MPH



Corneal ulcer is the leading cause of eye presentations at Mendi eye clinic followed by cataract, refractive errors and conjunctivitis.

Eye clinic attendance from other provinces

Key indicators

- Spectacles issued – 88
- Spectacles prescribed – 119
- Cataract surgery rate – 0.01%
- School visits – 0
- Rural Outreach – 0

Achievements

- Training – 2 officers got trained
- Research – one of our nurses was involved in the country wide RAAB study and completed the findings
- SHPHA was able to eye drugs, consumables, spectacles and diagnostic set worth at K45,688.37

4.5.2.6: Dental Clinic

There are at present only two (2) Dental Settings in the Province:

- Lalibu Dental at Lalibu District Hospital
- Mendi Dental Clinic at Mendi Provincial Hospital.

Staff on strength include 2 Dental Officers, 5 Dental Therapist (2 on study leave, 1 in Lalibu), 1 dental technician and 2 dental assistants.

Dental admissions were 8 to surgical ward.

Table 6. TREND OF PATIENTS ATTENDANCE AT THE DENTAL CLINIC FOR THE LAST THREE YEARS

YEAR	INITIAL	REVIEW	TOTAL
2015	2 984	1 572	4 556
2016	3 049	1 383	4 432
2017	1606	529	2135

The falling trend of attendance in 2017 was mainly due to election and political crises in SHP.

Fig. 4. Patient attendance at dental clinic

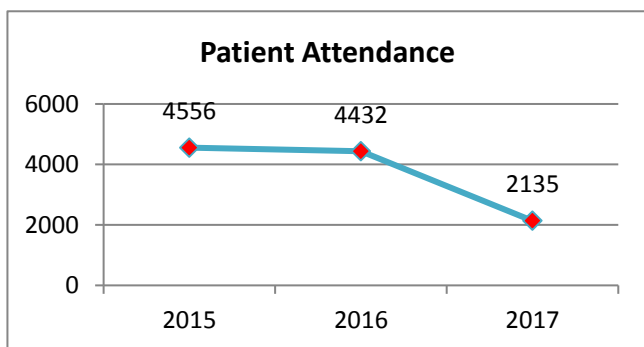


Fig.6. Prosthetic denture types

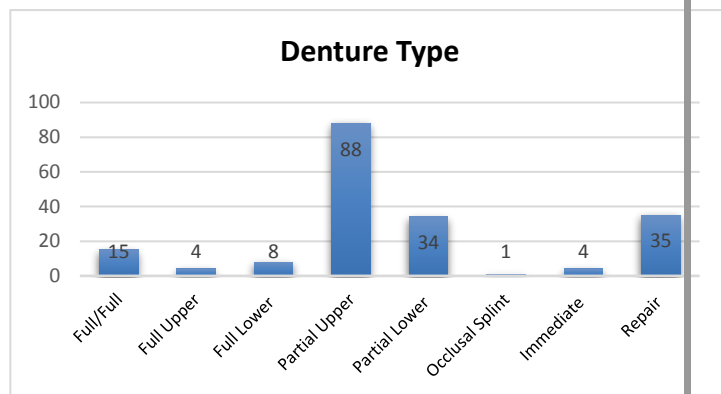


Fig.5. Restorative procedures

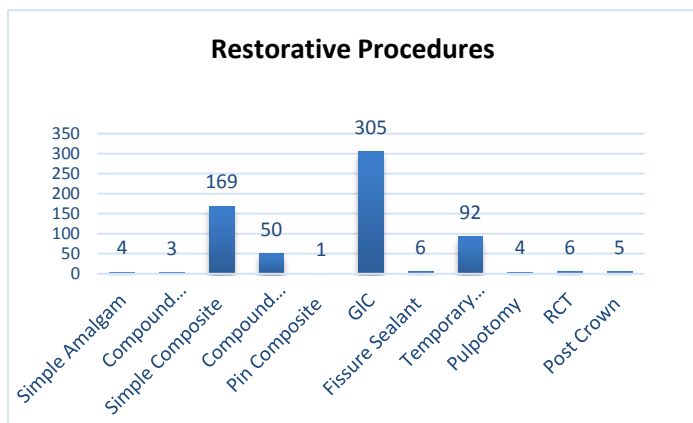


Fig.7. Oral Surgery

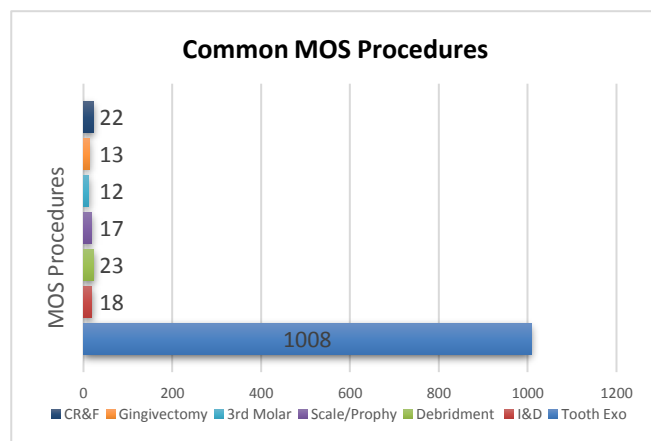


Fig.8. Outreach

The dental team conducted only 4 outreaches in the first quarter.



More could have been done, however due to political instability in SHP, not much was done.

Way Forward

1. More School & community dental programs
2. Roll out dental services to Pimaga

4.5.2.7: Family Support Centre

The Family Support Centre was recently established in 2014 under the National Health Department Directive with staff strength of 3 staffs namely, SIC, unit nurse and HEO.

In 2017, the family support center saw about 471 clients, mostly women.

- **Sexual violence** –165 (19 were 0-4yrs old, and 86 were 5-17yrs old).
- **Physical violence** – 306 (4 were 0-4yrs old, and 15 were 5-17yrs old).

Pregnancy arising from sexual violence was recorded to be 3

Other essential activities performed at the FSC

- HIV counselling & testing – 89
- ART instituted – 27
- Gonopack issued – 109
- Pregnancy test done – 91

- Emergency contraceptive pills given – 47
- Total vaccines (Tetox & HPV) – 162
- Awareness, 49 at health facilities and 6 at church gatherings and community.

Health education and awareness

Awareness was carried out to 1648 clients on one to one basis at the hospital, 1082 students, men woman and children at a church gathering and to more than 3000 people during peace restoration in Mendi town after the political crisis.

Achievements

- X2 officers got training in Emergency trauma management by ICRC
- More awareness being carried out
- FSC report from 2014-2017 was allowed to be presented at the Nurses symposium

4.5.2.8: STI/HIV/AIDS & Rural ART - Coordination

CHAI was running all STI/HIV/AIDS and rural ART coordination until 2015 when it was handed back to Mendi Provincial Hospital now under SHPHA.

Under CHAI's establishment, it had ART sites (Nipa, lalibu, Kagua and Kaupena) Erave was set up recently in 2016 adding up to 6 ART sites including Nina clinic.

The 6 ART sites have 15 affiliated sites doing VCT/PICT on clients. Nina Clinic 6 wards and clinics doing VCT/PICT from Mendi Provincial Hospital.

Current PLWHIV-SHP (cumulative from 2008-2017)

There are 1432 people living with HIV who are classed into 3 groups;

- Exposed infants (< 2yrs) -11%
- Pediatric population (2-14yrs)– 3%
- Adult population (15 and above) – 86%

Of the adult population, 61% were female compared to 39% males infected with HIV

- 78 couples are discordant couples where only one partner is infected
 - 1 died
 - 15 LTFU
 - 8 transferred
 - 54 currently on ART
- TB status of adults registered with ART
 - 165 on FDC, 152 had completed treatment, 3 defaulted.
 - 377 on IPT, 307 completed treatments, none defaulted.

Of the 44 (3%) children living with HIV,

- 6 died
- 3 TFU
- 1 transferred out
- 2 transferred in
- 32 on treatment

*LTFU: Lost to follow up

Children on ART are doing well. The six that died are those that were put on prophylaxis.

Exposed Infants

There are 152 (11%) exposed babies under the age of 2 years.

- 35 (54 %) are eligible for discharge because they are negative
- 2 (3%) died
- 1 (2%) transferred out
- 18 (27%) are still under care
- 4 (6%) LTFU
- 5 (8%) positive

2017 Achievements

In 2017, a total of 5584 patients were tested for HIV.

- 165 were reactive and got registered
- 9 transfers in
- 175 commenced on treatment
- 20 LTFU
- 7 died

In Paediatric patients, 37 test were carried out, 1 (2.7%) became positive. 1 positive case transfer in totals up to 2 new patients.

Regarding exposed infants, 15 infants were registered and put on ART prophylaxis. 8 children have completed ART prophylaxis and 7 are still on treatment.

5.5.2.9 PPTCT

A total of 9 mothers were registered, 4 were known positive mothers and 5 were detected via ANC and registered.

Table 7. ART order received & dispersed to sites

Item name/Strength	quantity received	quantity dispersed
Septin 960mg	672	600
EFV 600mg & 200mg	288	188
TDF/3TC 300mg/300mg	420	400
TDF/3TC/EFV 300mg/300mg/600mg	2796	2700
AZT/3TC/NVP 300mg/150mg/200mg	1656	1500
AZT/3TC 300mg/300mg	400	300
AZT/NVP 50mg/5ml susp.	120	100
NVP 200mg	400	150
AZT/3TC/NVP 300mg/150mg/200mg (Paeds FDC)	480	300
*Testing Strips	36 boxes	35boxes

**A box contains 100 testing strips*

Achievements

- > 75% of total exposed babies are HIV negative since 2008.
- < 10% mortality from HIV in adults in 2017 due to test and treat approach
- No deaths in 2017 for pediatric and exposed babies
- No defaulters in 2017 for pediatric and exposed babies
- Most DBS results from CPHL are negative

4.5.2.10 Nina Clinic

Nina clinic is the mother clinic of 5 Satellite sites of the Province that comes to collect their testing kits as well as the ART Drugs for their patients and Testing Kits for the MCH Clinics for the province

The clinic looks after or coordinates other 20 HIV testing sites and 6 ART Sites in which all reporting are done here for the sites and then sends it down to the NDOH.

We have the PPTCT program here at the clinic and also at the others satellite sites but not as effective because of the staff strength.

In 2017, there were 5776 patients reviewed and treated, 2028 cases of STI, 1788 outpatient cases, and 1960 from other entry points

Table 8. STI Cases seen at the Clinic for 2016 & 2017

TYPES OF CASES ATTENDANCE	GRAND TOTAL 2016	GRAND TOTAL 2017
GENITAL DISCHARGES	1679	1600
Urethral Discharge Syndrome	734	758
Vaginal Discharge Syndrome	711	728
Lower Abdo, pain Syndrome	234	116
GENITAL ULCER SYNDROME	39	30
Male	24	23
Female	15	7
OTHERS	741	398
Male	460	279
Female	281	119
TOTAL VISIT	2507	2028
New Visit	1477	1189
Old Visit	1030	839

Table 9. Total HIV Testing for the Clinic

	2016				2017		
	HIV-AIDS SCREEN	Total HIV TESTING	M	F	Total HIV TESTING	M	F
Total tested		1859	-	-	1959	711	1349
Negative		1749	-	-	1858	656	1303
Positive		110	-	-	101	55	46
% new HIV case		6.3%	-	-	5.4%	10%	3.5%

Table 10. Entry points for HIV at Nina Clinic in 2017

STI/HIV CLINIC		MCH CLINIC		LABOUR & DELIVERY	TB/FRIENDS		WD CONSULT & OTHERS		TOTAL
M	F	M	F	F	M	F	M	F	
31	27	1	46	253	23	17	10	14	1959
0	2		5		7	1	9	2	
+	+	+	+3	+1	+	+	+	+	101
21	20	1			19	11	14	11	Positive cases

Table 11. Nina clinic cumulative Record

ADULT CUMMULATIVE HIV TALLY FOR NINA CLINIC	TOTAL # OF HIV PATIENT
TOTAL HIV PATIENT REGISTERED	807
TOTAL HIV PATIENT ON ART	734
TOTAL ON BACTRIUM PROPHLAXIS	807
TOTAL LOST TO FOLLOW UP	293 (36.3%)
TOTAL DISCORDED COUPLES	81
TOTAL TRANSFERRED OUT	152
TOTAL TRANSFERRED IN	119
TOTAL DEAD	92 (11.4%)
CURRENT ALIVE AND ACTIVE AT THE CLINIC	376 (47%)

Way forward

- Retrieve-ment exercise for LTFU
- More schools program
- Establish more ART sites

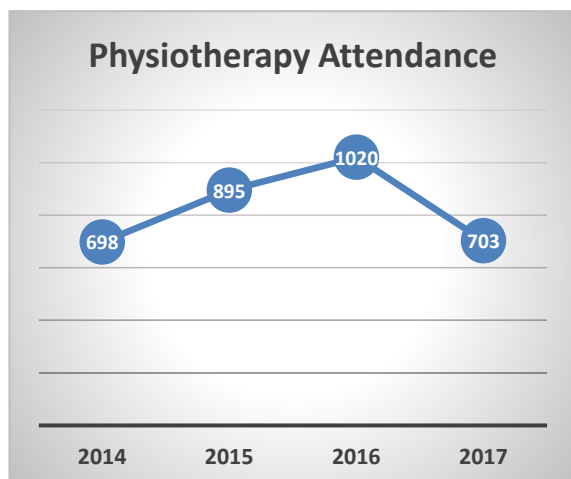
4.5.2.11 Physiotherapy Services

Physiotherapy is a small department made up of 3 staff;

- X2 physiotherapist
- X1 physiotherapy assistance

Total attendance at Physiotherapy department in 2017 was 320.

Fig.9. Physiotherapy attendance



The impact of physiotherapy service was gradually realized and patient attendance was increasing until 2017. The sharp fall on the graph in 2017 was due to scale down services during political crisis in that year.

A total of 987 patients were seen and treated at Physiotherapy department

- Outpatient's attendance – 703
- Inpatient attendance – 284

Children accounted for over a quarter (26.2%) of the total cases treated.

Skeletal fractures, osteomyelitis, soft tissue injuries and arthritis are the most common form of presentation at physio department.

Early management of neonates with talipes is slowly been realized. More awareness on this form of deformity can make mothers to seek assistance earlier and get it corrected.

4.5.3 INPATIENT SERVICES

Table 11. Inpatients, admissions, Discharge and Deaths

Division	Total Admissions	Daily average of occupied beds	Average length of stay	Bed occupancy Rate	Total Deaths	Case Fatality Rates (CFR %)
FNW	206	4/6	7days	65.4%	48	23.3%
Medical	845	16/40	7days	35.9	83	9.8%
TB/Friends	415				16	3.8%
Surgical	883	30/55	12days	55%	10	1.13%
Gynecology	130	8/16	23days	52.2%	1	0.76%
Labor ward	1807	1/5	8hrs	29.2%	1	0.05%
Post-natal	1489	10	2days	61%	0	0
Pediatrics	2741	16/33	2days	36%	168	6.1%
SCN	917	7/12	3days	58.6%	94	10.3%
ENT	0					
Eye	26					
Dental	8					
Total	9,461				421	

4.5.3.1: Full Nursing Ward

The Full Nursing Ward is a high dependency unit that caters for critically ill patients from all units (*medical, surgical, Paediatric and O&G*).

It has the capacity to cater for only 6 patients.

The staff strength in FNW includes the following;

- MO cover from all divisions as per their patients

- X3 Acute Nurse
- X 8 GNO
- X2 CHW

In 2017, FNW admitted 206 patients, 48 died and 57 got discharged. The rest got transferred out to other wards and out of the province.

Most admissions to FNW are from the medical division, followed by surgical and O&G units. Most Paediatric patients are cared for in the Paediatric acute ward.

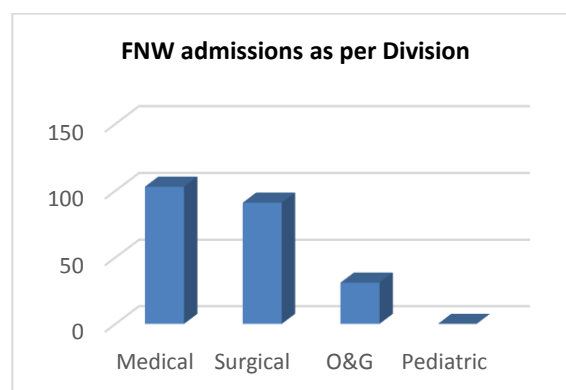
The FNW though small in size, is almost always occupied with **65.4% bed occupancy rate**.

The daily average of occupied beds = 4 out of 6 beds in FNW

Average length of stay for patients in FNW = 7days

NHSS requirements in FNW for L5 facility at 4.8hrs/patient day i.e, 1NO: 2patients in a shift. With the daily average of 4 patients, the FNW would require 2 NO to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 3.0hrs of care per patient day.

Fig. 9. Admissions to FNW



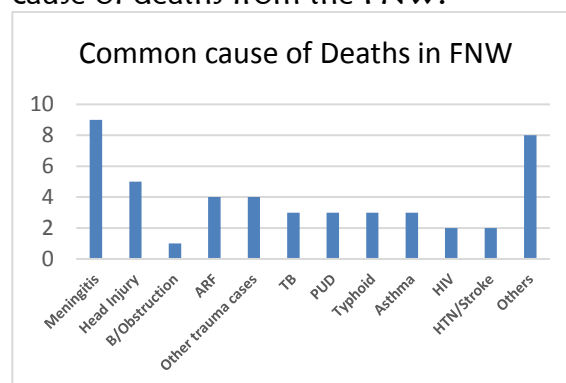
- Only 2 patients absconded from ward

Types of FNW Procedures done in FNW

- Mechanical Ventilation – 3
- Peritoneal Dialysis – 1
- Cardiac monitoring – 10
- Tracheostomy – 1
- Inotrope institution – 0

Fig. 10. Common causes of Deaths in ICU

The graph below outlines the common cause of deaths from the FNW.



Training:

No. of in-house training conducted = nil

4.5.3.2 Medical Ward

Medical Ward is divided into two wards, namely ward 4 and TB/friends ward. Some of medical patients also get admitted to FNW and are later transferred to their respective wards.

The staff strength in medical unit in 2017 was;

- X1 SMO
- X2 medical officers
- X 1 HEO
- X 10 NO

- X 3 CHW

The medical ward has 40 beds capacity to hold patients. A total of **845** patients were admitted and treated at the medical ward 4, with **83 deaths** with a **case fatality rate of 9.8%**.

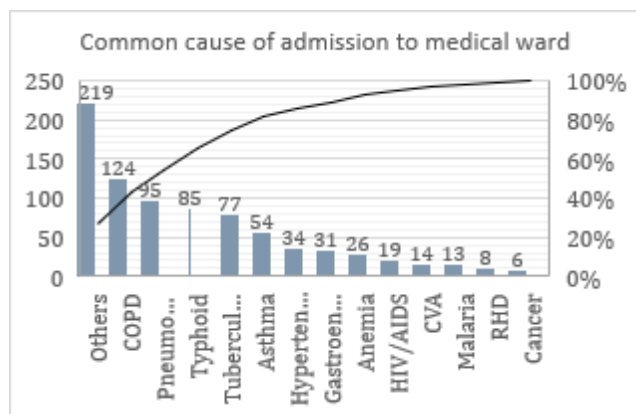
- Daily average of occupied beds - 16
- Average length of stay – 7 days
- Bed occupancy rate – 35.9%

NHSS requirements for L5 facility at 1.6hrs/patient day i.e, 1NO: 5patients in a shift.
 With the daily average of 16 patients, the medical ward would require 3 NO to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 1.6hrs of care per patient day.

Training

- No report on in-house training in the medical division.
- Two medical registrars were on training for post-graduate masters training in internal medicine.
- Rural Outreach = not done

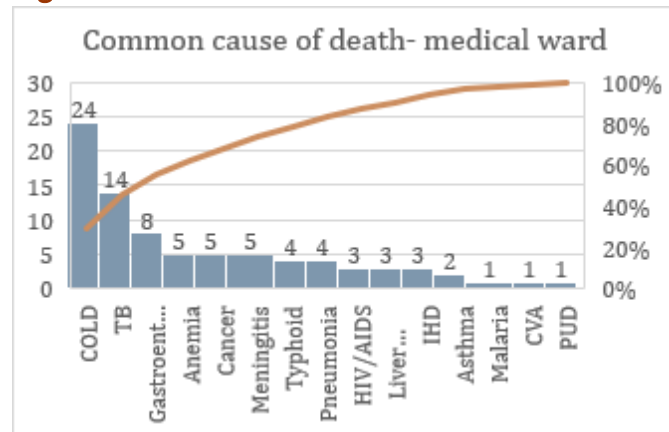
Fig.11. Common causes of admission to Medical ward 4



- Patients Absconded = 46

- Patients Transferred to other wards = 82
- Patients Left hospital at own risk = 37
- Referral to Regional and national referral hospitals = 7

Fig. 12. Common causes of Death



Key Performance indicators

- Case fatality rate – 9.8%
- No. of Malaria admission – 13
- Deaths from malaria – 1
- Readmissions within 7 days of D/C –
- Nosocomial infections – not reported
- Deaths from meningitis – 5
- Number of death audits held - 0

4.5.3.3 TB/FRIENDS Ward

The TB/HIV ward cares for patients with PTB and HIV. They have a staff strength of;

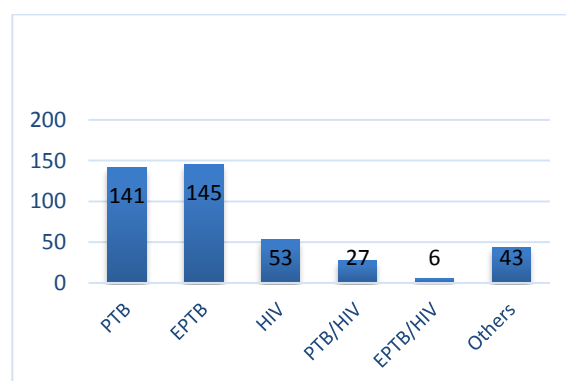
- 1 physician
- 2 Medical officers
- 1 HEO
- 5 Nursing Officers
- 3 CHW

A total of 415 patients got admitted, 16 died with a **case fatality of 3.8%**; 18 absconded, 9 left hospital at own risk and 16 got transferred out.

- Daily average of occupied beds - 19
- Average length of stay –
- Bed occupancy rate –

NHSS requirements for L5 facility at 1.6hrs/patient day i.e, 1NO: 5patients in a shift.
 With the daily average of 19 patients, the medical ward would require 4 NO to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 1.6hrs of care per patient day.

Fig. 13. Types of TB/HIV cases



Sputum Smear Result

A total of 901 Sputum's were done, 64 (7.1%) became smear positive and 742 (82.4%) were smear negative. From the 901 sputum's examined, 4 (0.44%) were identified to be MDR TB. Further 95 patients had no record of sputum result.

PICT & HIV Detection

About 365 PICTs were done, 29 (8%) tend out to be positive. From the 29, 1 died and 28 are on ART.

The age group between 30-49 years were mostly affected followed by 25-29 years of age.

TB Clinic

TB clinic is done in the TB ward on weekly basis (Wednesdays). Anyone with missed

appointments are normally reviewed on other working days.

A total of 749 patients were registered and reviewed at the clinic in 2017.

TB Retrieval Exercise

TB retrieval exercises are scheduled on quarterly basis.

Key Performance indicators

- Case Fatality Rate – 3.8%
- Total sputum's examined –901
- Sputum smear positive cases -64 (7.1%)
- MDR cases identified – 4 (0.44%)
- Total PICT done –365
- Total PICT reactive cases – 29 (8%)
- New HIV cases confirmed– 29
- Total TB retrieval exercise conducted –
- Number of death audits held -

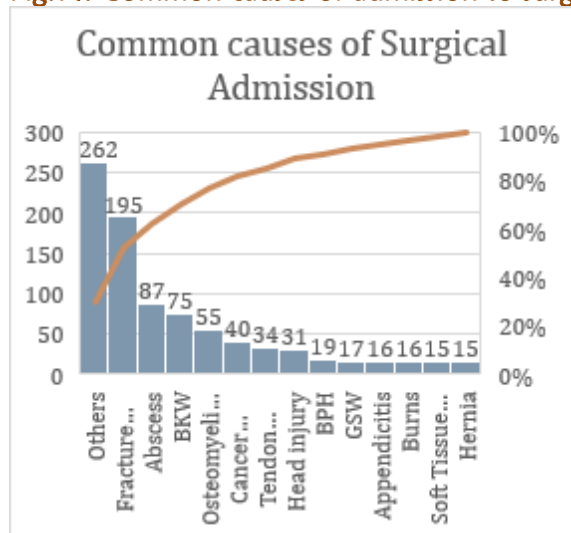
4.5.3.4 Surgical Ward/OT

The surgical ward cares for all general surgical patients, dental and eye patients. The staff strength includes;

- 1x SMO
- 2x Medical officers
- 8 x Nursing Officers
- 3 x CHW

The surgical ward consists of 55 beds, 45 in the main ward and 10 at the back. It had a total admission of **883** and **10** deaths with a **case fatality of 1.13%**. 39 patients absconded, 13 got transferred out and 25 got transferred in.

Fig.14. Common causes of admission to surgery



All trauma put together makes up more than half of the admissions in the surgical ward. The most common of all is fractures sustained from various injuries.

- Daily average of occupied beds - 30
- Average length of stay – 12 days
- Bed occupancy rate – 55%

NHSS requirements at L5 facility for NO: 3hrs/patient day with guardian support i.e 1NO:3patients in a shift

With the daily average of 30 patients, the surgical ward would require 10 NOs to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 3hrs of care per patient day.

Fig.15. Surgical Operations

A total of 847 (96%) operations were done, 550 operations were minor cases, 241 intermediate cases and 56 major operations.

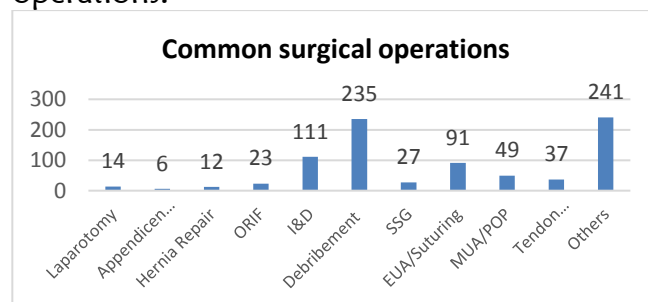
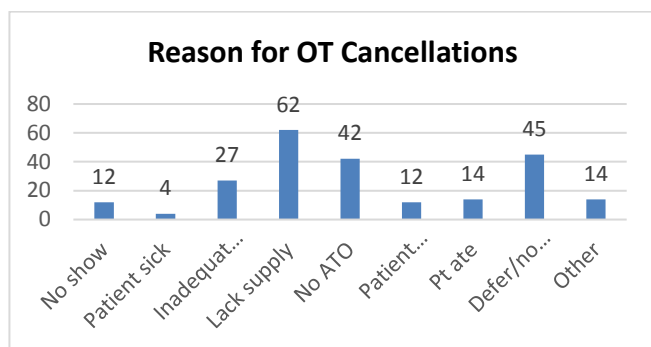


Fig.16. Surgical Operations cancellations



About 233 cancellations were recorded, 62 (26.6%) were due to inadequate supply, 45(19.3%) due to having no time and so was deferred, and 42 (18.0%) cancellations

were due to ATOs unavailability. Doctors were always available for operations.

Key performance indicators

1. Average waiting time for elective surgery –
2. No. of returns to OT within 24hrs- 0
3. Deaths within 24hrs of surgery – 0
4. Deaths under anesthesia – 0
5. Nosocomial infections – 3
6. Case Fatality Rate - 1.13%
7. OT cancellation rate – 20%
8. Outreach – 0
9. Pressure sores from bed ridden pts – 0
10. No. of death audits done – 0

4.5.3.5 Anaesthesia

Anesthetic division is made up of one SMO who is the CEO of the SHPHA, 4 anesthetic scientific officers (ASO), and 2 Anesthetic Technical assistants (ATA).

The ASOs, perform the duties of the anaesthetists. A total of 1336 operations were done, 847 (63.4%) to surgery and 489 (36.6%) to O&G unit.

About 37.4% (499) of the cases were emergencies, mostly obstetric emergencies.

Table12. ASA Classification of cases

ASA	no	Percentage
I	909	68.0%
II	358	26.8%
III	66	4.9%
IV-V	3	0.2%

With the 1,336 operations done, 68.0% were classified as ASA I, 26.8% ASA II and 4.9% ASA III. There were 3 O&G cases listed under ASA class IV-V were taken to theatre.

Table 13. Types of Anaesthesia given

Anaesthesia type	No.	Percentage
General Anaesthesia	200	14.9%
Spinal block	87	6.5%
Peripheral Blocks	47	3.5%
Local/Sedation	327	24.5%
Ketamine	581	43.5%

Others	94	7.0%
--------	----	------

The most common form of anesthesia given is Ketamine and local anesthesia.

Operative Complications

There were 6 operative complications encountered in surgery and 3 in O&G totaling to 9 cases. They were all managed in theatre; 5 recovered well and were discharged, 4 died after 24 hours to 2 weeks. Hypovolemia was most common problem encountered amongst 8 cases and patient reacted in one cases.

There were no anesthetic deaths encountered.

Limitations

- No SMO/MO in anesthesia
- Theatre drugs & consumables supplies shortage is common
- Elections crises affected many operations

Way Forward

- Recruit and or train Anesthetic MO
- Limit no. of emergency operations
- Ensure regular anesthetic drugs and supplies

4.5.3.6 Paediatric Ward

The pediatric Unit consist of ward2, SCN and COPD. The staff strength in each section is as shown below.

Table 14. Staff strength in Paediatric

Manpower	COPD	Ward 2	SCN	All
SMO	0	0	0	1
MO	0	1	1	2
HEO	1	0	0	1
Unit supervisor		1		1
N/Specialist	2	3	2	7
Nutrition Nurse	0	1	0	1
GNO	4	4	3	11
CHW	4	4	4	12
Hygiene staff		1		1
Ward clerk		1		1
Total	11	16	10	38

Admissions to Paediatric wards was recorded to be **3658**; 917 patients to SCN and 2,741 to ward 2. There were **262 deaths** in ward 2 and SCN with a **CFR of 7.2%**.

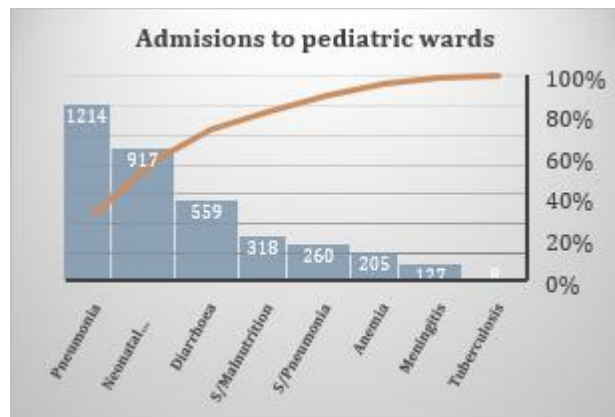
Table 15. Admissions, deaths & CFR

Wards	Admissions	Deaths	CFR
Ward 2	2,741	168	6.1%
SCN	917	94	10.3%
Total	3658	262	7.2%

Ward 2			
Condition	Admissions	Deaths	CFR
Pneumonia	1214	46	3.8%
s/Pneumonia	260	38	14.6%
Diarrhea	559	24	4.3
Anemia	205	38	18.5
Meningitis	127	22	17.3
Severe sepsis	18	16	88.9
Tuberculosis	200	22	11
S/Malnutrition	318	72	22.6
HIV	29	5	17.2

Special Care Nursery			
Condition	Admissions	Deaths	CFR
N/Sepsis	737	50	6.8
Birth Asphyxia	142	40	28.2
VLBW	50	14	28
CHD	11	5	45.5

Fig.17. Most common causes of admission



Pneumonia remains the leading cause of admission making more than 80% of admissions to pediatric ward, followed by neonatal conditions, diarrhea and severe malnutrition.

With neonatal conditions, neonatal sepsis, birth asphyxia and VLBW are common conditions for admissions.

- Daily average of occupied beds -16
- Average length of stay – 2 days
- Bed occupancy rate –36%

NHSS requirements in pediatric ward at L5 facility at 3hrs/patient day i.e, 1NO:3patients in a shift.
 With the daily average of 16 patients, the pediatric ward would require 5 NOs to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 4hrs of care per patient day.

Training

- In-house training conducted
- Post graduate diploma training for pediatric MO in Diploma Child Health – successfully completed
- Workshops attended

Outreach

No outreach conducted last year in 2017

Limitations & Constraints

- Constant shortage of basic vital drugs and consumables
- Manpower shortage
- Staff Attitude & behavior
- Political crisis and instability

Key indicators

- Birth Asphyxia =
- Early neonatal deaths = 29 (within 1 week of birth)
- Pneumonia Deaths =
- Meningitis admissions =
- Meningitis Deaths =
- Malnutrition rate in inpatients =
- Diarrhea =
- TB =
- HIV positive rate =

4.5.3.7 Labour Ward

The labor ward had 5 beds staffed with 8 midwives, 1 NO, 1 SMO, 2 MOs and 1 CHW.

A total of 1807 patient got admitted to labor ward and had 1 death recorded with CFR of 0.05%.

Of those admitted, 1402 were booked mothers and the rest were un-booked. And 74 (4.1%) mothers were referred in from other health facilities within the province, 31 were BBAs.

There were **1655 deliveries** with 1619 live births, 24 FSB and 12 FDIU. Of the live births, 104 (6.4%) were low birth weight babies. About 14 (0.84%) babies were born to mothers infected with HIV.

- Daily average of occupied beds – 1-2 patients
- Average length of stay – 8hrs (0.3days)
- Bed occupancy rate – 29.2%

NHSS requirements in L/ward at L5 facility = Acute care at 4hrs/patient day i.e, 1NO: 2patients in a shift

With the daily average of 2 patients, the labor ward would require 1 midwife to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 4hrs of care per patient day.

Mode of Delivery

- Normal vaginal delivery – 1434
- Vacuum extractions – 131
- C/Section – 90

C/Section rate = 5.4%

Ante-partum complications

- PET – 11
- APH – 9
- PROM – 6

Fig.18. Complicated Deliveries

A total 459 (28%) deliveries were complicated deliveries.



Other activities

- PICT in labor ward – 236
- Immunization – BCG -137, HepB - 165
- Family Planning – Depo-173, Implant- 8
- Referrals to regional hospital – 4*

**The 4 referrals were mainly during the time of political crisis.*

Key indicators

- Total supervised delivery – 1655
 - Live births 1619
 - FSB – 24
 - FDIU/MSB - 12
- HIV positive rate of mothers –
- PPH rate – 5.3%
- LBW babies – 104 (6.4% of live births)
- c/section rate – 5.4%

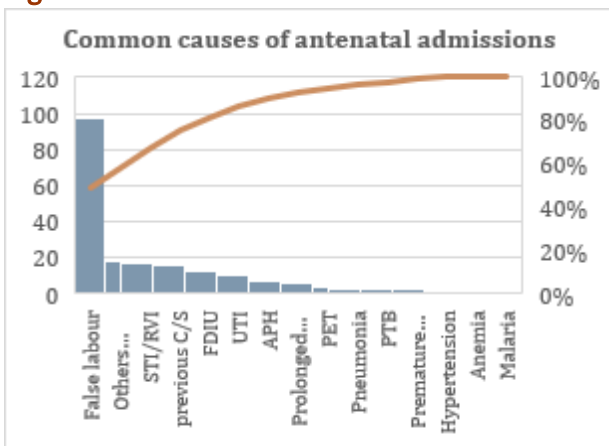
4.5.3.8 Postnatal Ward

This ward is a mix ward for postnatal and antenatal care. It was newly separated from the birthing unit to have room to care also for antenatal mothers.

The ward is staffed with 3 midwives, 3NO, 4CHW, 2MO and 1 SMO and 16 beds. The medical officers and SMO cover also Labor ward and gynecology ward.

The ward received 1489 admissions, 333 were antenatal admissions and 1156 were postnatal with no deaths recorded.

Fig. 19. Common causes of antenatal admissions



- Antenatal mothers with complications – 139
- Post-natal mothers with complications – 305

- Daily average of occupied beds – 10 patients
- Average length of stay – 2days
 - Bed occupancy rate – 61.0%

NHSS requirements for L5 facility at 3hrs/patient day i.e, 1NO: 3patients in a shift

With the daily average of 10 patients, the AN/PN ward would require 3 NOs to be rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 3hrs of care per patient day.

Immunizations at birth

- BCG – 319
- HBV – 529

Family Planning

- Microlut – 26
- Depo Provera – 542
- Implant – 69
- BTL – 125
 - To return later for BTL - 245
- Refused FP – 178

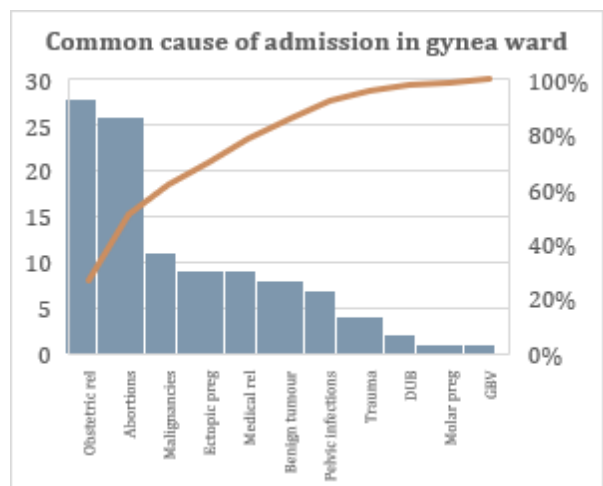
Key indicators

- Family completions - 125
- Babies immunized at birth – BCG, 319, HBV 542
- No. of FP clinic attended –
- New HIV diagnosed – 0
- Readmission within 7 days of D/C – 0
- Maternal deaths – 0

4.5.3.9 Gynaecology Ward

The gynecology ward has a bed capacity of 16 beds staffed with.....staff
In 2017, there were 130 admissions and 1 death with a CFR of 0.76%.

Fig.20. Common causes of admission



Obstetric related admissions are high especially because they care for most of post c/section mothers, followed by all forms of abortions and malignancies.

- Daily average of occupied beds – 8 patients
- Average length of stay – 23 days
- Bed occupancy rate – 52.0%

NHSS requirements in general ward at L5 facility at 1.6hrs/patient day i.e, 1NO:5patients in a shift.

With the daily average of 8 patients, the gynecology ward would require 2 NOs to be

rostered on any one shift to provide adequate and quality care as per required under NHSS for an NO to give 1.6hrs of care per patient day.

The average length of stay for a patient admitted to gynecology ward is 23 days almost over 3 weeks.

Family Planning

- BTL – 10
- Implant – 14
- Depo – 27
- Pills – 13

4.5.4 SUPPORT SERVICES

4.5.4.1 Pathology Services

The pathology division in Mendi Provincial Hospital is made up of 8 staff namely;

- 4 medical Laboratory Scientists (MLS)
- 3 medical laboratory Technician (MLT)
- 1 medical laboratory assistant (MLA)
- 1 rural laboratory assistant (RLA)

All basic tests in the following areas are performed;

Hematology: Tests done under hematology includes; FBE (Hb, WCC, platelets, and other parameters), Reticulocyte count, and ESR and blood film.

Biochemistry tests includes; UEC, LFT, Uric Acid, Calcium, Cholesterol, Triglycerides, phosphates, creatinine kinase, as well as CSF, urine and other fluid examinations.

Microbiology tests; Urine microscopy, urinalysis, CSF microscopy, pregnancy test, AFB microscopy, gene x-pert, Semen analysis, fluid aspirates microscopy, stool microscopy.

Serology test include; HIV, CD4, HBSAg, Widal's, VDRL, Rh factor, C-reactive protein, ASOT, AFP, Cryptococcal Antigen test.

Malaria Test: Microscopy for malaria

Histology: Histology specimens are prepared, packed and sent to PMGH CPHL for examination.

Others: phlebotomy, EQA and making up of reagents

Table 16. Basic tests at laboratory

Laboratory	Year	
	2016	2017
<i>Types of Tests</i>		
<i>Total Tests done</i>		17200
• <i>Outpatients</i>		5930
• <i>Inpatients</i>		11370
<i>Total Microbiology Tests</i>		645
<i>Total Hematology tests</i>		5582
<i>Total Biochemistry tests</i>		7226
<i>Total HIV/Serology</i>		3839
<i>Total malaria parasite tests</i>		1168
• <i>Malaria +ve</i>		
<i>Total X-match done</i>		1136
<i>Total blood discarded</i>		
• <i>HIV +ve</i>		
• <i>VDRL +ve</i>		
• <i>HbsAg +ve</i>		
• <i>Other reasons (reactions)</i>		
<i>Total blood used/transfused</i>		
<i>Total histology Specimen to PMGH</i>		151
<i>TB AFB</i>		
<i>Gene-xpert</i>		
<i>In-service training</i>		
<i>Rural outreach/supervisory visit</i>		1

Staff to Test Ratio

Under NHSS, a laboratory technician is expected to perform 50 basic tests per day. Thus in 1 year, 1 technician is expected to perform 18,250 tests. We have 9 officers, and from this calculation with 17,200 tests being recorded for the year, it seems

that 8 officers are not performing as they supposed to.
Technically as per NHSS requirement, the other 8 staff are a liability to this institution.

Improvement in the Laboratory

- New Fuji chemistry machine
- Two UPS were bought
- Gene-xpert alert installed
- Fives sitting stools were bought

Limitations

The pathology department is one of the most important diagnostic services available yet it is functioning below its standard requirements.

Way forward

- Pathology needs a team leader
- Training in few specialties areas to master (film, histology)
- Cartridges HPV testing
- Microbiology setup

4.5.4.2 Radiology Services

The radiology department does only plain x-rays. It is staffed with 2 medical imaging technologist (MIT), 1 radiographers and 1 radiology assistant.

In 2017, the department received about 5,807 patients.

- Total inpatient – 2,660
- Total outpatients – 3,147

Number of films used

- Total films used – 16,820
- Total films wasted – 380
- Proportion of films wasted – 2.25%

Types of cases

- Plain x-rays – 6,137
- Special x-rays – 26

- Barium Swallow
- Barium enema
- Retrograde pyelograms
- Cholecystograms

Staff to Patient ratio

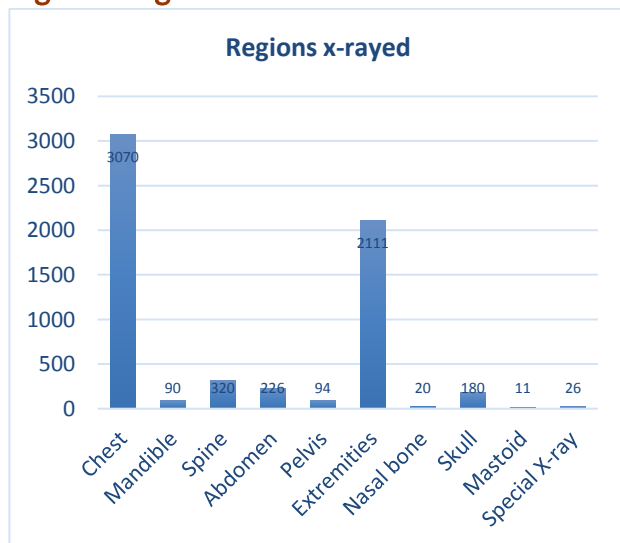
Under NHSS, a radiographer and his assistant should spend 20 minutes per patient film for exposure and processing.

20 minutes in 8 hours shift from 8.00am to 4.06pm, they would have covered 21 patients. With 4 staff on strength, they would cover 42 patients per day and up to 50 patients at least with on call.

Multiplying 50 patient films by 365 days would give 18,250 patient films per year.

With 4 staff and with 16,820 patient films processed in 2017, the staff in X-ray department were not overworked.

Fig. 21. Regions examined



Types of special x-rays

- IVU
- Barium meal

Limitations

The radiology department is an important part of diagnostic services. It needs a team leader to organize the staff to provide the services to meet expectations. The small number of staff need training in other fields like doing specials x-rays and ultrasonography to really maximize and utilize the services available.

Way forward

The way forward for this department is to;

- Recruit a good team leader to lead the radiology team
- Sent staff on attachment to do more special x-rays and ultrasonography
- Portable digital x-ray
- Get a digital x-ray on the ground

4.5.4.3 Pharmaceutical Services

The pharmacy department is staffed with 2 pharmacists, 3 CHWs as assistants and 1 logistic officer.

The pharmacy department was responsible generally for ordering, stocking and dispensing drugs and consumables in the hospital but now with PHA, it will have to cover the whole province. Some specific functions of the pharmacy department include;

- Timely ordering of drugs and consumables from AMS
- Ordering & Procurement of drugs and consumables not in the catalogue and or items that are stock out.
- Daily dispensing of supplies
- Ensuring continuous stocks through Ward impress system
- Clinical pharmacy practice with bedside drug counselling
- Drug adverse effect safety monitoring and regulation

Supplies & Orders

All main orders are placed on the 15th of every month to the AMS Hagen and supplementary orders every two weeks as need arises;

- Most orders were supplied below what was actually requested; if they did arrive it took more than required time (almost up to 4 weeks).
- Special orders were made as supplies did not match demand. This had a huge strain on our resources in terms of supply and demand.
- The issue was faced also at the AMS and so AMS was rationalizing with what it had. The pharmacy department here in turn did the same by having strict control over items that were in short supply.
- Replenishing stocks from items retrieved from Health centers and aid post at times relieved the hospitals significantly.

Table 17. Summary of pharmacy orders and expenditure

Description	No
Number of main orders placed to AMS	12
• No. of main orders received as per ordered	
• No. of main orders received in part	
Number of supplementary orders placed	>20
• No. of supplementary orders received as per order	
• No. of supplementary orders received in part	
Number of urgent orders placed	15
Number runs made to retrieve items from rural facilities	>10
Total Volume of stock received in 1 year	
• Drugs	
• IV fluids	
• Oxygen	
• Medical Instruments	
• Other consumables	
Total volume of stocks purchased	
• Drugs	
• IV fluids	
• Oxygen	
• Medical Instruments	
• Other consumables	
Total cost of trust fund expenditure on drugs and consumables	
• Hired vehicles	
• Procurement of Drugs & consumables	
• Weekly running (fuel) cost	

Weekly runs for Orders

Since 2016, when the hospital noticed delay in delivery of medicines and supplies, it decided to have a vehicle do weekly runs to AMS to check on orders and replenish stocks.

Table 18. Vehicles runs for pharmacy

<i>Pick-up</i>	<i>Hospital Vehicle</i>	<i>Hired Vehicle</i>	<i>Total Runs to AMS</i>
<i>Drugs & consumables</i>			
<i>Oxygen</i>			

The same still applies today for replenishing important medicines and oxygen supplies need.

Ward Distribution

Items are on imprest list for all sections within the hospital. It was supplied to the wards and sections twice weekly until in midyear where it reduced to once weekly because of limited stock in the pharmacy.

The once weekly supply was basically to minimize wastage, control the limited stock in the pharmacy and prioritize clinical areas such as OT, ED, ICU and L/ward until the next stock arrived.

Dispensary

The dispensary is responsible on daily basis to dispense out drugs on prescription.

The average waiting time for prescriptions to be served is 5 minutes to 5 seconds and may take long depending on the pre-packing of medicines.

If medicines are prepacked, it takes less time to serve a prescription, if medicines are not prepacked, it takes much longer.

Description	total
Total Time It Takes for Pre-Packing	

Total no. of prescriptions served at the counter	
Total no. of prescriptions referred to other private pharmacy due to lack of stock	
Total no. of prescriptions rejected by pharmacy because of technical error	

Table 19. Drug reactions & Adverse Effects

Description	total
<i>No. of incidents on adverse drug effect reported</i>	

Table 20. Expired Drugs & consumables

Description	total
<i>Volume of expired items disposed</i>	
• <i>drugs</i>	
• <i>IV fluids</i>	
• <i>other consumables</i>	

Additional information that is lacking

- Make a list of drugs & consumables constantly on nil stock (2times or more in 3/12) in the main order
- Make a list of fast moving items that needs close monitoring and replenishing
- Make a list of commonly unused items that gets expired on the self.
- List of items purchased outside of the PNG catalogue

Way forward

1. Improve storage at MPH
2. Pre-packing
3. Assist in setting up dispensary at rural facilities

4.5.4.4 Mortuary Services

The morgue is manned by two officers. It has the capacity to hold 10 bodies at a time.

Table 21. Mortuary statistics

Description	No#
Total bodies	279
Hospital Deaths	198
Deaths from outside hospiatl	84
Total Autopsies	48
Unclaimed bodies	51 (as of December 2017)
TraininG	PMGH attachment for one officer – done in 2017

4.6 DISTRICT HOSPITALS

4.6.1: IALIBU DISTRICT HOSPITAL

Background

It was Established in the 1960 as a health post and upgraded to district hospital status in 1986 Catchment includes the 3 districts in the eastern end of SHP; lalibu/Pangia, Imbongu, Kagua/Erave with the estimated population of about 250,000.

It serves as a referral facility for the eastern end but due to lack of various medical equipment /facilities, functions as a health Centre. It is located within the township of lalibu with very good road access providing 24 hours (3 shifts) health care

Fig. 22. lalibu Hospital



Current Services provided by lalibu District Hospital

- OPD Clinic (children/adults)
- Xray; plain xrays, very old machine
- Laboratory; RDT, Microscopy, Sputum AFB
- Dental; Manned by dental therapist; performs extractions and temporary fillings
- FSC; started in, currently run by OPD SIC and a CHW
- MCH clinic
- TB/HIV clinic
- Theater; performing minor cases using LA, lacks anesthetic machine and necessary

equipment to be fully operational

- In-patient care
- Delivery units
- Doctor's consultation clinic
- Eye clinic run by trained nurse
- Emergency service; slowly building up
- Mortuary just keeping bodies; not equipped yet for autopsy

Staff Strength

- 1x Medical Officer
- 1 x ATO
- 1x Radiographer
- 1x MLT, 1xMLA
- 3x Midwife
- 1x Dental therapist
- 1x dispenser
- X 14 registered nursing Officers including matron and hospital secretary
- X8 CHW
- 9x Support staff (1x driver, 2x security, 1x cook, 1xKBO, 2x hygiene, 1 x records, 1x revenue clerk)

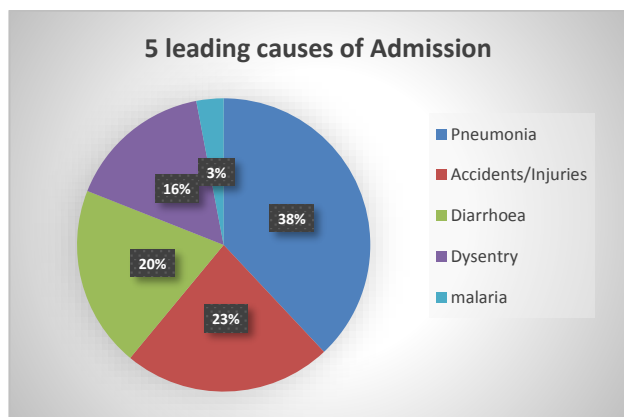
Clinical Data

Bed Capacity = 22

Total admissions = 805

The below shows leading causes of admissions

Fig. 23. Leading causes of admissions to lalibu Hospital



OPD Attendance Data

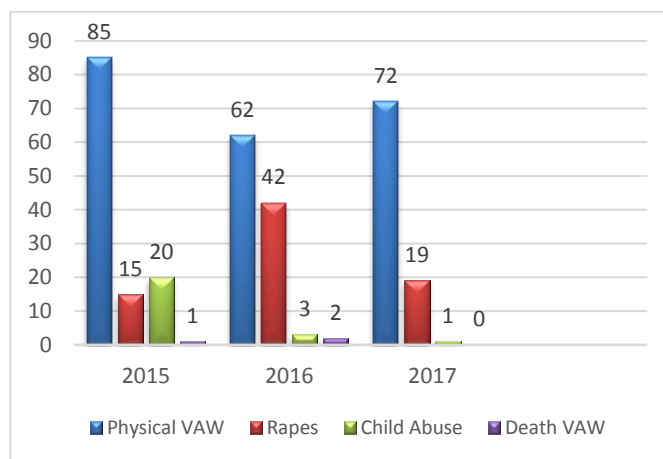
Number of attendance recorded for OPD in 2017;

- Total number of *new cases* seen: 18,970
- Total number of *reattendances < 5*: 18,063
- Total number of *other attendances*: 34,777
- Total number of accidents or injuries: 821
- Dr’s Consultation Clinic: 680 clients
- Dental Consultation 2008
 - Number of admissions: 1238
 - Total number of Oral surgeries: 770
- Total number of *referrals*: 80 (Referrals; mainly O&G, surgical emergencies)
- Total number of *deaths*: 14 (Deaths unpreventable; Terminal cases, very late presentation)
- Total number of *Slide: Not doing blood slides (No giemsa stain)-0*
- Total number of *RDT*: 310
- Total number of *positive RDT*: 46 (15%)

HIV/STI Clinic

- New cases diagnosed in 2017: 31 (19 female, 12 Male, No paediatric case)
- PPTCT: 2 mothers
- Clients on ART in, 2017: 78,
 - 48 females,
 - 30 males,
 - 4 paediatric (2 males, 2 females),
 - PPTCT :1

Fig. 24. FSC Data



Antenatal Care & Delivery

- ANC 1st Visit: 452
- ANC 4th Visit: 263
- 2nd Dose TT: 150
- Deliveries in Health Facility: 405
- No maternal deaths facility/community

Fig. 25. Eye Care

	Male	Female	TOTAL
New Patients	46	63	109
Review Patients	56	54	110
Total	102	117	219

Common eye conditions

- 1) Bacterial Conjunctivitis
- 2) Pterygium
- 3) Injury
- 4) Allergic Conjunctivitis
- 5) Cataract

Immunisation

- DTP/Hib (Hep B) 3rd dose <1yr: 76
- BCG within 24 hrs. 43
- Hep B within 24hr: 38
- Measles >1year: 8

2017 highlights

- Hosted 1st SHPHA Board meeting which saw the appointment of CEO Dr Birisi
- Received few new equipment from Mendi Hospital, Delivery Bed x 2, Resus bed and trolley x1 each, Theater trolley x1, Fetal doppler x1
- Received a Fridge and a resus trolley with some surgical equipment from Red Cross

- Steel fencing of Solar Panels funded by lalibu/Pangia DDA
- Received a vehicle from lalibu/Pangia DDA

Fig.26. Showing lalibu Hospital vehicle and labour ward bed.



Major Setbacks

- Inconsistent, inadequate and untimely release of operational funds from provincial treasury
- Election 2017 and its aftermath especially in SHP
- Theft of hospital vehicle Rego # PAH 661

Way forward

- Staff attachment program & set up support services such as ;
 - laboratory
 - X-ray
 - Blood bank
 - Theatre
- Doctors supervisory visit and clinical support to L3-1 facilities
- Procure medical equipment's
- Need major building renovation

4.6.2: PIMAGA DISTRICT HOSPITAL

Pimaga rural hospital is located in Kutubu area in Nipa-Kutubu District of Papua New Guinea with 22 beds.

It has 18 staff namely;

- 1x HEO
- 3x GNO
- 6x CHW
- 1x RLA
- 7x other support staff

OPD Attendance

A total of 7659 attended Pimaga OPD, 185 admissions, and 10 deaths with a CFR of 5.4%.

- New cases –4,002
- Attendances for < 5 years -
- Referrals – 22
- Dental patients – 0
- Eye patients - 0

Rural Laboratory

- No. of malaria slide – 0
- No. of RDT done - 145

Family planning

- New acceptors -220
- Re-acceptors –2658

Antenatal care & Delivery

- 1st ANC visit –209
- 4th ANC visit –165
- 2nd TT dose - 112
- No. of deliveries in health facility – 152
- Maternal deaths in facility –0
- Maternal deaths reported from communities – 0
- BBA – 10
- Village birth complications- 0

Immunizations

- BCG within 24 hrs – 140 (92% coverage at facility against deliveries)
- Hep B within 24 hrs –141 (92.7% coverage at facility against deliveries)
- Pentavalent 3rd dose –

Health Facilities

- ❑ % facilities opened –100%
- ❑ % aid posts with water tanks –40%
- ❑ No. of integrated patrols done –0
- ❑ No. of supervision from hospital to L3-1 facilities - 0
- ❑ No. of training/workshop attended by staff – 0

Concluding Remarks

For Curative Health Services, 2017 was all “Management by Crisis”. A year we couldn’t do much as both internal problems (critical drug and consumable shortage) and external problems (Political Crisis) hindered clinical services and performance.

Nevertheless, we managed to complete the year by improvising and providing basic services on the ground.

All things work well for those who love their work and put their effort into it. Problems may arise and intended changes may be delayed and not happen as planned but can happen over time, when commitment and effort is placed into developing it systematically. A slow change builds a firm foundation for the future and has a lasting effect throughout generations.

God Bless!

CHAPTER 5

PUBLIC HEALTH SERVICES DIRECTORATE REPORT

5.1 EXECUTIVE SUMMARY

Southern Highlands Province is now a PHA province which was blessed in April 27th 2016 by then the Minister for HIV/AIDS & Health, Honourable Michael Malabag. Under the SHPHA structure, we have a total staff strength of 830 from the CEO to the Janitors.

All our casuals and drivers, total of 68 are recruited to the ALESCO payroll system and they are now permanent public servants and no more recruitment of casuals started in July, 2017. The SHPHA total staff structure from the Chief Executive Officer (CEO) to the lowest level as Janitors is 830 officers currently on the ALESCO payroll system. We have about 86 aging officers who are under the process of retrenching them and they should be exited out in early January, 2018.

The Chief Executive Officer has been confirmed to his position and from there the top Executive Management Level positions of three (3) Directors and one (1) Hospital Manager has been recruited after completing the Public Services recruitment process in November, 2017 in McRoyal Hotel at Mt.

All SHPHA vehicles have PHA logo on for identifications and to minimize misuse as much as possible. It was not long after the confirmation of Directors, the election related situations has hindered the performance of the directors to effectively implement the duties which they were assigned to do but we hope to see improved health services come 2018 under the leadership of the Chief Executive Officer for the SHPHA in this province.

5.2 ACKNOWLEDGEMENT

I take this time to thank everyone who took part in the delivery of health services to the people of Southern Highlands over the last 12 months in 2017.

Though we have not achieved much, many individuals, private sectors, NGO groups and other Government sectors have played their part in achieving what we have achieved and at the same time shared the problems that hindered many of our programs.

I believe that we will continue to work together as partners with the common goal for delivering basic health services to our people in this province.

All have supported in one way or the other and we look forward to working with you all again in 2018.

- The seven (7) church health agencies who are providing 50% of health services in this province.
- Public Health Unit - Oil Search Company.
- SH Health Authority CEO & the PHA Board.
- Red Cross International. (ICRC)
- World Health Organisation.
- Marie Stopes. (Family planning & other family health services)
- Unicef.
- World Vision (Mainly TB control Programs)
- Global Fund.
- MRDC for funding couple of health facility infrastructure projects.
- Kutubu Special Project Authority (KSPA) for support to health services in Kutubu.
- Rotary Against Malaria. (Mosquito net distribution)
- The National Department of Health. (technical support & for funding for some projects)

- The SH Provincial Government & the Provincial Administration.
- SH Provincial Treasury. (Managing Health Function Grants)
- Various Media Organisations. NBC, National Newspaper, Emtv etc.
- Magani Motor Service & Ela Motors for servicing our vehicles.
- The Director Curative Health and the Medical team for the outreach programs.
- Very importantly all our staff members who have tried their best to maintain health services in their respective health facilities.
- The Regional O&G and the Gynaecology specialists for conducting the EMOC training the health staffs of which 7 CHWs were trained .
- Local companies who provided various services to health during the year.

5.3 INTRODUCTION:

Again, 2017 has been another challenging year for Rural Health and this report is highlighting some of those challenges, achievements and way forward for improvements in 2018 and beyond.

With the introduction of Health Authority in April 2016 and with improved management in place under the Authority, we believe that some of those challenges can be addressed in 2018.

Human Resource is a key element in service delivery but under staffing issues in all of our health facilities has been a major contributing factor that contributed to the declining indicators in 2017. Aging staff population is always increasing everytime and this has been discussed at all levels. So far we were able to get 15 old APOs paid out their entitlements in 2016 and this exercise must continue each year until we face out the APOs.

In terms of achievements, we have tried to achieve positive indicators against the measurable key health indicators but again material resources, manpower and other factors are always hinderance to success.

Despite these factors, we have made some significant progress, especially in Health infrastructure projects with some very strong support from our partners like Red Cross International, OIL Search, The National Health Department, the Provincial Government and many others who came in for assistance in one way or the other.

The amalgamation of Rural Health and Mendi Hospital under one management is a milestone for the improvement of health service delivery in this province.

This was a major achievement for this province and we look forward to see some significant changes in our health service delivery:

1. Human resource management and control for effective service delivery.
2. Effective financial management and accountability at all levels of Health.
3. Improve outreach programmes to reach the unreached population.
4. Improve service delivery at all health facilities.
5. Strengthening and building strong partnership with stakeholders and donors.
6. Improve reporting and communication at all levels health service delivery

Before, the SH Health Sector came under one management in April 2016, the Public Health, formerly Rural Health services was managed under the Southern Highlands Provincial Administration.

The Rural Health Service Management was responsible to the Provincial Administrator under the Provincial Government. This included the management of funds, the management of health staff and the management of health facilities throughout the province.

Basically we were operating under the Public Health Administration Act, while Mendi Hospital was operating under the Public Hospital Act and they had their own management set up, mainly confined to the operation, except medical doctors outreach program.

However, through the major health reform, these two legislations were repealed and now we are under the Health Authority Act of 2007 where the Rural Health and Mendi Hospital are now under one management, headed by the Chief Executive Officer (CEO) with the three Directors that manages the entire health services in this province.

Mainly on the side of Rural Health, health services were not picking up well and there were a lot of discrepancies that hindered service delivery.

Under the one PHA Management, we expect some general improvements in the areas of resource management, manpower and look forward to some improvements in our performance indicators in the coming years.

There are three (3) major issues that will need priority attention and they are:
More than 40 % of our staff members are well over their retirement age and work output from these officers have been very low.

Many of our health facilities were built many years ago and by today, their conditions have deteriorated, especially aid posts buildings. In almost every district and at the facility level, staff houses are very limited and we can not attract skilled officers from outside to work in those facilities.

Our priority task will be to address some of these issues and of course that will need support from every stakeholders like the Provincial Government, local members of parliament, relevant Government Agencies and the donors.

5.4 HUMAN RESOURCES

In any organisation, human resource is very important. Likewise effective health service delivery depends very much on manpower that actually deliver the services.

To date we have about 432 health workers on the government pay roll and most of them are not paid accordingly at their grading level and this issue should be sorted out soon as we are already on merged structure.

5.4.1 Casual Staff on Government Payroll

In the recent past most of our casual staff from the rural health like drivers, cleaners and security guards were paid under item 10 by the provincial treasury but it was a great milestone when around 68 of them were recruited as public servants onto the government payroll in 2017. Most of them literally wept as they swept their card through the ATM machines to collect their salaries just like any other public servants in the country. It was a significant achievement through the Provincial Health Authority.

This large number of workforce is compounded with a number of problems and issues that can be addressed from 2017 and beyond:

5.4.2 The Aging Workforce

Almost 40 – 50 % of our workers are very old and their peak years of productivity is over. Work productivity is no longer there and as such, we have identified the total of 86 to be exited for retirement but waiting for the department of Personnel Management to allocate funding for these aging officers.

Staff absenteeism has been an ongoing problem over the years but now we have a total control where most of our officers are at their workplace this year 2017 as we keep track of them and those who are not on payroll their salaries have been deducted

Also we have a disciplinary committee in place now to deal with those officers who are absent to duties and collecting free salaries.

Lack of decent accommodation for staff members at facility level is always been an on going problem that prevents new graduates from joining the workforce.

5.4.3 Human Resource Development

A number of nurses and other cadre of health workers have gone out for short term training programs, especially on health management and mid-wifery/paediatric training and eye clinics management trainings.

After those trainings, we have 5 trained midwifery nurses and our future plan is to have at least every reporting health facility to have a trained mid-wifery nurse.

Four of our senior officers have also completed degree programs on health administration and management. There were about 86 of our casual staff from the health facilities being recruited to the government payroll as a public servant in 2017. We have celebrated SH Health Authority Launching on the 27th April 2016.

Within the province, we have trained 7 Community Health Workers (CHW) with the help from Mendi Hospital Doctors and regional specialist in Emergency obstetric Care (EMOC). This was a successful training and those trained CHWs are working in the Labour Wards through the province.

- (a) Functional health facilities, including running water supply, standard health facility buildings, clean environment, including proper waste management, basic medical equipment and adequate and sound facility buildings that meeting health standards.
- (b) Infection control to ensure no cross infection at the health facilities.
- (c) Effective asset management like vehicles, static plants and computers at all levels.
- (d) Effective management and accountability of limited financial resources.

5.5 OUTREACH PROGRAMS

5.5.1 Polio Patrols



Dr.Liu Dapend of WHO giving oral polio vaccine at Kambrep village

We have made at least two supervisory visits to every major health facility in the last 10 months in 2017.

Medical doctors have conducted three outreach programs, including a major patrol to Mt Bosavi in 2017.

This was the first time ever to have a team of medical doctors into Mt. Bosavi and there is a strong call from the communities to make similar patrols.

MCH programs are conducted in every month but not consistence due to limited resource support like funds, transport or manpower.

Patient referral system, including birth related patient transfers to referral hospitals are vital though it is quite expensive, especially chopper charters.

5.6 HEALTH FACILITIES

5.6.1 Facility Staffing

a. Health facility staffing by Government.

District	Funded	Unattached	Total
Kagua/Erave	73	19	82
Ialibu/Pangia	106	15	121
Imbongu	38	13	51
Nipa/Kutubu	96	23	129
Mendi/Munihu	58	15	73
PHQ –Health	31	5	36
Total	342	90	492

b. Health facility staffing by church agencies.

Health Agency	Total Staff	Condition
Catholic	53	On church health pay roll.
ECPNG	36	On church health pay roll
United	35	On church health pay roll
Bible Church	17	On church health pay roll
CUM	22	On church health pay roll
HELA GUTNUIS	4	On church health pay roll
Wesleyan	3	On church health pay roll
Total:	176	On church health pay roll

5.6.2 Facility Management

a. Rural Health Facilities Managed by both Church and Government. (Summary)

District	Hospital	H/ Centre	HSC	AP	Total	Comment
Kagua/Erave	0	2	5	30	35	15 x A/P closed & Sumi HSC
Ialibu/Pangia	1 x dist hospital	1	4	22	28	3 x A/p closed
Imbongu	0	2	6	18	26	5 x A/P closed
Mendi/Munih	1 x P/ Hospital	1	5	23	31	11 x A/P closed
Nipa/Kutubu	2 x district hosp	2	11	35	50	11 x A/P closed
Total:	/3 x Dist. hospitals 1 x provincial	8 x HC (Open)	31 x HSC (all open)	128 A/Posts	170	45 x HF Closed, mainly A/posts. Aid Posts open. (54%)

b. Government Run Health Facilities.

District	Hospital	HC	HSC	CHP	Aid post	Total
Kagua/Erave	0	1	1	2	26	30
Ialibu/Pangia	1	1	2	1	18	22
Imbongu	0	1	2	0	16	19
Mendi/Munihu	1	0	3	1	21	26
Nipa/Kutubu	2	0	2	1	27	32
	4	3	10	5	108	129

c. Church Run Facilities

H/Facility	Catholic	U/Church	ECP	Bible Church	CUM	Wesleyan	Tiliba
Hospital	0	0	0	0	0	0	0
Health Centre	1	1	2	1	1	0	0
Health Sub Centre	4	3	8	1	2	1	0
Aid Post	5	7	3	0	0	1	2
Total:	10 x H/F	11 x H/F	13 x H/F	2 x H/F	3 x H/F	2 x H/F	2 x H/F

5.6.3 Health Facilities Status Report

5.6.3.1 Nipa Kutubu

NO.	FACILITY NAME	AGENCY	LOCATION	CURRENT CONDITION.
1.	NIPA DIST HOSP.	GOVT.	KUTUBU	Complete- No Med Equ
2.	DET H/C	CATHOLIC.	KUTUBU	OPEN
3	PIMAGA R/HOSP.	GOVT	KUTUBU	OPEN
4	TEGIPO HSC	CUM CHURCH	KUTUBU	OPEN
5	POMBEREL H/C	CUM CHURCH	KUTUBU	OPEN
6	TAMENDA HSC	CATHOLIC	KUTUBU	OPEN
7	YAMASI HSC	ECP- PNG/GOVT	KUTUBU	OPEN
8	INU HSC	ECP	KUTUBU	OPEN
9	BAGUALE HSC	ECP – PNG	KUTUBU	OPEN
10	PAWA HSC	GOVT	KUTUBU	Open with new buildings.
11	KAIPU HSC	GOVT	KUTUBU	OPEN
12	SISIBIA HSC	ECP	KUTUBU	OPEN
13	WARO HSC	GVT	KUTUBU	OPEN
14	KANTOBO HSC	GVT	KUTUBU	OPEN/understaffed
15	KAR HSC	CUM	POROMA	OPEN
Aid Posts.				
16	Aiyo Comm H/ Post	Govt	Kutubu	Relocated from Hindinia
17	Yalenda A/p	Govt	Kutubu	Closed – no staff
18	Kafa A/P	Govt	Kutubu	Open
19	Herebo A/P	Govt	Kutubu	Open
21	Harabiu A/P	Govt	Kutubu	Open
22	Gerege A/P	Govt	Kutubu	Open
23	Tugiri A/P	Catholic	Kutubu	Open
24	Orokana A/P	Govt	Kutubu	Open
25	Kujulu A/P	Govt	Poroma	Closed/no staffing
26	Kusa A/P	Govt	Poroma	Closed – no staff
27	Wim A/P	Govt	Poroma	Closed – 1997
28	Tula A/P	Govt	Poroma	Open
29	Mont A/P	Govt	Poroma	Closed.
30	Engenda A/P	Govt	Nipa	Closed – 2004
31	Halo A/P	Govt	Nipa	Closed – 2000
32	Igin A/P	Govt	Nipa	Closed – 2004
33	Homdol A/P	Govt	Nipa	Open
34	Poya A/P	Govt	Nipa	Open
35	Puril A/P	U/C	Nipa	Open
36	Semin A/P	Govt	Nipa	Open
37	Sumbi A/P	Govt	Nipa	Open
38	Sopmul A/P	Govt	Nipa	Closed
39	Towan A/P	Govt	Nipa	Open
40	Ungubi A/P	Govt	Nipa	Open
41	Wagi A/P	U/c	Nipa	Open
42	Mela A/P	Church	Nipa	Open
43	Poroma A/P	Govrt	Poroma	Open
44	Onja A/P	Govt	Poroma	New/open.

5.6.3.2: Mendi Munihiu

NO.	FACILITY NAME	AGENCY	LOCATION	CURRENT CONDITION
1.	Mendi Hospital	GOVT.	Mendi	OPEN (Referral hospital)
2.	Munihiu HealthCentre	U/Church/Gvt	Mendi	OPEN
3	Topa HSC	United Church	Mendi	OPEN
4	Was HSC	Govt	Mendi	OPEN
5.	Pingirip HSC	Govt	Mendi	OPEN
6.	Mogol HSC	GOVT	Mendi	OPEN
7.	Mendi Urban.	GOVT	Mendi	OPEN
Aid Posts.				
8	Kundaka A/P	GOVT.	Mendi	Closed – 2008
9	Komea A/P	GOVT.	Mendi	Open
10	Kuma A/P	GOVT.	Mendi	Open/ operating at school
12	Pongai A/P	GOVT.	Mendi	Open
13	Poslim A/P	GOVT.	Mendi	Open/ need staffing
14	Kombal A/P	GOVT.	Mendi	Open
16	Semb A/P	GOVT.	Mendi	Closed
16	Segiso A/P	GOVT.	Mendi	Closed
17	Tulum A/p	GOVT.	Mendi	Open/ operating at school
18	Wambip A/P	GOVT.	Mendi	Closed
19	Bela A/P	GOVT.	Mendi	Open at catholic Church
20	Mungura A/P	GOVT.	Mendi	Closed
21	Birop A/P	GOVT.	Mendi	Open
22	Himiloma A/P	GOVT.	Munihiu	Closed
23	Kema	Catholic	Munihiu	Open
24	Kip A/P	U/C	Munihiu	Open/upgraded to HSC
25	Waip A/P	U/C	Munihiu	Open
26	Marara A/P	GOVT.	Munihiu	New facility/ – proposed CHP
27	Monta A/P	GOVT.	Munihiu	Closed
28	Negia A/P	GOVT.	Munihiu	Opened
29	NoI A/P	GOVT.	Munihiu	Open
30	Tugup A/P	GOVT.	Munihiu	No staff
31	Waripa A/P	GOVT.	Munihiu	Open
32	Tiwa A/P	Tiliba Mission	Munihiu	Open

5.6.3.3 Imbongu

NO.	FACILITY NAME	AGENCY	LOCATION	CURRENT CONDITION
1.	Pokrapul Health Centre	GOVT.	Imbongu	OPEN
2.	Pakule Sub Centre	Governt	Imbongu	OPEN
3	Kaupena H/Centre	PNGBC Church	Imbongu	OPEN
4	Bui Yebi HSC	Catholic Church	Imbongu	OPEN
5.	Kumin HSC	Catholic Church	Imbongu	OPEN
6.	Yaria HSC	Governt.	Imbongu	Open
7	Tukupangi HSC	Govt	Imbongu	Partially open
Aid Posts.				
8	Omai A/P	Govt	Imbongu	Open
9	Pundia A/P	Govt	Imbongu	Closed/no staffing
10	Tutam A/P	Govt	Imbongu	Open
11	Yagen A/P	United Church	Imbongu	Open
12	Unakos A/P	Govt	Imbongu	Open
13	Sumia A/P	Govt	Imbongu	Open

14	Pinj A/P	Govt	Imbongu	Open
15	Megi A/P	Govt	Imbongu	Open /New a/post building
16	Perepa A/P	Govt	Imbongu	Open
17	Orei A/P	Govt	Imbongu	No staff/closed
18	Kendal A/P	Govt	Imbongu	Open
29	Kero A/P	Govt	Imbongu	Closed – 2004
20	Piambil	Govt	Imbongu	Open?
21	Tona A/P	Govt	Imbongu	Open
22	Iombi A/P	Govt	Imbongu	?
23	Pagutre A/P	Govt	Imbongu	Open
24	Komoli A/P	Govt	Imbongu	New/open

5.6.3.4: lalibu/Pangia

NO.	FACILITY NAME	AGENCY	LOCATION	CURRENT CONDITION
1.	lalibuDist Hospital	GOVT.	lalibu	OPEN- referral dist hospital
2.	Pangia Health Centre	Governt	Pangia	OPEN
3	Muli HSC	Governt	lalibu	OPEN
4.	Kuare HSC	Governt	Pangia	OPEN
5	Mele HSC	PNGBC	Pangia	OPEN
6	Williamie HSC	Catholic.	Pangia	OPEN
Aid Posts.				
7	Walapape A/post	Governt	Pangia	Open
8	Mondadada A/p	Governt	Pangia	Closed/No structure.
9	Tokopini A/P	Governt	Pangia	Open
10	Poloko A/P	Governt	Pangia	Open
11	Koyapu A/p	Governt	Pangia	Open
12	Weriko A/P	Governt	Pangia	Open/ Proposed CHP
13	Mamuane A/p	Governt	Pangia	Open/Proposed CHP
14	Undiapu A/p	Governt	Pangia	Open/Proposed CHP
15	Wembulawe A/p	Governt	Pangia	Closed/ no structure.
16	Noya A/P	Governt	Pangia	Open/Proposed CHP
17	Taguru A/P	Governt	Pangia	Open
18	Alia A/P	Governt	Pangia	Open/proposed CHP
19	Tengai A/P	Governt	Pangia	Open
20	Apenda A/P	Governt	Pangia	Open/ proposed CHP
21	Yate	Governt	lalibu	Open
22	Kirane A/P	Governt	lalibu	Open/ New building
23	Mambi A/p	Governt	lalibu	Open
24	Paware A/P	Catholic	lalibu	Closed – 2008
25	Ponowi	Governt	lalibu	Closed/Vo Staff
26	Rangota A/P	Governt	lalibu	Closed – 2002
27	Karanda A/P	Catholic	lalibu	Open
28	Tindua	Govt	Pangia	(Aid post done)
29	Wire A/p	Govt	Pangia	New aid post completed

5.6.3.5: Kagua/Erave

NO	FACILITY NAME	AGENCY	LOCATION	CURRENT CONDITION
1.	Kagua H/C	GOVT.	Kagua	OPEN
2.	Sumbura HSC	Govent	Kagua	OPEN/under staff
3	Erave H/C	ECP/Govent	Erave	OPEN
4	Marorogo HSC	ECP	Erave	OPEN
5.	Samborigi HSC	ECP	Erave	OPEN
6.	Waposali HSC	Weslyan	Erave	Open
8	Kualilobo Aid post	Govt	Kagua	Closed
9	Mendo	Govt	Kagua	Closed
10	Inalere	Govt	Kagua	Open
11	Pawabi	Govt	Erave	Open
12	Puli	Govt	Kagua	Closed
13	Katiloma	Govt	Kagua	Closed
14	Ronga	Govt	Kagua	Closed
15	Rakere	Govt	Kagua	Closed
16	Toalomanda	Govt	Kagua	Closed/under reconstruction
17	Imane	Govt	Kagua	Open
18	Kandopa	Govt	Kagua	Closed/no staff
19	Wabi	Govt	Kagua	Open (upgraded with building)
20	Usa	Govt	Kagua	Closed/burnt down
21	Uma	Govt	KAGUA	Open/new facility by ICRC
22	Umita	Govt	KAGUA	Closed
23	Ibia	Govt	KAGUA	Open
24	Lapogo	Govt	KAGUA	Closed
25	Kabore	Govt	Erave	Closed
26	Walu	Govt	Erave	Closed
27	Tiapili	Govt	Erave	Closed/no staff
28	Kalolo CHP	Govt	Erave	New Comm Health Post
29	Balowe	Govt	Reave	Closed/ many years ago
30	Tiri	Govt	Erave	New facility but no staff
31	Kerabi	Govt	Erave	Closed some years ago.
32	Mt Tawa	Govt	Erave	Closed some years ago.
33	Sopuse	Govt	Erave	Closed/many years ago
34	Sirigi	Govt	Erave	Closed/many years ago.
35	Yanguli	Govt	Erave	Open
36	Niae	Govt	Erave	Closed some years ago.

What have we done in 2017?

5.7 MEDICAL SUPPLIES

Medical supply is an essential part of health service delivery in this province and will ensure that basic medical supplies are readily available at every health facility throughout the year.

We receive our medical supplies through two sources:

- (A) Mt Hagen Area Medical store through regular order process.
- (B) Health Centre & Aid Post Kits normally delivered at the health facility doorsteps by LD Logistics.
- (C) Drug management at the health facility is important to maintain drug quality and control of drug expiry dates.
- (D) Officers in the health facilities need to be trained on standard operational procedures so that there is no drug wastage and also expiry control.



Community members from Onja (Poroma) Welcoming their medical supplies into their new Aid Post.

This new aid post was funded by the German embassy while the new staff house at the back of this aid post was funded by Nipa/Kutubu DDA.

Though many aid posts throughout the Province are deteriorating, some new aids such as this have been built or upgraded to meet community demands.

With the proposed Poroma Teachers College coming to reality, this aid post can be upgraded to cater for the college development.

(Throughout this year we had adequate medical supplies in our health facilities, except some very remote aid posts may have run out because their supplies not reaching them.)

We had a big relief in medical supply deliveries because all deliveries were taken over by LD Logistics on contract and this arrangement has to continue.

Temporary storage of medical supplies will not be a problem because we have our own Medical Supply Transit Store in Mendi that is capable of storing large volume of supplies at any one time.

At this moment, we do not have a pharmacist yet and we hope to recruit one in 2017 through the normal advertisement and selection.



SHPHA Transit Medical Store - Mendi

Southern Highlands New Medical supply Transit Store in Mendi (All medical supplies for SH Province will be stored here in Mendi for distribution throughout the province).

5.8 HEALTH INFRASTRUCTURE

1: Meki Aid Post

Pictured is Meki Aid Post constructed by using Ausaid Aid Post Rehabilitation project. With the proposed Poroma Teachers College coming to reality, this aid post can be upgraded to cater for the college development.



Aid posts that are in strategic locations be maintained or upgraded to Community Health Posts so that basic primary Health Care Services can be provided.

However, those aid posts which were closed or burnt down due to tribal fights or naturally closed due to no support from the community closed for good.

2: Wire Community Health Post

Below Wireh Community Health Post in Pangia, officially opened by the Prime Minister of Papua New Guinea Hon. Peter O.Niell May 6th 2017.



This new aid post was funded by the German embassy while the new staff house at the back of this aid post was funded by Nipa/Kutubu DDA.

Though many aid posts throughout the province are deteriorating, some new aids such as this have been built or upgraded to meet community demands.

3: Uma Community Health Post

Pictured is Uma CHP build by ICRC & Opening celebrated by everyone including ICRC member. Celebrated opening at Huma CHP below (Public Private Partnership) in progress.



4: Marara Community Health Post



The Marara CHP project was funded by MRDC and officially opened for operations in early 2016. (It can be upgraded to Community Health Post to cater for the Mendi/Kandep Board communities). A modern District Hospital like this is a way forward for other districts in this province.

Augustine Mano (MRDC Managing Director) is coming good with the funding of Marara Aid Post in Lai Valley. (Augustine Mano is personally checking the completed project

5: Nipa District Hospital

Pictured below Southern Highlands Provincial Government Funded District Hospital in Nipa.



This is a level 4 type of district hospital if necessary medical equipment with adequate staffing is in place. It is capable of serving all of Nipa/Kutubu and surround boarder communities like Margarima, Kandep and Lai Valley.

Not a bad idea to have a chapel in the centre of Nipa District Hospital. (Chapel built in such a way that Pastor will have devotion with patients through PA system).

6: Yaku Community Health Post



The Yaku CHP in Erave area in Kagua Erave District was constructed by ICRC.

Yaku CHP- Funded by the ICRC

7: Onja Aid Post – Staff Residence



Picture opposite is Staff house under construction at Onja in Poroma

Despite the funding constraints and other impediments, we have completed some new health infrastructure projects in 2015/2016 and 2017, with the funding support from various government agencies and NGO partners over the last three (3) years. (2015/2016/2017).

	TYPE OF PROJECT	PROJECT LOCATION	COST (K)	Funding Source	COMMENT
1.	New Dist. Hospital	Nipa (Nipa/Kutubu)	10.0 mil	SH.Prov. Govt	Progressing through
2.	New Aid Post	Wire (Pangia)	140.0	Health Dept	Need 3 x staff houses
3.	L40 staff house	Muli HSC	150.0	Kewabi LLG	Completed in 2016
4.	Water supply	Kuare HSC (Ialibu)	50.0	Ialibu/Pang DDA	Completed in 2016
5.	Dr,s house maint.	Ialibu Hospital	1 0.0	Health	Completed in 2016
6.	CHP	Komoli (Imbongu)	80.0	Strongim pipol	Completed in 2015
7.	Building maint.	Tukupangi HSC	30.0	Health Dept	Completed in 2015

8.	Lo cost staff house	Tutam aid post(Imbongu)	50.0	Imbongu DDA	Completed in 2015
9.	Aid Post building	Tutam (Imbongu)	50.00	Imbongu DDA	completed in 2015
10.	2 x staff houses	Yaria HSC (Imbongu)	120.0	Imbongu DDA	Incomplete in 2015
11.	Aid Post building	Unakos (lower Mendi)	40.0	Health Dept	Completed in 2016
12.	New aid post	Meki (Lower Mendi)	140.0	Health Dept	Completed in 2016
13.	Water tank	Takenda (L/ Mendi)	5.0	Health	Completed in 2016
14.	New aid post	Wabi (Kagua)	140.0	Health Dept	Completed in 2015
15.	CHP	Kalolo (kagua/Erave)	400.0	Red Cross Int,	Completed in 2016
16.	3 x staff houses	Kalolo CHP (Kagua/Erave)	250.0	Community	Completed in 2016
17.	Genset shade	Kagua H/C	10.0	Health	Completed in 2015
18.	H/C maintenance	Munihi H/C (Munihi)	40.0	Health	Completed in 2015
19.	2 x staff houses	Munihi H/C	60.0	Munihi LLG	Completed in 2016
20.	1 x staff house	Was HSC (Karinj/ Mendi)	40.0	Karinj LLG/Health	Completed in 2016
21.	Building Extension	Urban Clinic (town)	50.0	Chai/Health	Completed in 2016
22.	New CHP Building	Marara –lai valley	50.0	MRDC	Completed in 2015
23.	CHP Building	Aiyo (Kutubu)	250.0	Kutubu KSPA	Completed in 2015
24.	1 x staff house	Aiyo CHP (Kutubu)	120.0	Kutubu KSPA	Completed in 2015
25.	H/C wiring	Kaipu HSC (Kutubu)	5.0	Health	Completed in 2015
26.	Incinerator	Pimaga Hospital (Kutubu)	5.0	BSP Bank	Completed in 2015
27.	L40 staff house	Poroma A/Post (Poroma)	50.0	DDA Nipa/kutubu	Progressing -2016
28.	New Aid post	Onja Aid Post (Poroma)	50.0	German Embassy	Completed in 2015
29.	New staff house	Onja Aid Post (Poroma)	50.0	Nipa DDA	In progress in 2016.
30.	New Aid Post	Askam Aid Post (N. Platau)	150.0	Prov. Govt	Completed in 2015
31.	1 x staff house	Onja Aid post (Poroma)	50.0	Nipa/Kut DDA	Progressing – 2016
32.	Health staff duplex	Health office (Mendi)	150.0	Health	Progressing – 2016
33.	Med. Store shelf	Health Office (Mendi)	10.0	Health	Completed in 2015
34.	Med. Store car park	Health –Mendi	3.0	Health	Progressing – 2016
35.	HSIP Office maint.	Health office	2.5	Health	Completed – 2016
36.	New Aid Post	Kirane (Ialibu/Pangia)	120.0	Health	Completed in 2015
38.	New staff house	SH Medical Store site	134.0	Health F/ Grants	Completed in 2017
39.	Solar freeze installation	Tamenda HSC	20.0	WHO	Completed in 2017
40.	Solar freeze installation	Pombrel Health Centre	20.0	WHO	Completed in 2017
41.	Solar freeze installation	Mogol HSC	20.0	WHO	Completed in 2017
42.	Solar freeze installation	Imbongu Health Centre	20.0	WHO	Completed in 2017
43.	Solar freeze installation	Kagua Health Centre	20.0	WHO	Completed in 2017
44.	Solar Freeze installation	Erave Health Centre	20.0	WHO	Completed in 2017
45.	Solar Freeze installation	Pimaga Dist Hospital Health Centre	20.0	WHO	Completed
46.	Electrical Freeze installation	Epeanda HSC	20.0	WHO	Completed
47.	Electrical Freeze installation at Pangia H/C	Pangia Health Centre	20.0	WHO	Completed
48.	Electrical Freeze installation	Provincial Health Office.	20.0	WHO	Completed

5.9 CURRENT SITUATION

As far as health service delivery is concern, SH could be on the 16th or 17th place out of the 22 provinces in PNG. As we all know, every problem has got its own reasons as to why that problem happens. For SHP we have a number of reasons that contributes to the low indicators:

6.9.1: Staffing Issues

Understaffing of health facilities in the districts is a common problem that we face everywhere in this province.

In most cases, the skeleton number of staff members are those we have in all our health facilities. We have is mostly APOs who have very limited knowledge and skills to meet increasing basic health service demands. Many of them have already passed their normal retirement age but we still keep them because there is always no money to pay out their entitlements. We are compiling a report with calculations for inclusion in the next government budget.

Staff absenteeism is another ongoing problem that we are faced with and there is a critical need for appropriate disciplinary actions by using provisions of the Public service Management Act.

Staff discipline is another problem that contribute to basic health services not been delivered to the people. If there was any staff recruitment drive in the future, one challenging issue will be accommodation problem at the facility level to bring in those new staff.

5.9.2: Staff Housing



Pictured below Rural Health staff house at Water Supply

Staff housing is a province wide problem and this has been one of the hindering factors that affected staff work performance. The limited staff houses that we throughout the province have been built many years ago and by now their conditions are deteriorating.

Maintenance costs are high and we are unable to afford the cost of maintenance, unless the government provides some funds to attend to this need over a period of time. This current situation is not allowing us to attract outside technical officers to work in our rural health facilities.

5.9.3: Funding Constraints.

The health Function Grant allocation is always not enough to fund the eight key priority health programs, (KRAs) especially outreach programs that calls for bringing health services closer to the people. In other words, delivering health services in places like Southern Highlands is quite expensive, given the geographical condition and the growing population in the province.

To make it worse, the small Health Function Grants that we receive do not come on time and many times we delay the implementation programs. Many times, especially in the beginning of the year we normally ground our vehicles, suspend outreach programs, and cannot meet other operational costs for running health services. Maintaining cold chain equipment and other general operation of facilities is normally affected by delaying the release of funds.

HSIP funds, which could have been supplementary funding but have not come in for the last two years and we struggle and we hope that by 2018, we could get our account cleared. (Refer to Budget allocations

5.9.4: Facility Management.

We are still lacking good leadership and team spirit among the health workers and as a result, staff members are not giving the total commitment that is required at every centre. Proper coaching and mentoring and pulling people on line can improve this situation through staff discipline.

Many of our facilities are managed by CHWs in the absence of nursing officers because of limited nursing officer positions in the province. In other words, we are under staffed by nursing officers.

5.9.5: Basic Medical Equipment.

Every health facility has its own requirements for basic medical equipment in order to function as a health facility.

At this moment, we do not have all the necessary basic equipment and static plants such as power supply, basic medical equipment, cold chain equipment, water supply and waste management services can provide a conducive environment for effective health service delivery.

In 2016, we had some waste management projects, incinerator projects in Pimaga Hospital, Bui Yebi and Munihu H/C that can be rolled out to other centres in the future and we hope to install permanent incinerators in other facilities both in government and church health facilities by 2018 as we are arranging them with Migende Catholic Health Services.

Water supply is an essential support service, especially in labour wards and in all areas of patient care. Very slowly, we have replaced a number of rusted tanks with tuffa tanks and we would like to continue with this project over the next couple of years.

On a positive note, World Health Organisation and Unicef donated 13 vaccine fridges to SH and we have installed them in some selected facilities in 2017. These fridges had basically replaced the aging fridges and the replacement program will continue, depending on partner support and availability of funding.

5.9.6: Public Private Partnership.



Kalolo CHP Opening by PHA CEO & ICRC Country Director

Kalolo Community in Kagua/ Erave can now enjoy health services been provided at their new community health post. This facility is now managed by the SH Health Authority and so far, placed two staff members that meets standard staffing requirement for a Community Health Post. Thanks to the Red Cross International.

This was the official opening of Yakisu Community Health Post Opening at the boarder of Kagua and Erave District. (This facility is fully functioning). Community is appreciating what SH Health Authority is doing so far in partnership with our partners, like the Red Cross International.

One of the Health Authority's visions is to face out the Aid Posts and replace them with Community Health Posts that will be manned by fully qualified nursing officers and two (2) Community Health Workers (CHWs) who will provide all primary health care services at such health facilities.

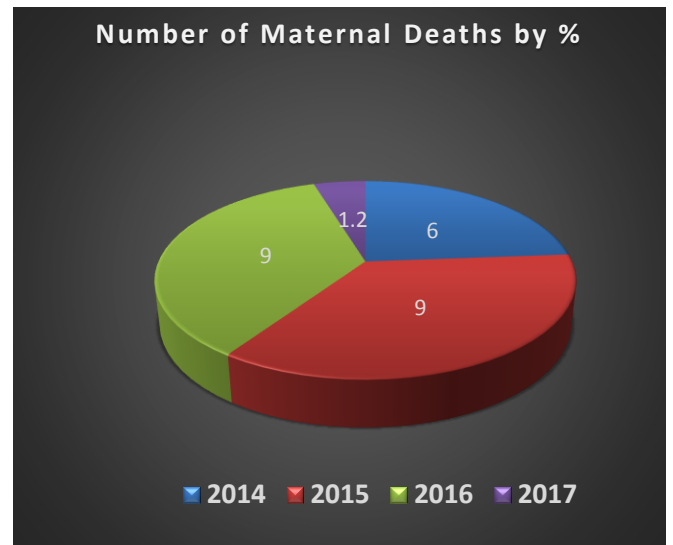
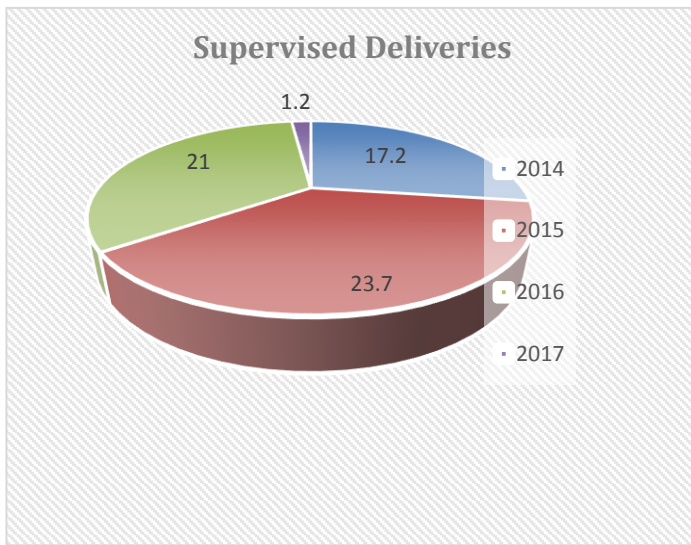
The Red Cross International (ICRC) has established the Uma Community Health Post and fully functioning in Aiya LLG and this one at Yakisu is the 2nd facility been established by ICRC.

5.10 HEALTH INDICATORS

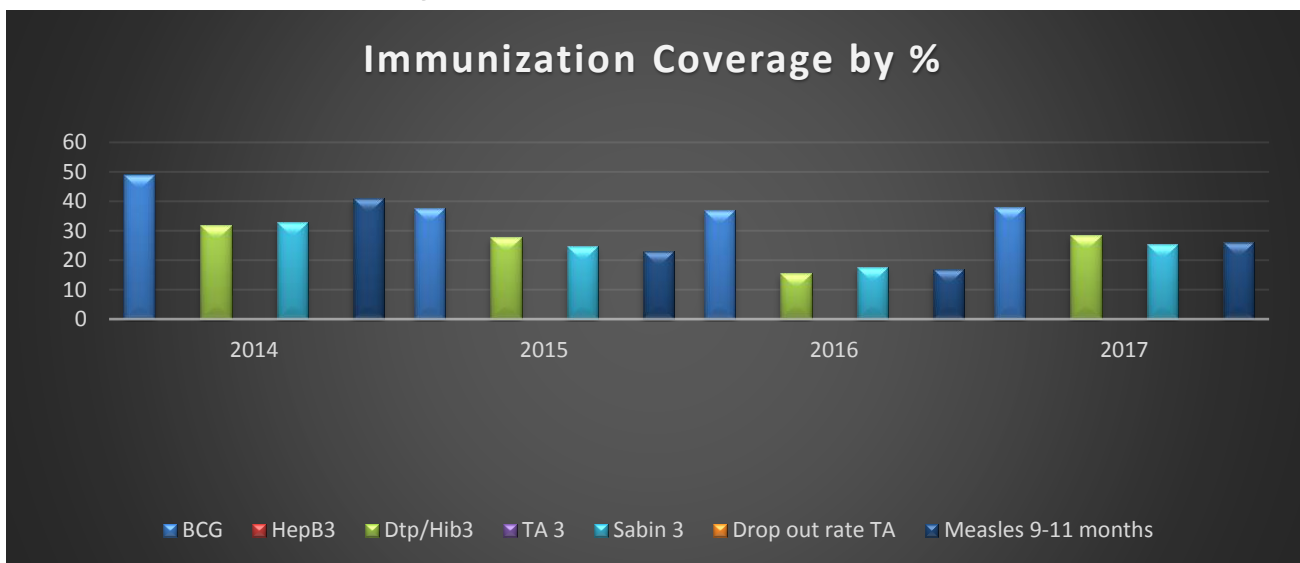
Southern Highlands Key Health Indicators (2013 – 2017, January to August) includes;

5.10.1. Maternal Health

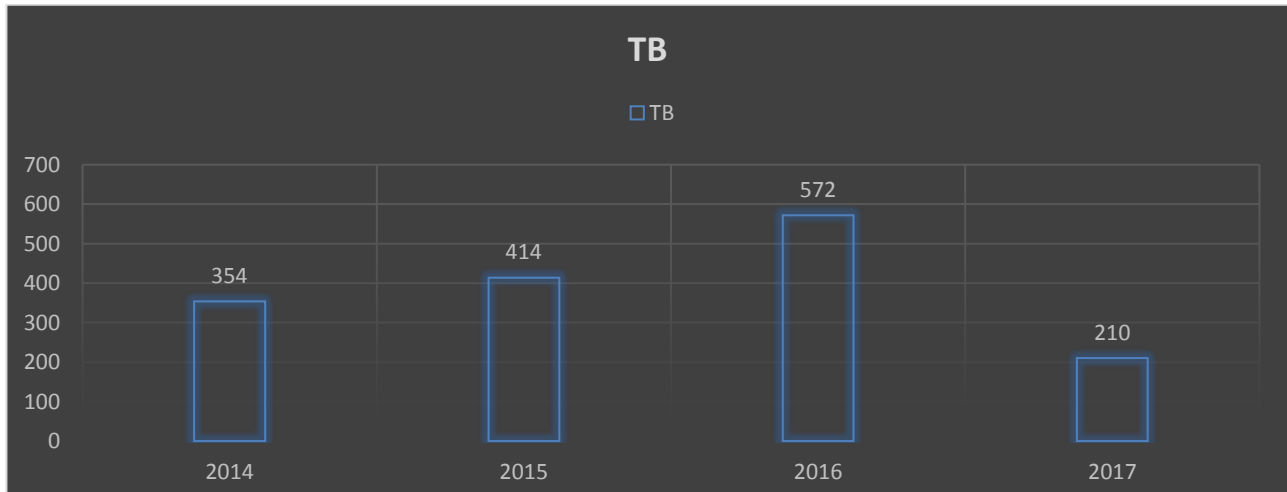
% supervised deliveries



5.10.2: Immunization Coverage

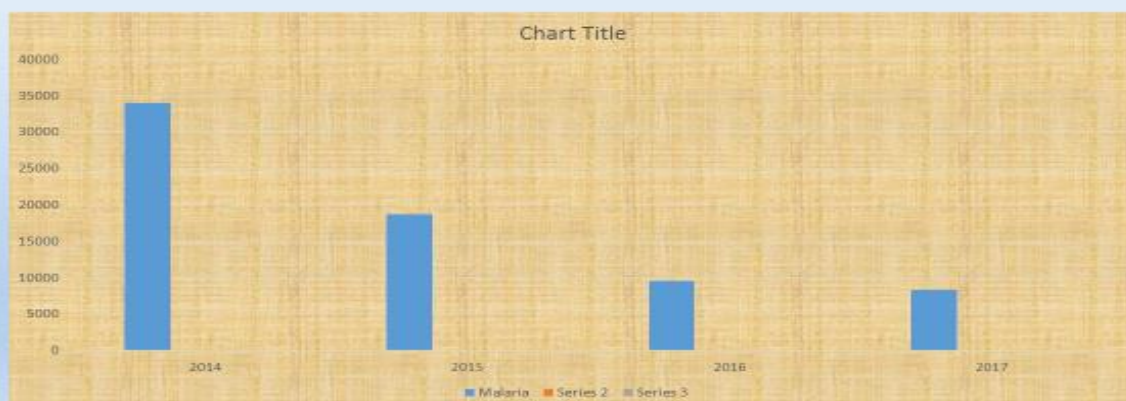


5.10.3: Tuberculosis



5.10.4: Malaria – (Outpatient Cases)

Malaria Outpatient Cases

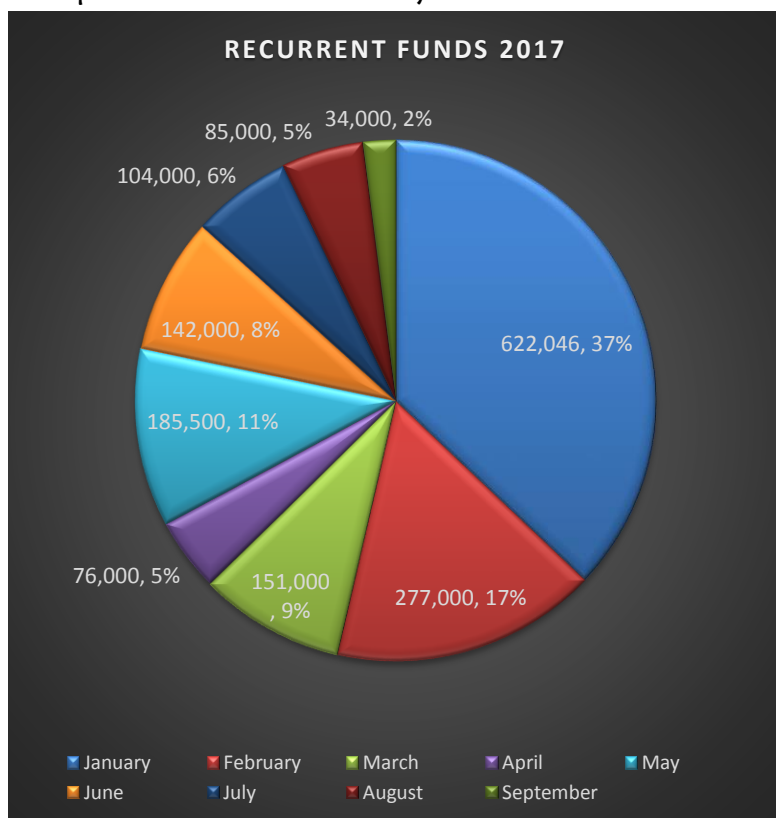


5.11 FINANCIAL REPORT

Total appropriation for 2017 was K **3.2 million** and from this ceiling, K1, 676,546.00 and of this only 52 % was released. The total funds released per month is up to September 2017 and October – December funds were to be rolled over and expected but never eventuated come 2018.

The Provincial Treasury and the Provincial Administration has assured us that they were going to release this remaining funds as Roll-over in 2018 but has confirmed that they have used up these funds during the disaster programme while most of our health important programmes like immunization in the province has never been covered well.

We the Public Health is so grateful about the 2018 functional grants has now been transferred to the Southern Highlands Provincial Health Authority where we are confident that we are going to put the money at the right place for the right purpose at the right time and we also expect to see improved health services by 2018.



As usual, these funds were distributed to the 5 districts and from the PHQ through their chart of accounts. (See below the pie graph representing the amount of funds received in 2017).

- HSIP funds have not come through to our trust account in the last two years, including 2016/2017 for a number of reasons:
 - Outstanding acquittals. (Big amount for Hela Seed Money and 4 x aid post rehabilitation projects in Hela)
 - Frequent changes in internal audit in HSIP management- team not checking our books.
 - Donor agencies reviewing their policies to maintain accountability by NDOH and the provinces.

5.11.1. Health Functional Grant

- In the future, Health function Grants must be released on timely basis in the following manner:
- First Quarter 20 %
- Second Quarter 30%
- Third Quarter 30%
- Fourth Quarter 20%
- This suggested arrangement will provide ample time to spend the funds on budgeted activities rather than making rush decisions at the last minute. For 2017, the last quarter funds arrived about 2 days before the government accounts were closing up for Christmas.
- A big portion of the funds went back into consolidated revenue.

5.11.2. Specific support programs

Unicef funds for CHW up skilling	- K 91,100.00
EOC training	- K 25,000.00
World Aids Day from Oil Search	- K 30,000.00
Mendi/Munihi DDA for EPI Program	_K 25,000.00
Free Primary Health Care Funds	2017 (Nil)
Total :	<u>K451,100.00</u>

5.12 SUMMARY NOTES.

1. There are low supervised deliveries; maternal deaths have increased over the last 5 years.
2. All vaccines coverage should be about 80% but achieved less than that due to a number of factors, but BCG is about 80% (normally given at birth.)
3. Malaria outpatient cases have dropped from 37,373 cases to 7,244 in 2017 due to effective mosquito nets distribution in the province in 2013 & 2017.
4. Malaria related deaths have decreased over the 5 years.
5. The overall performance rating for SH is about 44%. (3rd last to Morobe & Gulf Provinces).

5.13. CHALLENGES:

Over the last 11 months of 2017, we have faced many challenges that were hindering smooth delivery of health services in this province:

The biggest setback, in terms of health service delivery was the 2017 National Election related problems. There were a lot of threats everywhere and staffs were not able to go out to conduct health outreach programs. Health facilities were not able to transfer patients because ambulances and staffs were not safe to travel out.

Staff absenteeism from their work places was a major issue.

Many of our staffs are very old and cannot produce maximum work output as required from them.

1. Supervision to our very remote health facilities was difficult, especially those that are only accessible by air.
2. Many of our remote health facilities, especially aid post are closed, due to no staffing.
3. There have been some new health facilities established by companies or politicians without consultation with PHA staff and management.
4. In all health facilities throughout the province, accommodation for health staffs is always a concern and we cannot attract officers from outside.

5. Labour wards are not fully maintained, to attract mothers to come and deliver their babies, especially water supply, delivery beds, adequate lighting or trained midwifery nurses are not available in the labour wards.
6. Waste management is an ongoing problem at almost every health facility.
7. Maintenance of cold chain systems has been an issue in many health facilities, resulting in wastage of vaccines.
8. Our target populations have been based on the census figures and there is always a question of accuracy of those census figures.
In reality, census figures can be higher than the actual physical people on the ground.
In other words, we have been using inflated population figures to calculate our achievement indicators.
9. Funding is always limited and we are not able to implement all our planned activities.

5.14. WAY FORWARD.

1. Enforce staff discipline by the disciplinary committee.
2. Budget for retirement/Retrenchment exercise every year.
3. Identify aging staffs for and
4. Revive/ re-establish closed down health facilities.
5. If funds permit, maintain or construct staff houses.
6. Labour wards at major health facilities to be maintained and have them fully functional.
7. Replace all aging vaccine freezes as an ongoing program every year until cold chain system in the province is fully functional.
8. Target population figures be updated through child register books.
9. AIPs be done according to budget ceiling and expenditures in line with the AIP.

Thank you very much.

George Epei.
DIRECTOR PUBLIC HEALTH
SOUTHERN HIGHLANDS PROVINCIAL HEALTH AUTHORITY

CHAPTER 6

6.1 CORPORATIVE SERVICES DIRECTORATE REPORT

6.1.1. FORWARD

The Southern Highlands Provincial Health Authority is improving slowly in terms of new technologies, equipment and manpower to meet the Health Authority's goals and objective. The Provincial Health Authority need highly motivated, innovative and skilled staffs that can take the Provincial Health Authority forward to comply with Department of Health policy matter and the National Governments' corporate plan on Health sector. The Director Corporate service is one component of the Provincial Health Authority just like any other Directorate to provide support service to the Provincial Health Authority. The Directorate use KRA 3 and part of KRA 2 to implement its objective and strategies for the Provincial Health Authority Southern Highlands Provincial.

6.1.2 INTRODUCTION

The year 2017 was a challenging time for the Southern Highlands Provincial Health Authority with so many problems faced with, (1) one was the Political unrest in the Province and two (2) lack of fund release to the rural health sector, District Hospital, Sub health center and to the areas of need. The Political unrest have made the people to bring law less ness in the Provincial head quarter of Southern Highlands Province as well as the districts, most of the health Facilities were close Mendi Provincial Hospital were close for almost a month, all road leading to most of our Health sector were close. We had to bust security to safe guard our Hospital properties. All roads connect to other district health sector were heavily blocked and came to stand still for almost two months, but slowly it improves bit by bit and eventually things went back normal after some months passes by.

The Directorate does most of the house keeping duties for the efficient operations of the health services. The house keeping duties includes, cooking for patients, doing laundry services for wards and operating theatre, transport for staff movement and patient evacuation, In-service and long-term training for professional staff maintenance of staff houses and buildings, regular supply of water system for the facilities maintenance to medical and non-medical equipment's and general cleaning of the Institution.

The Directorate is also responsible for the Provincial Health Authority's single Budget and planning the Human Resources Management for the Provincial.

6.1.3 PURPOSE

The purpose of this report is to highlight some of the activities carried out for 2017 year ending by achieving;

- The constrain face by the Southern Highland Provincial Health Authority.
- Recommend activity that is very much required to do, but cannot do it for the year period due to financial constrain or reason beyond our control and lack of resources etc.

6.1.4 OBJECTIVE

The objective of the directorate of Corporate Services is to:

- Improve Bio-Medical center with parts and accessories to service and maintain Hospital and Rural Health Medical & non-medical Equipment's
- Keeping the Environment clean and friendly observing Occupational Health and safety
- Improve operation services for all the health facilities in the Province esp, Mendi Hospital.
- Improve HR and Personnel/Alseco Management services
- Improve Financial Management Services
- Improve Infrastructure and medical Equipments for SHPHA

6.1.5 HUMAN RESOURCE MANAGEMENT

a. Staffing

The interim SHPHA Human Resource composed of 5 Officers headed By Sr Josepha Recks, Human Resource Manager.



Over the year the human resource staff have driven the PHA by way of doing the rural staff auditing. Data clenching, data base on aging and diseased and actual staff on ground and staff who just place them on payroll and wondering in Port Moresby etc.

Have put the PHA staff merging structure together to DPM and got it approved, and we were also allocated with divisional code. Our personnel officers are working on it to absorb the positions onto our alesco payroll system. Which means that our personnel will have to take care of the salaries instead of the southern highlands provincial government Alesco system.

b. Merged Structure

Total number of positions is 783

- The total funded Hospital Position transferred to SHPHA – 376 positions
- The total funded Rural Health Positions Transferred to SHPHA – 407 positions including 55 casual positions funded under Item 112.
 1. CEO's office - 8 positions
 2. Director Curative health - 267 Positions
 3. Director Corporate Services - 101 Positions
 4. Director Public Health
 - PHQ - 36
 - Mdu/Munhiu - 58
 - Imbongu H/C - 39
 - Ialibu/Pangia DHS - 26
 - Pangia H/C - 34
 - Ialibu D/hospital - 49
 - Kagua / Erave - 66
 - Nipa / Kutubu DHS - 40
 - Pimaga Rural Hospital - 28
 - Nipa D/ Hospital - 31

- 407 Positions

c. Costing of the Merged Structure

The merged structure reflects the transfer of the funded Positions and no re- classes or creation of new positions.

SHPHA Positions – K 39, 113, 914.00

- Hospital Positions – K 21, 930, 269. 00

- Rural Health Position K17,183,645.00
- The casuals were absorbed to item 111 in 2016 after the SHA was declared.

Our first Provincial Health Authority Budget was done in 2017 for 2018 budget capturing both Hospital and Southern Highlands Rural Health budget. We have budgeted for 783 position and reach the amount to K39, 113.914.00.

d. Distribution of Health Work force under PHA

The Hospital positions are currently well distributed under each directorates and disciplines. The current approved Rural Health Positions were distributed according to the zones.

1. Provincial Health Head Quarters (PHQ)
2. Mendi/Munihiu District Health Services
3. Imbongu District Health Services
4. Ialibu/Pangia District Health Services
5. Pangia Health Centre
6. Ialibu District Hospital
7. Kagua/Erave District Health Services
8. Nipa/Kutubu District Health Services
9. Pimaga Rural Hospital
10. Nipa District Hospital

In the merged structure, we have distributed positions to their respective health facilities like Health centers, Community Health Posts & Aid Posts. This is reflecting the current approved position against our existing health facilities and there are no changes to the positions.

e. Retrenchment /Retirement for 2017

In 2015. The Hospital had (7) officer's approved for retrenchment, however two were under paid in their cheques were return for cancellation. To date the two officers are waiting to be retired and they are CHW Tembi Teke and the other CHW is Francisca Magala. Adding to this number, we have 64 identified aging work force to be retire.

However, six (6) officer were excluded five declined to go whilst one (Andrew Samuel did not meet criteria to exit in 2017. The retirees are listed for our record under each (7) seven Health facilities for a total of seventy to exit in 2018 when funds are available.

Our team of HRM and two admin Staff have prepared all their entitlement and it was submitted to the Department of Personnel Management together with the costing Pending action from DPM. Our HR and personnel files are kept in save and lockable.

Provincial Headquarters

- | | |
|--|--|
| 1) Thomas Kalai Mal PS 9 70 years retire on age. | 4) Theresa Kukengi Nursing officer Ps 8 unattached on medical ground |
| 2) Okane Rebeca CHW Ps 4 66 years unattached retire on age. | 5) Eve Kotop Nursing officer Ps 8 unattached on Medical grounds |
| 3) Solu Jonathon Admin Ps 11 unattached retire on Medical Ground | 6) Molo Berth Nursing officer Ps 8 unattached on Medical ground. |

Mendi Provincial Hospital.

- | | |
|--|---|
| 1. Francisca Magala CHW Gr 7 unattached retiring age | 4. Theresa Koke Nursing officer Gr 15 Medical Grounds |
| 2. Opa Smith CHW Gr 7 Retiring age | 5. Iti Malaia Nursing officer Gr 13 retire |
| 3. Tembi Teke CHW Gr 6 Retiring age | 6. Benjamin Tahija medical officer Retire |
| | 7. Wesi Kerak Nursing Gr 16 retire |
| | 8. Rose Biribaibu nursing officer Gr 13 retire |

9. Pere Pricila nursing officer Gr 14 declined.

Nipa Kutubu District

- 1) Makep Amos CHW3 unattached & 64 years old retirement
- 2) Sama Tui CHW3 unattached & 64 years old retirement
- 3) Olpis Somne CHW3 unattached & 64 years old retirement
- 4) Pola Suk CHW3 unattached & 67 years old retirement
- 5) Bip Hep CHW4 unattached & 63 years old retirement
- 6) Pei Embil CHW3 unattached & 65 years old retirement
- 7) Timbol Suko CHW3 unattached & 64 years old retirement.
- 8) Korosome Bobby CHW5 unattached & 67 years old retirement
- 9) Morris Gomabo N/Ops 6 unattached & 55years medical ground retirement
- 10) Koosabo Bariame N/Ops 8 unattached & 58 years medical ground retirement
- 11) Pombreal lo CHW6 unattached & 60 years medical ground retirement.
- 12) Weso Ipopi lo CHW6 unattached & 60 years medical ground retirement.

Imbongu District

1. Tunua Aro CHW 4 unattached & 68 years retirement.
2. William Pumusi CHW3 unattached & 62 years retirement.
3. Leo Betty N/O ps 08 unattached & 66 year's retirement.
4. Byareme Kolo N/O ps 08 unattached & 67 years retirement
5. Puwelo Jane N/O ps 08 unattached & 60 years retirement
6. Murazic Poya CHW 4 unattached & 61 years retirement
7. Nevia Wesa CHW 3 unattached & 58 years retirement
8. Mark Pera CHW4 unattached & 59 years retirement
- 1) Wepo Iporave CHW4 unattached & 65 years retirement

Ialibu /Pangia District

- 1) Akowai Kerandi CHW5 Unattached & 81 years old retire

- 2) Mundi Popa CHW4 Unattached & 65 years old retire.
- 3) Mopunda Pawa CHW4 Unattached & Aging 63
- 4) Dubia Payama CHW4 Unattached & Aging 65+
- 5) Pisimi Christa CHW3 Unattached & Aging 65+
- 6) Vincent Pombo CHW7 Unattached & Aging 60
- 7) Charles Orum Clerk PS 8 Unattached & Aging 60
- 8) Marowa Tiro CHW4 Unattached & 54 years old medical Grounds
- 9) Mini Micheali CHW4 Unattached & Aging 70
- 10) Sambu Warea CHW4 Unattached & Aging 69+
- 11) Ramuna Yala CHW4 Unattached & Aging 70+Sola Pola CHW4 Unattached & over 70 years old retire
- 12) Peter Koya CHW4 Unattached & Aging 70+
- 13) Endaya Kainango CHW4 Unattached & Aging 70+
- 14) Paul Kandipiali CHW4 Unattached & Aging 70+

Kagua Erave District

- 1) Erepo Ekari CHW 5 - Unattached & Aging
- 2) Nelson Kone CHW 5 Unattached & Aging
- 3) Wambe Epeano CHW 4 - Unattached & Aging
- 4) Wambe Topele CHW 5 - Unattached & Aging
- 5) Inspol Tiemp CHW 4 – Unattached & Aging
- 6) Kilipi Kepe CHW 5 - Unattached & Aging
- 7) Tali Noyo CHW 3 - Unattached & Aging
- 8) Kilua Isua CHW 3 - Unattached/Aging
- 9) P Patricia, NO2 - Unattached & Aging
- 10) Mata Wina CHW 3 Unattached & Aging
- 11) Angela Luya NO PS 8 Unattached & Aging
- 12) SI Nande CHW 5 Unattached/Aging

Mendi /Munihu District

- 1) Ipu Kepolo CHW 4 Unattached & old age retirement
- 2) Wan Wana CHW 4 Unattached & old age retirement
- 3) John Komap CHW4 Unattached & old age retirement
- 4) Paki Nekon CHW 4 Unattached & old age retirement
- 5) Wesis Ipu CHW 4 Unattached & old age retirement
- 6) Kenja Solo CHW \$ unattached & old Age retirement
- 7) Temo Simon CHW 4 Unattached & old age retirement

6.1.6 PERSONNEL & ALESCO SYSTEM



The Personnel Section had 4 staffs headed by Ruth Kange and three other junior Staff they are providing Salary Administration to the staffs of Southern highland Provincial Health Authority of 783 staff as per our match structure.

They are maintaining personal files, leaves and updating of history cards.

They are the once looking after the payroll for the 783 plus staff of the SH PHA.



Alesco pay concept office

The Alesco payroll is still maintained and functioning very well, except that the Internet service sometimes play up or goes on and off makes it difficult to get the job done on time. At the same time the PTC have increase the speed capacity to bust the internet service of the Hospital. It is very important to have an IT personnel here to ensure that all our computer's and networking system are working smoothly so that no interruption in our operations.

Our Alesco users are Ruth and Jenny only and the work load there is beyond. On the new structure the personnel will need two more staff there as Alesco user so that there can meet the demand of the staff queries.

Some of the staff who are no at the place of work have been terminated after doing the staff audit to all health facilities. We have put off 20 twenty officers off three payrolls.

6.2) Southern Highland Provincial Health Authority Staff Payroll establishment as of November 2017

a. Approved Ceiling

The SHPHA approved staff ceiling as mansion above	783
2) Substantive Holders hospital	332
3) Substantive holder	162
4) Acting on HAD Hospital	8
5) Rural district	1
6) Staff on strength as at November 2017	502
7) Unattached Hospital	9
8) Rural	370
9) Vacant Position Hospital	40
10) Rural	246

c. Manpower Audit against payroll

There was a manpower audit conducted by our Personnel official staff on rural health staff at their respective work station against the payroll and remove or suspend staff who were not at the work place for so long as absconded from the place of work.

It was identified that more than 20 staff booked out of payroll from receiving salaries & allowances for not performing. A number of them are in Port Moresby and their appeal to DPM & Finance department to re – instate them onto payroll was refused and now need to be disciplined first before termination or recommencement on payroll.

d. List of officers suspended from the payroll

There are about 20 officers suspended

- 1) Aka Paias File number 00718793 absconded & suspended on 30/08/2016
- 2) Aro Hellen File number 10730840 absconded & suspended on 24/11/2016
- 3) Dupia Payama File number 00827975 absconded & suspended on 06/07/2017
- 4) Dalira Nancy File number 11193488 absconded & suspended on 10/12/2015
- 5) I Anton File number 01564699 absconded & suspended on 28/04/2016
- 6) Kita Paul File number 01448761 absconded & suspended on 24/11/2016
- 7) Konop Tom File number 10054422 absconded & suspended on 10/12/2015
- 8) K Joseph File number 00868493 absconded & suspended on 06/07/2017
- 9) A Awakera File number 01477427 absconded & suspended on 06/07/2017
- 10) P Patricia File number 01521493 absconded & suspended on 21/06/2017
- 11) P Benedict File number 00867152 absconded & suspended on 03/08/2017
- 12) Pipon Lina File number 00888630 absconded & suspended on 03/08/2017
- 13) P Tokaya File number 01477397 absconded & suspended on 20/07/2016
- 14) Towe Somb File number 10739730 absconded & suspended on 03/08/2017
- 15) Yami Meria File number 01527700 absconded & suspended on 27/09/2017
- 16) K Bernard File number 00718793 absconded & suspended on 24/11/2016
- 17) Pawa Meame File number 00770400 absconded & suspended on 06/07/2017
- 18) Janet Nenga File number 10753667 absconded & suspended on 04/09/2017
- 19) Waspen Kolen File number 01867594 absconded & suspended on 06/08/2015

6.1.7 TRANSPORT & FUEL

The Southern Highlands Provincial Health Authority's Provincial Hospital Have 5 Toyota land cruiser a dyna and the 15-seater bus a total of 7 fleet plus one Generator



- ❑ Transport x 5 car fully maintain by the Hospital incinerator 400-liter fuel Gen set 800-liter fuel per refill.
- ❑ The Hospital continues to operate with five Toyota Land Crusher. This include the new ambulance.
- ❑ The hospital still has the 25-seater bus and the dyna running.
- ❑ The Hospital dyna for multipurpose to carry Medical supplies and the cabbage for the hospital to the dumping area. And 25 sitter bus for troop shifts work but the bus is very old and it can break down anytime.
- ❑ Fuel consumption is still high, the main reason for the high fuel consumption is because of the frequent black out of power supply to the Province and Hospital Most of the cost on fuel is consume by the hospitals Gen Set which consume about 800 liters per refilled and if it continues to blackout for the rest of the day and night the 800 liter is going and have to refilled the next day.

We also have the incinerator consume about 400 liters to burn up waste. Extra expenses for these operations.

6.1.8 PERIMETERS OF HEALTH SERVICES

The (5) five district health service lalibu Pangia district have the most car while some district do not have any car at all. Imbongu and Mendi Munihu district does not have car for the last few years. There were operating without car for the last few years. The Provincial Health Office have provided car up on request;

The Rural Health sector have a total of 13 cars. We have provided Frist aid training for all of our hospital and two rural health drivers. The training was conducted by the PNG Red Cross society branch Mt Hagen.

6.1.9 SECURITY

The hospital security service provided by temo security farm expired this month and the Board of management will have to decide whether to extend or to exit from the Hospital, Assessment report attached as per our observation.



Security house is provided for them plus hot water for coffee to keep them awake these are old photos.

We also purchase Patrol lawn mower to maintain the Hospital environments and the doctor's compound by way of cutting grass with our lawn mower, we have (3) three lawn mower operating at the moment. It consumes about 20-liter patrol per month.

We have assigned someone to look for an overhead tank to store our own fuel and we hope that the oil grease company will help us to install the overhead tank to store fuel they them self will come and refill every time when it is required.

6.1.10. GENERAL MAINTENANCE & CONSTRUCTIONS

- Hospital water supply, drill on the second water pump and got it fix. We will have two perfect water supply system running at the hospital after we got them all fixed.
- We also expect to fix our sewerage system and work's engineer is working on the scope of work and we expect to start on the sewerage before the year end. We expect to do the same sewerage system as the Kumin Catholic Mission's, this was one of the problems we face in the past.
- Fencing of the new building next to the school of Nursing, a contract was awarded to a Contractor and is working on it. We expect him to finish before the actual opening.
- Hospital fencing from the front gate, a contract was given to a local contractor to cater for two-way drive way and a small gate for people to make their way in to the hospital.
- The Hospital have given a contract to a local contractor to do a gate next to the outpatient to make way for people guardian wanting to see the patients to have access to that gate to avoid obstruction to patient movement going to operating theatre.

6.1.11. MEDICAL EQUIPMENTS INVENTORY

This year we have registered up to 263 Bio-Medical Equipment's on our latest inventory this is excluding the Dental chair and the monitor's we received recently.

The total value of biomedical equipment's is now worth over K 2.67million on our inventory list. The total number of 34 donated equipment's.

To summarized the status of the Bio-Med equipment as follows:

- ❑ About 15% of equipment's ready for BOS due to non-available of spare parts and also aging factor contribute to not functioning to required standard.
- ❑ We have 14% of equipment's needs spare parts which will be purchase form overseas.
- ❑ Most equipment's need to be serviced with appropriate tools and tester

The latest static plant equipment registered on our inventory list is about 63 types of different equipments on our records and 44% percent of the equipments are not functioning.

The total value of equipment registered on our inventory list is about K1.56million worth of items.

The hospital needs at least half million kina to replace some basic equipments.

My general comments and recommendations are that almost 44% percent of the equipments are not functioning and beyond repair and need to be replace.

Summary of our static plant equipment as follows.

- | | |
|---|---------------|
| 1. Total number of static plants registered | 63 |
| 2. Total value of static plant equipment | K1,560,000.00 |
| 3. Total equipment's require replacement | 28 (44%) |
| 4. Equipment's require general maintenance | 35 |

6.1.12. LAUNDRY.

We have 2 machines that are currently operating which were installed in the early 1970s and the supplier of the machine is no longer existed and there is no way to obtain spare parts. The Hospital have purchase new replacement laundry machine for the Hospital via Department of Health and we expect to receive the soon

6.1.13. INCINERATOR

We just got the incinerator fix and functioning but the fan belt got broken so we a truckling to get it replace, our infection control officer is working on it so hopefully we might it replace.

6.1.14. SEWERAGE SYSTEM

Currently the system is not functioning and the waste is leaking from the main pipe line down at the main system.

None of our plumbers are capable of repairing or maintenance the whole system.

We therefore also expect to fix our sewerage system and work's engineer is working on the scope of work and we expect to start on the sewerage before the year end. We expect to do the same sewerage system as the Kumin Catholic Mission's, this was one of the problem we face in the past.

6.1.15. WATER SYSTEM

We got the second water pump fix and it is fully functioning. the hospital will not encounter and problem just as water shortage anymore unless we have pump problem or piping system breakdown somewhere along the main piping system.

The water system supplying from submersible pump to main Southern Cross tank has improved since we installed new pump and rectified the problem of water leaking underground through the main pipe system prior to the tank.

A water drilling company from Lae come and check on our water supply system and have got it fixed at two different times for each bore water pump and now we have the best water supply system in the country as it is pumping 12 thousand litres of water per hour.

6.1.16. STANDBY GENERATOR

The standby generator is functioning very well but it is consuming a lot of fuel due to frequent black out. It only requires general servicing only.

6.1.17. STATIONARIES & OFFICE EQUIPMENTS

The Hospital have bought a new multipurpose printer and duplicating machine which the hospital has needed the most. We were having constant broke down on the old machine and the new machine was a relive for the Hospital and it is also cost serving because we do all our nursing and medial note from these two machines, the hospital does most of it nursing, and medical forms from our printing shop which we save a lot of money by doing these.



This is where we do most of our nursing notes and other forms like lab request forms and other forms needed by the hospital is printed in here. Mr Peter Ipapi is in charge of the section.

6.1.18. HOSPITAL KITCHEN

The Kitchen will need a Cooler to store vegetables. The Electric Stove to bake scone got its cement inside the stove broken and that needs to be replaced.

The trolleys to deliver food to patient in the wards have all broken and unable to use. They are serving the patients at the corridor.

6.1.19. CONSTRAINTS

- ❑ Hospital sewerage system got block
- ❑ Shortage of fund on most of our operational funds
- ❑ Shortage of staff housing
- ❑ Frequently black out of PNG Power supply
- ❑ Fuel consumptions very high by gen set beyond estimate budget.
- ❑ Frequent shortage of medical consumable that medical store cannot provide.

6.1.20. ACHIEVEMENTS IN 2017

- ⦿ Bore water fix for the second water pump ready to pipe to the Southern Cross.
- ⦿ Hospital incinerator now operational got parts from Chimbu hospital; (special thanks to Kundiawa Provincial Hospital)
- ⦿ Open up hospital main gate for two-way traffic.
- ⦿ Purchase new photocopy machine; coping 7,000 per press.
- ⦿ Purchase New Duplicating Machine relief to hospital to print Medical Note ect.
- ⦿ PHA SHP and its Board Member's in place
- ⦿ Merging structure rural Health and Mendi Hospital Approve down loaded on to the Alesco payroll system.
- ⦿ Finance Divisional/Department cost CODE allocated for PHA Southern Highlands Provinces
- ⦿ Hospital nursing accommodation opened and in use.
- ⦿ All hospital driver's and ten Rural Health Driver's complete First Aid Course.
- ⦿ Manage to purchase drugs consumable that cannot be provided by Base Medical Stores

6.1.21. RECOMMENDATION

- ⦿ Hospital need to put overhead fuel tanks for fuel storage and control purpose.
- ⦿ Extra funding for medical consumables or find out why base medical store cannot provide
- ⦿ Piping water from the second bore water house to Southern Cross.
- ⦿ To upgrade the hospital main sewerage system once and for all
- ⦿ PHA to train all health drivers with First Aid Training.

Chapter 7

Financial Report for the Year Ending 31st December 2017

7.1 INTRODUCTION TO 2017 FINANCIAL STATEMENT

The Financial Statement enclosed are for Mendi Provincial Hospital both Operational and Trust Accounts with the Rural Health Functional Grant (HFG).

Apart from the merging of both Hospital and Rural staff with the Personnel Emolument component, we have yet to merge financially. Meaning, the Health Functional Grant is still managed by Southern Highlands Provincial Treasury as per the financial arrangement stated in the Organic Law for all Provincial Departments to go through the Provincial Treasuries except for Provincial Hospitals where the power separates with the introduction of the Public Hospitals Action 1990. Hospitals then adopt the National Function where their funding is transferred directly from waigani.

We still face issues of CFCs been released late especially towards the end of the financial year by Finance and Treasury Departments hence not all funds fully utilized. This has led to money used on non-priority areas when parked as Consolidated Revenue in the Provincial treasury.

We are hoping to rectify this issue by doing a MOU with the Southern Highlands Provincial Administration so that as soon as the funds reach the Provincial treasury, cheque will be raised straight to the SHPHA account within five (5) working days. This will enable SHPHA to fully utilize the funds in the priority areas earmarked for all the rural health facilities.

SHPHA will have three (3) accounts and its charter of accounts including one (1) Operational Account – Southern Highlands Provincial Health Authority Operational Account and Two (2) Trust Accounts

A: Southern Highlands Provincial Health Authority Trust Account will cater for the project funds and revenue collections through fees, donor agencies, business houses, politicians and partners.

B: Health Sector Improvement Program Trust Account managed under the Public Finance Management Act and these are funds through DFAT. These funds will target the rural health facilities as programs and projects. The projects funds will need counter funding (kina for kina) from the DDAs of the districts.

C: SHPHA Operational account will cater for the Good & Services funds through the normal annual recurrent budget.

7.2 Mendi Provincial Hospital Financial Report

STATEMENT OF CASH RECEIPTS & PAYMENTS FOR THE YEAR ENDED 31ST DECEMBER 2017

OPERATIONAL ACCOUNT							
	Notes	2017 Receipts/Payments controlled by the entity)	2017 Payments by other Government entities	2017 Payments by external parties	2016 Receipts/Payments controlled by the entity)	2016 Payments by other Government entities	2016 Payments by external parties
RECEIPTS							
						-	-
National Government Grants		3,743,653.00	-	-	3,255,235.00		-
Salaries & Allowances (DoF)			14,149,800.00			11,103,900.00	
Free Medical user fee		-			476,100.00		
Others		89.13			4,762.60		
Unidentify money deposit		213,139.00			211,110.00		
Donation- SHPGovern for PHA		-	-	-	250,000.00		-
Donation from Peter Nupri- B/Cha		-	-	-	5,000.00		-
RECEIPTS		3,956,881.13	14,149,800.00		4,202,207.60	11,103,900.00	
PAYMENTS							
<i>Salaries, Allowances, Wages, Employee Benefits</i>							
Salaries & Allowances			14,149,800.00			11,103,900.00	
Wages		13,300.00	-	-	24,500.00	-	
Overtime		60,296.14	-	-	18,393.83	-	
Leave Fares		226,638.60	-	-	165,412.64	-	
Retirement Benefits		-	-	-		-	
Educational Benefits		-	-	-		-	
<i>Supplies & Consumables</i>							
Office Materials & Supplies		164,629.32	-	-	223,074.55	-	
Operation Materials		744,062.07	-	-	752,289.30	-	
<i>Utilities</i>							
Utilities		103,601.08	-	-	358,278.85	-	
<i>Administrative Expenses</i>							
Travel and Subsistence		143,520.00	-	-	172,839.00	-	
Transport and Fuel		161,727.33	-	-	141,111.35	-	
Adminiistration Fees		-				-	
Rental of Property		244,650.00	-	-	225,500.00	-	
Routine Maintenance Expenses		188,471.34	-	-	295,111.53	-	
Training		62,824.84	-	-	45,605.00	-	
<i>Other Operating Expenses</i>							
Other Expenses		647,859.61	-	-	1,333,297.66	-	
Office Equipment & Furnitures		51,762.49	-	-	53,704.40	-	
Property, Plant & Equipment			-	-	12,500.00	-	
Free Medical Care		389,806.83					
PAYMENTS		3,203,149.65	14,149,800.00		3,821,618.11	11,103,900.00	
Increase/(Decrease) in Cash		753,731.48	-		380,589.49	-	

STATEMENT OF CASH RECEIPTS & PAYMENTS FOR THE YEAR ENDED 31ST DECEMBER 2017

TRUST ACCOUNT								
			2017	2017	2017	2016	2016	2016
		Notes	Receipts/Payments controlled by the entity)	Payments by other Government entities	Payments by external parties	Receipts/Payments controlled by the entity)	Payments by other Government entities	Payments by external parties
RECEIPTS								
Hospital fees collected			109,867.60	-	-	143,970.54		-
Hon Francis Awesa			-	-	-	19,000.00		-
Inst-House Rental [DMENH]			53,270.00			91,417.41		
Bank Cheque Credited			3,045.00			-		
Transfer from Operationa Acc - Allid Wronly debited			1,902.03			54,600.00		
Debit was done @ Operational so amount credited			2,800.00					
Sale of Health office Vehicle			12,000.00					
TB Out Reach - Left overs			3,390.00					
Disposal of fixed Assets						5,000.00		
Health Department- HSIP - Prov Gov						4,000.00		
Transfer PHA Money from Operational Acc			300,000.00			250,000.00		
Unidentfy money from Operation transfer In			-			211,110.00		
Board Stipend - x 4 members. Wrong Account #			-			6,775.00		
Left over money from PHA Board Swearing			-			1,200.00		
Redevelopment			2,000,000.00			566,699.90		
Donation from Oil Search			-			29,620.00		
Delay Nursing Association for opening			-			30,300.00		
Provincial Health- Assistance to upload rural staff			-			20,000.00		
Left over money from oil search (World Aids Day)			6,370.00			12,935.80		
Total Receipts			2,492,644.63			1,446,628.65		
PAYMENTS								
<i>Other Receipts - Hospital Fees</i>								
Revenue			241,037.50	-	-	94,616.53	-	-
Clinton						68,273.68		
DMNH (Salary Advances)			9,950.00			22,401.31		
Provincial Government-SHIP-Health			20,756.00			36,306.00		
SON Maintance						256,586.00		
Redevelopment			1,163,483.33			2,046,963.74		
PHA			214,605.95			509,830.95		
Nursing Association			61,207.00			41,500.85		
4man - 3bed room construction						90,100.00		
Provincial Government -Donation			142,310.67			1,853,298.18		
Allied Health Workers			-	-	-	54,600.00	-	-
Oil Search Ltd			6,370.00			29,620.00	-	
Total Expense			1,859,720.45			5,104,097.24		
Surplus/(Deficiency)			632,924.18			(3,657,468.59)		

MENDI PUBLIC HOSPITAL
CONSOLIDATED STATEMENT JANUARY - DECEMBER-2017

Statement of Receipts and Payments (Trust & Operational Accounts)

	2017	2017	2017	2016	2016	2016
Notes	Receipts/Paymen	Payments by other	Payments by	Receipts/Payme	Payments by	Payments by
RECEIPTS		Government				
National Government Grants	3,743,653.00	-	-	3,255,235.00		
Salaries & Allowances (DoF)		14,149,800.00			11,103,900.00	
Free Medical user fee	-			476,100.00		
Others	89.13			4,762.60		
Unidentify money deposit	213,139.00			211,110.00		
Donation- SHPGovern for PHA	-	-	-	250,000.00		
Left of money for the Board Meeting	3,045.00					
Bank Cheque	1,902.03					
Debit done at Operational so amount credit	2,800.00					
Sale of x 2 Vehicle @ Health Office	12,000.00					
Donation from Peter Nupri- B/Chair	-	-	-	5,000.00		
Hospital fees collected	109,867.60	-	-	143,970.54		
Hon Francis Awesa	-	-	-	19,000.00		
Inst-House Rental [DMENH]	53,270.00			91,417.41		
Transfer from Operationa Acc - Allid Wronh	-			54,600.00		
Prol Government/ Medical Equipment & Acc	-					
Disposal of fixed Assets				5,000.00		
Health Department- HSIP - Prov Gov				4,000.00		
Transfer PHA Money from Operational Acc	300,000.00			250,000.00		
Unidentify money from Operation transfer In	-			211,110.00		
Board Stipend - x 4 members. Wrong Account	-			6,775.00		
Left over money from PHA Board Swearing	-			1,200.00		
Redevelopment	2,000,000.00			566,699.90		
Donation from Oil Search	-			29,620.00		
Delay Nursing Association for opening	-			30,300.00		
Provincial Health- Assistance to upload rura	-			20,000.00		
Left over money from oil search- World Aid	6,370.00			12,935.80		
Left of money from T.B outreach	3,390.00					
Total Receipts	6,449,525.76	14,149,800.00	-	5,648,836.25	11,103,900.00	-
PAYMENTS						
<i>Salaries, Allowances, Employee Benefits</i>						
Salaries & Allowances		14,149,800.00			11,103,900.00	
Wages	13,300.00	-	-	24,500.00	-	-
Overtime	60,296.14	-	-	18,393.83	-	-
Leave Fares	226,638.60	-	-	165,412.64	-	-
Retirement Benefits		-	-		-	-
Educational Benefits		-	-		-	-
<i>Supplies & Consumables</i>						
Office Materials & Supplies	164,629.32	-	-	223,074.55	-	-
Operation Materials	744,062.07	-	-	752,289.30	-	-
<i>Utilities</i>						
Utilities	103,601.08	-	-	358,278.85	-	-
<i>Administrative Expenses</i>						
Travel and Subsistence	143,520.00	-	-	172,839.00	-	-
Transport and Fuel	161,727.33	-	-	141,111.35	-	-
Admiinstration Fees		-	-		-	-
Rental of Property	244,650.00	-	-	225,500.00	-	-
Routine Maintenance Expenses	188,471.34	-	-	295,111.53	-	-
Training	62,824.84	-	-	45,605.00	-	-
<i>Other Operating Expenses</i>						
Other Expenses	647,859.61	-	-	1,333,297.66	-	-
Office Equipment & Furnitures	51,762.49	-	-	53,704.40	-	-
Property, Plant & Equipment		-	-	12,500.00	-	-
Free Medical User Fee	389,806.83					
<i>Other Receipts - Hospital Fees</i>						
Revenue - Hospital Fees	241,037.50	-	-	94,616.53	-	-
Clinton				68,273.68		
DMNH	9,950.00			22,401.31		
Provincial Government-SHIP-Health	20,756.00			36,306.00		
SON Maintance				256,586.00		
Redevelopment	1,163,483.33			2,046,963.74		
PHA	214,605.95			509,830.95		
Nursing Association	61,207.00			41,500.85		
4man - 3bed room construction				90,100.00		
Provincial Government -Donation	142,310.67			1,853,298.18		
Allied Health Workers	-	-	-	54,600.00	-	-
Oil Search Ltd	6,370.00			29,620.00	-	-
Total Payments	5,062,870.10	14,149,800.00	-	8,925,715.35	11,103,900.00	-

MENDI GENERAL HOSPITAL

Statement of Accumulated Funds -2017

Operational Fund	Notes	(per 2017 FS)	(per 2016FS)
Bal BF from PYFS		1,775,407.05	1,394,671.56
Surplus/(Deficiency) for the year		753,731.48	380,589.49
		2,529,138.53	1,775,261.05
Trust Fund			
Bal BF from PYFS		12,225,067.67	15,882,536.22
Surplus/(Deficiency) for the year		632,924.18	(3,657,468.59)
		12,857,991.85	12,225,067.63
Total Accumulated fund as at 31st December 2017		15,387,130.38	14,000,328.68
Main Operational Account		2,529,138.53	1,775,261.05
Trust Account		12,857,991.85	12,225,067.63
TOTAL FUND		15,387,130.38	14,000,328.68

DECLARATION BY THE CHIEF EXECUTIVE OFFICER (SHPHA)

On this31st...../.....12...../.....2017..... day of December 2017,
I Dr. Joseph Birisi being the Chief Executive Officer of SHP Health Authority, do
solemnly and sincerely declare to the best of my knowledge, that the
accompanying Financial Statement for 2017 relating to the Mendi Provincial
Hospital's financial operations and performance is true and fair.



DR. JOSEPH BIRISI
Chief Executive Officer (SHPHA)

.....
MR. PETER NUPIRI
BOARD CHAIRMAN

7.3 Rural Health Financial Report

2017 Health Function Grants (PHQ)

Vote	Purpose	Appropriation	warrant	CFC	C comment
277-1100-3201	Health Admin	300.0	285.5	285.5	
277-1100-3202	Support services	120.0	74.0	74.0	
277-1100-3203	Operational	130.0	39.0	39.0	
277-1100-3204	Drug distribution	210.0	184.5	184.5	
277-1100-3205	Disease Control	100.0	15.0	15.0	
277-1100-3206	Patient refer	10.0	5.0	5.0	
277-1100-3207	Water Supply	95.0	10.0	10.0	
277-1100-3211	Mendi Urban	55.0	31.0	31.0	
277-1100-3212	Hospital Support	140.0	47.0	47.0	
**	Total:	1160.0	691.0	691.0	59.6% released

1: Imbongu District

Vote	Purpose	Appropriation	Warrant	CFC	Comment
.277-1030-3201	Dist health Admin	39.0	36.0	36.0	
277-1030-3202	Dist supervision	20.0	5.0	5.0	
277-1030-3211	H/C operation	106.0	56.0	56.0	
277-1030-3212	Int Health Partrol	93.0	56.5	56.5	
277-1030-3213	Drug Supervision	61.0	11.0	11.0	
277-1030-3214	A/Post supervis	41.4	5.0	5.0	
277-1030-3215	Disease Control	22.0	2.0	2.0	
	Total:	382.4	171.5	171.5	44.9% released

2: Mendi/Munihu District.

Vote	Purpose	Appropriation	Warrant	CFC	Comment
.277-1010-3201	Dist health Admin	44.0	21.0	21.0	
277-1010-3202	Dist supervision	29.0	6.0	6.0	
277-1030-3211	H/C operation	110.0	51.0	51.0	
277-1030-3212	Int Health Partrol	113.7	26.0	26.0	
277-1030-3213	ap Supervision	37.0	0.0	0.0	
277-1030-3214	A/ post supervise	69.0	7.0	7.0	
277-1030-3215	Disease Control	32.0	0.0	0.0	
	Total:	397.7	110.0	110.0	27.7% released

3: Kagua/Erave District

Vote	Purpose	Appropriation	Warrant	CFC	Comment
.277-1050-3201	Dist health Admin	39.0	25.0	25.0	
277-1050-3202	Dist supervision	69.0	30.0	30.0	
277-1050-3211	H/C operation	99.0	66.0	66.0	
277-1050-3212	Int Health Partrol	64.4	30.0	30.0	
277-1050-3213	Drug Supervision	45.0	4.0	4.0	
277-1050-3214	Aid post supervision	28.0	0.0	0.0	
277-1050-3215	Disease Control	30.0	3.0	3.0	
.277-1050-3221	Dist health Admin	103.0	25.0	25.0	
277-1050-3222	Integ patrol	65.0	15.0	15.0	
277-1050-3223	Drug distribution	53.0	5.0	5.0	
277-1050-3224	A/post Supervision	25.0	0.0	0.0	
277-1050-3225	Disease Control	37.5	3.0	3.0	
	Total:	657.9	179.0	179.0	27.2% released

4: NIPA/KUTUBU

Vote	Purpose	Appropriation	Warrant	CFC	Comment
.277-1020-3201	Dist health Admin	50.0	31.0	31.0	
277-1020-3202	Dist supervision	38.5	47.0	47.0	
277-1020-3211	H/C operation	99.3	42.6	42.6	
277-1020-3212	Int Health Partrol	75.0	4.0	4.0	
277-1020-3213	Drug Supervision	55.0	4.0	4.0	
277-1020-3214	Aid post supervision	20.0	0.0	0.0	
277-1020-3215	Disease Control	20.0	0.0	0.0	
3221-1020-3221	H/C Operation	62.5	58.0	58.0	
277-1020-3222	Integ partrol	62.5	5.0	5.0	
277-1020-3223	Drug distribution	41.0	5.0	5.0	
277-1020-3224	A/post Supervision	20.0	0.0	0.0	
277-1020-3225	Disease Control	30.0	0.0	0.0	
	Total:	482.8	196.6	196.6	40.7% released

5: Ialibu/Pangia

Vote	Purpose	Appropriation	Warrant	CFC	Comment
.277-1020-3201	Dist health Admin	34.0	26.0	26.0	
277-1020-3202	Dist. Supervision	40.0	8.0	8.0	
277-1020-3211	Health/C Operation	160.0	60.0	60.0	
277-1020-3212	Int patrol	70.0	5.0	5.0	
277-1020-3213	Drug supervision	55.0	7.0	7.0	
277-1020-3214	a/post supervision	30.0	0.0	0.0	
.277-1020-3215	Disease control	27.0	7.0	7.0	
277-1020-3221	Hosp operation	108.0	60.0	60.0	
277-1020-3222	Patrol	94.0	9.0	9.0	
277-1020-3223	Drug Supervision	58.0	4.0	4.0	
277-1020-3224	A/Post Supervision	36.0	0.0	0.0	
277-1020-3225	Disease Control	42.0	0.0	0.0	
	Total:	754.	267.0	267.0	35.4 % released

7.4 SUMMARY

Total appropriation for 2017 was K **3.2 million** and from this ceiling, K1, 676,546.00 and of this only 52 % was released.

HSIP funds have not come through to our trust account in the last two years, including 2016/2017 for a number of reasons:

- Outstanding acquittals. (Big amount for Hela Seed Money and 4 x aid post rehabilitation projects in Hela)
- Frequent changes in internal audit in HSIP management- team not checking our books.
- Donor agencies reviewing their policies to maintain accountability by NDOH and the provinces.

In the future, Health function Grants must be released on timely basis in the following manner:

- First Quarter 20 %
- Second Quarter 30%
- Third Quarter 30%
- Fourth Quarter 20%

Specific health Programs

- Unicef funds for CHW up skilling - K 91,100.00
- EOC training - K 25,000.00
- World Aids Day from Oil Search - K 30,000.00
- Mendi/Munihu DDA for EPI Program _K 25,000.00
- Free Primary Health Care Funds 2017 (Nil)
- Total :** **K451,100.00**

ABBREVIATIONS

SHP – Southern Highlands Province

NHSS – National Health Service Standards

NHP – National Health Plan

PHC – Provincial Health Committee

MGH - Mendi General Hospital

AIP – Annual Implementation Plan

DCS – Director Corporate services

HRM – Human Resource Manager

PO – Personnel Officer

A/OIC – Acting officer in charge

DMS – Director Medical Services

SSMO/SMO – Senior Specialist Medical Officer

DNS – Director Nursing Services

DDNS – Deputy Director Nursing Services

SDP - Strategic Development Plan

AAP – Annual Activity Plan

CEO – Chief Executive Officer

COPD – Child Outpatient Department

AOPD – Adult Outpatient Department

A&E – Accident & Emergency

O&G – Obstetrics & Gynaecology

HIV AIDS – Human Immune Virus Acquired Immune Deficiency Syndrome

KRA- Key Result Area

PHA – Provincial Health Authority

MGHDSP –Mendi General Hospital Development Strategic Plan

HSIP – Health Sector Improvement Program

UPNG – University of Papua New Guinea

DPM – Department of Personnel Management

DWU – Divine Word University

QA – Quality Assurance

NDOH - National Department of Health

MEMP -

PNG LNG – Papua New Guinea Liquefied Natural Gas

MP – Member of Parliament

CBSC - Capacity Building Service Centre

HSSP – Health Sector Strategic Plan

MRDC – Mineral resource Development Corporation

CFC – Cash Fund Certificate

ICU – Intensive Care Unit

TB - Tuberculosis

ART – Anti-retroviral treatment

NUM`s–Nursing Unit Managers

PNGEC–PNG Eye Care

PPTCT - Positive Parent to Child Transmission

KBO – Key Board Operator

Aus AID - Australian Government Overseas Aid Program

GLOSSORY

PRIMARY HEALTH CARE –Essential health care based on practical, scientifically sound and socially acceptable methods and technology made universally accessible to individuals and families in the community through their full participation and at a cost that the community and the country can afford to maintain at every stage of their development in the spirit of self-determination’ (Alma Ata international conference).

NURSING CARE –Nursing encompasses autonomous and collaborative care of individuals of all ages, families, groups and communities, sick or well and in all settings. Nursing care includes the promotion of health, prevention of illness, and the care of ill, disabled and dying people. Nursing roles includes, advocacy, promotion of a safe environment, research, participation in shaping health policy and in patient and health systems management, and education.

HEALTH STATUS –The current state of your own health including, the status of your wellness, fitness, and other underlying diseases or injuries. It is also the status of your spiritual and physical wellbeing as being healthy or unhealthy.

FRUITION –attainment of anything desired; realization; accomplishment: for Mendi Hospital 2011 was a fruition year with recruitment of new SMO`s, increasing nursing staffs thus, increasing nursing care and increase in the revenue collections than previous years.

CURATIVE HEALTH SERVICES –Curative health care services refers to the services of providing a treatment and therapies provided to a patient with intent to improve symptoms and cure the patient's medical problem. Antibiotics, chemotherapy, a cast for a broken limb -- these are examples of curative care. Mendi hospital is one of those many agencies providing a curative health service.

FRAGMENTED HEALTH SYSTEM –Our current health system is a fragmented health system where the provincial health system operates on its own and the Public hospitals of its own. Fragmentation is the divided activities of the same health care system which is the national health care system of Papua New Guinea. Thus, with the introduction of the Provincial Health Authority (PHA), this health system can be amalgamated into one health system.

MODEL OF CARE –The model of care defines the way health services are divided (Queensland Health 2000). It describes the best practice care and services within a health care system for a person or population group as they progress through the stages of condition, injury or event.

A model of care outlines best practice patient care delivery through the application of a set of service principles across identified clinical streams and patient flowContinuums (Waikato Health Board 2004). It eensuring people get the right care, at the right time, by the right team, at the right place

ROLE DELINEATION –Role delineation is the description of the responsibilities and functions of health professionals in a specific role including, current activities common to the role. Role delineation of HRM is to deal with staff matters.

ACCREDITATION – A process whereby a professional association or nongovernmental agency grants recognition to a health care institution for demonstrated ability to meet predetermined criteria for established standards, such as the National Health Services

Standards. E.G. Accreditation of Mendi Hospital in 2010 by the department of health PNG.

STABLISE –To maintain at a given level of performance or quality of care provided. The services provided by Mendi Hospital remain stabled before the hospital accreditation survey in 2010.

AVERAGE LENGTH OF STAY –The average number of days the patients stays in the hospital. it is the total number of discharges divided by total attendances/presentations of the hospital

HOSPITAL STANDARD – The hospital standards are the level of health care the hospitals operate to provide health care to the patients. It is the guidelines and protocols set to follow in the provision of health care services. For example, the National health service standards.

AUTHORITY - The power or right to give orders, make decisions, and enforce obedience: "he had absolute **authority over** his subordinates".

Annex 1: TABLE OF MORBIDITY & MORTALITY

NO	MORBIDITY	MORTALITY
1	NVD, Confinement (+z37)	Pneumonia
2	Pneumonia	Other Meningitis
3	Infectious Diarrhoea, gastroenteritis, colitis	Birth Asphyxia
4	Sepsis neonatal	Respiratory TB
5	Open wound & Foreign body in skin	TB other parts of the body
6	Signs and symptoms, unknown diagnosis	Infectious Diarrhoea, gastroenteritis, colitis
7	Respiratory TB	Sepsis neonatal
8	Fracture	Low birth weight – below 2599grams
9	Abscess, Furuncle & carbuncle; skin ulcer	Anaemia- all others
10	Malaria (severe) (unspecified)	Signs and symptoms, unknown diagnosis
11	Complication of labour and delivery (+z37)	Malaria (severe) (unspecified)
12	TB other parts of the body	Other disorder gastrointestinal system
13	Chronic Obstructive Pulmonary disease	Typhoid
14	Asthma	Septicaemia
15	Typhoid	HIV disease – AIDS (Z21 HIV +ve)
16	Spontaneous abortion	Abscess, furuncle & carbuncle; skin ulcer
17	Osteomyelitis	Puerperal sepsis (+z37) if delivered this admissions
18	Contraception sterilization	Chronic Obstructive Pulmonary disease
19	Disease of Appendix, abdominal pain	Bronchiectasis
20	All other cases	All other cases

Annex 2: SOUTHERN HIGHLANDS PHA STAFF REGISTER 2017

SOUTHERN HIGHLANDS PROVINCIAL HEALTH AUTHORITY

HUMAN RESOURCE AUDIT

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGIN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
MENDI PROVINCIAL HOSPITAL											
CEOs OFFICE	SHPHAEX 001	Chief Executive Officer	EXL	EX03	Joseph Birisi	449571	16-10-74	Mendi Munihiu	EX03		
	SHPHAEX 002	Hospital Manager	PHLTC	PS18	Norman Vakore	11986684	02-03-68	Kavieng	PS18		
	SHPHAEX 003	Executive Assistant	PHLT	PS10	Serah Poiya	717819	13-11-67	Imbongu	HLTN		
	SHPHAEX 004	Infection Control Officer	HLTN	PS14	Steven Kaku	31411A	01-12-65	Hagen	PS14		
	SHPHAEX 005	Standards Coordinator	HLTN	PS14	Schola Kapou	353710	06-12-62	Wewak	PS14		
	SHPHAEX 006	Public Relation Officer	PHLT	PS11	Dominic Weck Raik	10182361	05-05-72	Mendi Munihiu	PS11		
	SHPHAEX 007	Information Technology Officer	PHLT	PS13	Vacant				PS13		Ruben Wanol
	SHPHAEX 008	Cord Policy Planning Budget & Project Management	PHLT	PS13	Elizabeth Brian	10721307	11-11-89	Kagua/Erave	PS13		
HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGIN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
CURATIVE HEALTH SER	SHPHACHS 001	Director Curative Health Services	HLTMC	MOC8	Dr Martin Sa'avu	901253	27-11-79	Goroka	PS18		
	SHPHACHS 002	Deputy Director Medical Services	HLTMC	MOC7	Vacant				PS17		
	SHPHACHS 003	Executive Assistant - DDMS	PHLT	PS09	Wendy Tinaik	12007484	11-11-80	Imbongu	PS09		
Pediatrics	SHPHACHS 004	Specialist Medical Officer - Peadiatrics	HLTMC	MOC6	Benjamin Taihija	1476196	01-01-50	New Ireland	MOC6		
	SHPHACHS 005	Medical Officer - Peadiatrics	HLTMC	MOC4	Justin Carl kali	10698940	14-11-86	Hagen	MOC4		
Obstetrics & Gynaecology	SHPHACHS 006	Medical Officer/Registrar - Peadiatrics	HLTMC	MOC3	Vacant				MOC3		
	SHPHACHS 007	Specialist Medical Officer - O&G	HLTMC	MOC6	Levi Maio	882828	01/01/1973	Goroka	MOC6		
	SHPHACHS 008	Medical Officer/Registrar - O&G	HLTMC	MOC4	Aisen Waike	10698860	06-06-86	Goroka	MOC4		
Surgery	SHPHACHS 009	Medical Officer/Registrar - O&G	HLTMC	MOC3	Rose Hosea	10974267	26-12-88	East New Britain	MOC3		
	SHPHACHS 010	Specialist Medical Officer - Surgery	HLTMC	MOC6	Vacant	10224523	26-07-82	Central	MOC6		William Sawari
	SHPHACHS 011	Medical Officer/Registrar - Surgery	HLTMC	MOC4	Willem Saweri	10224523	26-07-82	Central	MOC4		SMO
Internal Medicine	SHPHACHS 012	Medical Officer/Registrar - Surgery	HLTMC	MOC3	Lysander Anifae Ferafa	10508996	18-03-83	Solomon Islands	MOC3		
	SHPHACHS 013	Specialist Medical Officer - Physician	HLTMC	MOC6	Kabe Kulinias Vakadem	10083881	31-03-81	Milnebay	MOC6		
	SHPHACHS 014	Medical Officer/Registrar - Internal Med	HLTMC	MOC4	Satia Sanangkeo	901334	14-04-78	Morobe	MOC4		
A&E	SHPHACHS 015	Medical Officer/Registrar - Internal Med	HLTMC	MOC3	Seisame Aina Anota	10975915	19-08-90	Goroka	MOC3		
	SHPHACHS 016	Specialist Medical Officer - A&E	HLTMC	MOC6	Vacant				MOC6		
	SHPHACHS 017	Medical Officer/Registrar - A&E	HLTMC	MOC4	Johnson Moffat Ramon	10344776	10-06-84	Solomon Islands	MOC4		
SMO	SHPHACHS 018	Medical Officer/Registrar - A&E	HLTMC	MOC3	Benson Meles	10976170	16-10-87	Mendi Munihiu	MOC3		
	SHPHACHS 019	Specialist Medical Officer	HLTMC	MOC6	Vacant				MOC6		
	SHPHACHS 020	Specialist Medical Officer	HLTMC	MOC6	Vacant	901253	23-11-79	Goroka	MOC6		
HEOs	SHPHACHS 021	Health Extension Officer	HLTE	PS13	Mark Oteke	886776	31-12-79	Ialbu/Pnagia	PS13		
	SHPHACHS 022	Health Extension Officer	HLTE	PS12	James Nentepa	10090885	01-12-79	Hagen	PS12		
	SHPHACHS 023	Health Extension Officer	HLTE	PS11	Ruth Alolo	10094049	17-07-82	Mendi Munihiu	PS11		
	SHPHACHS 024	Health Extension Officer	HLTE	PS11	Batamy Yano	10094058	1980	Kagua/Erave	PS11		
	SHPHACHS 025	Health Extension Officer	HLTE	PS11	Jill Charles Boi	10721325	13-05-84	Mendi Munihiu	PS11		
	SHPHACHS 026	Health Extension Officer	HLTE	PS10	Catherine Ramoni	10712848	17-10-86	Central	PS10		
	SHPHACHS 027	Health Extension Officer	HLTE	PS10	Vacant				PS10		
ART CORD	SHPHACHS 028	Co-ordinator Rural ART Initiative	HLTE	PS12	Wanny Piuk	10699580	30-04-89	Enga	PS12		

Oral Health services	SHPHACHS 029	Specialist Dental Officer - SDO	HLTZC	DOCL6	Vacant				PS15		
	SHPHACHS 030	Dental Officer	HLTZC	DOC14	Agnes Lausie	10284350	14-06-83	Gulf	PS14		
	SHPHACHS 031	Dental Officer	HLTZC	DOC13	Jordan Kiavuri	10975236	24-02-84	Goroka	PS13		
	SHPHACHS 032	Senior Dental Therapist	HLTA	DT05	Hebert Telenge	703052	11-08-66	Hela	PS13		
	SHPHACHS 033	Dental Technician	HLTA	DTE05	Vacant	816752	03-04-54	Daru, WP	PS12		
	SHPHACHS 034	Dental Therapist	HLTA	DT04	Evelyn Wanjiman	10244206	13-02-72	East Sepik	PS12		
	SHPHACHS 035	Dental Therapist	HLTA	DT03	Nathan Polty	10182147	25-12-80	Hagen	PS11		
	SHPHACHS 036	Dental Therapist	HLTA	DT02	Magdalene Karap			Hagen	PS10		
	SHPHACHS 037	Dental Assistant (CHW)	HLTC	CHW6	Mary Amos	10055877	04-03-59	Hela	PS08		
	SHPHACHS 038	Dental Assistant (CHW)	HLTC	CHW5	Leonie Wimbera	10748719	19-09-90	Hagen	PS07		
Eye Clinic	SHPHACHS 039	Specialist Medical Officer - Eye	HLTMC	MOC6	Anne Kilepak	1506613	03-07-76	New Ireland	MOC6		
	SHPHACHS 040	Eye Technician (NO)	HLTN	PS13	Lawrence Yala	182568	01-03-75	Ialbu/Pnagia	PS13		
	SHPHACHS 041	Eye Technician (NO)	HLTN	PS10	Cathy David Piandi	505528	06-10-78	Kundiawa	PS10		
	SHPHACHS 042	Eye Technician (CHW)	HLTC	CHW7	Steven Kondel Kengi	463523	02-03-60	Mendi Munihiu	PS09		
Psychiatric	SHPHACHS 043	Senior Nursing Officer - Psychiatric	HLTN	PS10	Vacant				PS10		
	SHPHACHS 044	Community Health Worker - Psychiatric	HLTC	CHW5	Peska Peya	373811	21-09-79	Tambul/WHP	PS07	Serving in Pharmacy	
Anesthetics	SHPHACHS 045	Specialist Medical Officer - Anesthetics	HLTMC	MOC6	Vacant				PS16		
	SHPHACHS 046	Medical Officer/Registrar - Anesthetic	HLTMC	MOC4	Vacant				PS14		
	SHPHACHS 047	Anesthetic Technical Officer	HLTA	AT05	Thomas Lee	1521965	03-03-65	Hela	PS13		
	SHPHACHS 048	Anesthetic Technical Officer	HLTA	AT04	Pisu Hembe	733431	21-12-72	Nipa/Kutubu	PS12		
	SHPHACHS 049	Anesthetic Technical Officer	HLTA	AT03	Sherrie Miamo Sipatu	1505510	22-11-72	Ialbu/Pnagia	PS11		
Pharmacy	SHPHACHS 050	Anesthetic Assistant (CHW)	HLTC	CHW7	Peter Hay	10182657	24-09-60	Hela	PS09		
	SHPHACHS 051	Pharmacist	HLTA	PG05	Terry Paraka	899593	15-04-78	Hagen	PS15		
	SHPHACHS 052	Pharmacist	HLTA	PG04	Jacinta Zimua Wayongi	11318273	25-11-87	Morobe	PS14		
	SHPHACHS 053	Pharmacy Technician	HLTA	PTE3	Vacant				PS10		
	SHPHACHS 054	Pharmacy Assistant	HLTC	CHW5	Elias Douglas	10323344	01-01-82	Madang	PS07		Leave Position Vacant
Physiotherapy	SHPHACHS 055	Physiotherapist	HLTA	PTCO4	Vacant	10051666	01-07-77	Kagua/Erave	PS13		Ruben Makire
	SHPHACHS 056	Physiotherapist	HLTA	PTCO2	Jessica Kombra	12260772	01-10-90	Hagen	PS11		
	SHPHACHS 057	Physiotherapist Assistant	HLTA	PTCO1	Johnson Turi	837415	31-12-57	Enga	PS10		
Radiology	SHPHACHS 058	Senior Radiographer	HLTA	RAD6	Thomas Dara	10477796	13-05-66	Hela	PS14		
	SHPHACHS 059	Radiographer	HLTA	RAD5	John Kari	10752419	28-06-58	Imbongu	PS12		
	SHPHACHS 060	Radiographer	HLTA	RAD3	Manda Bosco	11694104	19-09-88	Kagua/Erave	PS10		
	SHPHACHS 061	Radiographer Assistant	HLTA	RAD2	Ari Kapika	10102056	11-05-59	Goroka	PS09		
Blood Bank	SHPHACHS 062	Unit Manager - Blood Bank	HLTN	PS13	Andrew Kumpio	673897	15-12-61	Mendi Munihiu	PS13		
	SHPHACHS 063	Nursing Officer - Blood Bank	HLTN	PS09	Nancy Patrick	12007528	27-11-90	Mendi Munihiu	PS09		
	SHPHACHS 064	CHW - Blood Bank	HLTC	CHW7	Johnny Toap	461326	28-08-57	Mendi Munihiu	PS09		
	SHPHACHS 065	CHW - Blood Bank	HLTC	CHW6	Moses Pupio	10055901	19-07-79	Mendi Munihiu	PS08		
	SHPHACHS 066	Manager Laboratory	HLTT	PS14	Norin Soepal	451789	07-12-73	Mendi Munihiu	PS14		
Pathology	SHPHACHS 067	Medical Technologist	HLTT	PS13	Hellen Didiero	900303	27-05-80	Central	PS13		
	SHPHACHS 068	Medical Laboratory Technician	HLTT	PS11	Rachael Rowe	11203792	23-04-84	Kagua/Erave	PS11		
	SHPHACHS 069	Medical Laboratory Technician	HLTT	PS10	Tuku Alex Pumbu	10182174	10-11-75	Imbongu	PS10		
	SHPHACHS 070	Medical Laboratory Technician	HLTT	PS09	Josephine Sophie Turian			Kavieng	PS09		Kope Makap
	SHPHACHS 071	Medical Laboratory Assistant	HLTT	PS11	Vacant				PS11		
	SHPHACHS 072	Medical Laboratory Assistant	HLTT	PS10	Fukok Mul	788619	09-07-63	Madang	PS10		
	SHPHACHS 073	Medical Laboratory Assistant	HLTT	PS10	Sie Endiken	0070290A	12-12-70	Kundiawa	PS10		
MIS	SHPHACHS 074	Health Information Officer	PHLT	PS12	Joshua Tola	10056550	01-01-72	Mendi Munihiu	PS12		
	SHPHACHS 075	Medical Records Officer	PHLT	PS09	Ruben Kerak	10056345	06-09-70	ENB	PS09		
	SHPHACHS 076	Medical Records Officer	PHLT	PS08	Nancy Tiso	1477699	25-11-69	Mendi Munihiu	PS08		
	SHPHACHS 077	Medical Records Officer	PHLT	PS07	Elis Richard	11109964	17-07-90	Mendi Munihiu	PS07		
	SHPHACHS 078	Cordinator - Civil Registry	PHLT	PS09	Bessie Yupnaik	837431	30/02/1969	Mendi Munihiu	PS09		
Civil Registry	SHPHACHS 079	Morgue Attendant	PHLT	PS08	Apili Lumin	477834	01-07-57	Mendi Munihiu	PS08		
Morgue	SHPHACHS 080	Morgue Attendant	PHLT	PS06	Glen Apili	10182011	12-12-81	Mendi Munihiu	PS06		
Outreach Cordinator	SHPHACHS 081	Rural Health Cordinator	HLTMC	MOC4	Vacant				PS14		
FSC	SHPHACHS 082	Medical Social Worker	HLTN	PS12	Vacant	1477567	25-12-75	Kagua/Erave	PS12		Mary Balupa
	SHPHACHS 083	Senior Specialist Nursing Officer	HLTN	PS11	Mary Balupa	1477567	25-12-75	Kagua/Erave	PS11		
	SHPHACHS 084	Specialist Nursing Officer	HLTN	PS09	Elizabeth Opol	10721254	15-06-84	Mendi Munihiu	PS09		
Medical Services	SHPHACHS 085	Anesthetic Assistant (CHW)	HLTC	CHW6	Samuel Kange	10357043	11-04-83	Mendi Munihiu	PS08		
	SHPHACHS 086	Dental Technician	HLTA	DTE01	Vacant				PS09		

Director Nursing Services	SHPHACHS 087	Deputy Director Nursing Services	HLTNC	PS16	Wesi Kerak Tiunga	825328	18-07-48	Mendi Munihui	PS16		
	SHPHACHS 088	Assist D/Director - NS Administration	HLTNC	PS15	Susie Tol	781029	01-07-59	Nipa/Kutubu	PS15		
	SHPHACHS 089	Assist D/Director - NS Clinical	HLTNC	PS15	Anna Anda	789534	11-08-62	Mendi Munihui	PS15		
	SHPHACHS 090	Executive Assistant	PHLT	PS09	Serah Komb	10752698	05-10-80	Mendi Munihui	PS09		
Nurse Consultants	SHPHACHS 091	Nurse Consultant - Acute/Med/surg	HLTN	PS14	Stella Sondpi	10373787	15-10-75	Mendi Munihui	PS14		
	SHPHACHS 092	Nurse Consultant - Paediatric	HLTN	PS14	Vacant				PS14		
	SHPHACHS 093	Nurse Consultant - O&G	HLTN	PS14	Priscilla Pere	870331	23-12-57	Ialbu/Pnagia	PS14		
Shift Supervisors	SHPHACHS 094	Shift Supervisor	HLTN	PS13	Biribaibu Eralia	1464295	01-07-57	Nipa/Kutubu	PS13		
	SHPHACHS 095	Shift Supervisor	HLTN	PS13	Elsie Tamean	892807	07-07-60	ENB	PS13		
	SHPHACHS 096	Shift Supervisor	HLTN	PS13	Malingi Agime	455873	01-07-69	Hela	PS13		
Medical Ward	SHPHACHS 097	Unit Manager - Medical	HLTN	PS13	Janet Medipa	1477729	12-12-69	Mendi Munihui	PS13		
	SHPHACHS 098	Senior Specialist Nursing Officer	HLTN	PS11	Gracelyn Ita	10182512	25-09-79	Mendi Munihui	PS11		
	SHPHACHS 099	Specialist Nursing Officer	HLTN	PS10	Denis Moga	10252850	07-09-79	Mendi Munihui	PS10		
	SHPHACHS 100	Specialist Nursing Officer	HLTN	PS10	Seista Wamea	10182343	01-04-82	Mendi Munihui	PS10		
	SHPHACHS 101	Specialist Nursing Officer	HLTN	PS09	Rosely Pesa	12007519	25-09-77	Enga	PS09		
	SHPHACHS 102	Specialist Nursing Officer	HLTN	PS09	Joseph David	10498618	11-05-82	Mendi Munihui	PS09		
	SHPHACHS 103	General Nursing Officer	HLTN	PS08	Georgina Noel	12257578	17-03-88	Enga	PS08		
	SHPHACHS 104	General Nursing Officer	HLTN	PS08	Sharon Arufi	12261269	24-10-93	Nipa/Kutubu	PS08		
	SHPHACHS 105	General Nursing Officer	HLTN	PS08	Faith Rex	11431251	15-09-92	Mendi Munihui	PS08		
	SHPHACHS 106	Senior Community Health Worker	HLTC	CHW7	Dorothy Urum	0083752A	01-07-69	Mendi Munihui	PS09		
	SHPHACHS 107	Senior Community Health Worker	HLTC	CHW7	James Luke	10101891	01-07-83	Mendi Munihui	PS09		
	SHPHACHS 108	Community Health Worker	HLTC	CHW6	Janet Jacob	10182610	06-11-84	Imbongu	PS08		
	SHPHACHS 109	Community Health Worker	HLTC	CHW5	Carolyn Hodina	10357105	30-10-88	Mendi Munihui	PS07		
	SHPHACHS 110	Community Health Worker	HLTC	CHW4	Petrus Gie Rungi	10757199	01-01-82	Mendi Munihui	PS06		
SHPHACHS 111	Community Health Worker	HLTC	CHW2	Tolis Hosun	10752689	16-06-87	Mendi Munihui	PS04			
Surgical Ward	SHPHACHS 112	Unit Manager - Surgery	HLTN	PS13	Vacant	10182325	21-10-73	Hela	PS13	Maria Ako	Jennifer Laiya
	SHPHACHS 113	Senior Specialist Nursing Officer	HLTN	PS11	Maria Ako	101935	10-02-82	Mendi Munihui	PS11	Acting on NUM	
	SHPHACHS 114	Specialist Nursing Officer	HLTN	PS10	Myra Kisambo	10184284	24-11-72	Mendi Munihui	PS10		
	SHPHACHS 115	Specialist Nursing Officer	HLTN	PS10	Jacklyn Papaki	10051497	01-07-78	Hela	PS10		
	SHPHACHS 116	Senior Nursing Officer	HLTN	PS09	Wendy Bosing	10578206	31-12-83	Mendi Munihui	PS09		
	SHPHACHS 117	General Nursing Officer	HLTN	PS08	Zearynah Anton	11990849	01-11-91	West New Britain	PS08		
	SHPHACHS 118	General Nursing Officer	HLTN	PS08	Elton Thomas	11480099	23-06-86	Mendi Munihui	PS08		
	SHPHACHS 119	General Nursing Officer	HLTN	PS08	Benjamin Wari	12260173	16-09-89	Mendi Munihui	PS08		Vacant
	SHPHACHS 120	General Nursing Officer	HLTN	PS08	Samuel Andrew	12258171	08-01-89	Mendi Munihui	PS08		
	SHPHACHS 121	Senior Community Health Worker	HLTC	CHW7	Kariap Apen	1434850	01-07-52	Mendi Munihui	PS09		
	SHPHACHS 122	Senior Community Health Worker	HLTC	CHW6	Maria Ore	829005	12-10-63	Kagua/Erave	PS08		
	SHPHACHS 123	Community Health Worker	HLTC	CHW5	Margaret Repenayo	10184355	15-08-76	Kagua/Erave	PS07		
	SHPHACHS 124	Community Health Worker	HLTC	CHW4	Max Miler	10357061	23-06-80	Mendi Munihui	PS06		
	SHPHACHS 125	Community Health Worker	HLTC	CHW4	Vacant				PS06		
ICU	SHPHACHS 126	Community Health Worker	HLTC	CHW3	Melda Pame	10752885	03-08-88	Kagua/Erave	PS05		
	SHPHACHS 127	Unit Manager - ICU	HLTN	PS13	Joan John	0066269A	15-08-69	West New Britain	PS13		
	SHPHACHS 128	Senior Specialist Nursing Officer	HLTN	PS11	Lamya Takeyako	10184346	02-02-72	Hagen	PS11		
	SHPHACHS 129	Senior Specialist Nursing Officer	HLTN	PS11	Vacant				PS11		
	SHPHACHS 130	Senior Specialist Nursing Officer	HLTN	PS10	Linda Mini	10244180	20-12-80	Mendi Munihui	PS10		
	SHPHACHS 131	Senior Nursing Officer	HLTN	PS09	Lottie Liali	10577925	23-03-79	Kagua/Erave	PS09		
	SHPHACHS 132	Senior Nursing Officer	HLTN	PS09	Jenny Tomo	10753433	09-10-84	Mendi Munihui	PS09		
	SHPHACHS 133	General Nursing Officer	HLTN	PS08	Julie Pore	12007537	22-08-88	Mendi Munihui	PS08		
	SHPHACHS 134	General Nursing Officer	HLTN	PS08	Winifred Walom	12253385	09-09-93	Mendi Munihui	PS08		
	SHPHACHS 135	General Nursing Officer	HLTN	PS08	Ruben Lup Punol	11480070	09-10-88	Mendi Munihui	PS08		
	SHPHACHS 136	General Nursing Officer	HLTN	PS08	Jennifer Birisi	11430970	04-04-83	Mendi Munihui	PS08		
	SHPHACHS 137	Senior Community Health Worker	HLTC	CHW7	Julian Kaupi	837512	22-05-68	Hela	PS09		
	SHPHACHS 138	Senior Community Health Worker	HLTC	CHW6	Harut Kumpio	1018227	01-07-68	Mendi Munihui	PS08		
	SHPHACHS 139	Community Health Worker	HLTC	CHW4	Serah Jude	12005089	23-03-89	Mendi Munihui	PS06		
Paediatric Ward	SHPHACHS 140	Unit Manager - Paediatrics	HLTN	PS13	Anna Oswald	1606928	28-01-73	Milnebay	PS13		
	SHPHACHS 141	Senior Specialist Nursing Officer	HLTN	PS11	Cathy Noup Tank	1322695	20-01-75	Mendi Munihui	PS11		
	SHPHACHS 142	Specialist Nursing Officer	HLTN	PS10	Bernadette Andrew	1868361	29-10-71	Hela	PS10		
	SHPHACHS 143	Specialist Nursing Officer	HLTN	PS10	Harita Ilave	10182399	25-10-78	Gulf	PS10		
	SHPHACHS 144	Senior Nursing Officer	HLTN	PS09	Jenny Ilave	10757205	12-03-81	Gulf	PS09		
	SHPHACHS 145	General Nursing Officer	HLTN	PS08	Dorothy Tawila	12262579	05-09-91	Hela	PS08		
	SHPHACHS 146	General Nursing Officer	HLTN	PS08	Regina Yasi	11431449	06-12-91	Mendi Munihui	PS08		
	SHPHACHS 147	Junior Nursing Officer	HLTN	PS08	Vacant	11480277	21-07-83		PS08		
	SHPHACHS 148	General Nursing Officer	HLTN	PS08	Jennifer Eva Sondpi	12260404	09-05-92	Mendi Munihui	PS08		
	SHPHACHS 149	General Nursing Officer	HLTN	PS08	Priscilla Veveloga	11990802	10-10-88	Madang	PS08		
	SHPHACHS 150	Senior Community Health Worker	HLTC	CHW7	Paki Hurums	797278	25-01-70	Mendi Munihui	PS09		
	SHPHACHS 151	Senior Community Health Worker	HLTC	CHW6	Lucy Anne Gibe	837482	27-07-68	Hela	PS08		
	SHPHACHS 152	Community Health Worker	HLTC	CHW4	Marthina Patrick Maka	10357070	01-06-82	Mendi Munihui	PS06		

SCN	SHPHACHS 153	Unit Manager - Paediatrics	HLTN	PS13	Lenda Kerapi	1361801	27-07-70	Ialbu/Pnagia	PS13		
	SHPHACHS 154	Senior Specialist Nursing Officer	HLTN	PS11	Vacant	1477583	08-10-77	Mendi Munihui	PS11		
	SHPHACHS 155	Specialist Nursing Officer	HLTN	PS10	Joyce Joe	10323415	05-05-73	Mendi Munihui	PS10		
	SHPHACHS 156	Specialist Nursing Officer	HLTN	PS10	Joyce Tikili	10101944	06-09-73	Mendi Munihui	PS10		
	SHPHACHS 157	Senior Nursing Officer	HLTN	PS09	Daniel Tom	11109169	09-03-79	Mendi Munihui	PS09		
	SHPHACHS 158	General Nursing Officer	HLTN	PS08	Benard Wari	11431091	09-04-88	Mendi Munihui	PS08		
	SHPHACHS 159	General Nursing Officer	HLTN	PS08	Amos Wep	11480286	10-07-91	Mendi Munihui	PS08		
	SHPHACHS 160	Senior Community Health Worker	HLTC	CHW7	Betty Mekelo	828807	26-06-72	Mendi Munihui	PS09		
	SHPHACHS 161	Senior Community Health Worker	HLTC	CHW5	Regina Kurum	10182209	30-08-78	Mendi Munihui	PS07		
	SHPHACHS 162	Community Health Worker	HLTC	CHW2	Vacant				PS04		
Birthing & Postnatal Ward	SHPHACHS 163	Unit Manager - Birth & Post Natal	HLTN	PS13	Ruth Ita	662682	21-12-69	Mendi Munihui	PS13		
	SHPHACHS 164	Senior Specialist Nursing Officer	HLTN	PS11	Anna Arko Tikili	1477630	16-07-75	Hela	PS11		
	SHPHACHS 165	Specialist Nursing Officer	HLTN	PS10	Cecilia Charles Pim	1505501	31-12-69	Nipa/Kutubu	PS10		
	SHPHACHS 166	Specialist Nursing Officer	HLTN	PS10	Veronica Hondina	1477869	14-05-78	Mendi Munihui	PS10		
	SHPHACHS 167	Senior Nursing Officer	HLTN	PS09	Sina Jaylynthar Roy	10753424	28-08-84	Ialbu/Pnagia	PS09		
	SHPHACHS 168	Senior Nursing Officer	HLTN	PS09	Lenah Ipakane Tonai	10578251	16-09-75	Enga	PS09		
	SHPHACHS 169	General Nursing Officer	HLTN	PS08	Mathew Tawang	11480295	23-04-84	Mendi Munihui	PS08		
	SHPHACHS 170	General Nursing Officer	HLTN	PS08	Wonu Wo	11431494	21-05-86	Kagua/Erave	PS08		
	SHPHACHS 171	Senior Community Health Worker	HLTC	CHW7	Ellen Ira Mana	837539	10-08-60	Ialbu/Pnagia	PS09		
	SHPHACHS 172	Senior Community Health Worker	HLTC	CHW6	Noreen Irua	718572	26-10-66	Imbongu	PS08		
Gynaecology Ward	SHPHACHS 173	Community Health Worker	HLTC	CHW4	Henritta Sondowe	10753003	14-06-61	Nipa/Kutubu	PS06		
	SHPHACHS 174	Community Health Worker	HLTC	CHW2	Linda Pasango	10753442	29-12-90	Mendi Munihui	PS04		
	SHPHACHS 175	Unit Manager - Gynecology	HLTN	PS13	Vacant				PS13		
	SHPHACHS 176	Senior Specialist Nursing Officer	HLTN	PS11	Jeannette Kuni	707830	31-08-58	Imbongu	PS11		
	SHPHACHS 177	Specialist Nursing Officer	HLTN	PS10	Magdaline Erepo	867365	26-09-75	Hela	PS10		
	SHPHACHS 178	Specialist Nursing Officer	HLTN	PS10	Cathy Thomas	10182577	18-11-80	Hela	PS10		
	SHPHACHS 179	Senior Nursing Officer	HLTN	PS09	Mollina Nigel	10323451	16-11-82	Mendi Munihui	PS09		
	SHPHACHS 180	Senior Nursing Officer	HLTN	PS09	Ellie Gowa	10887423	08-05-85	Chimbu	PS09		
	SHPHACHS 181	General Nursing Officer	HLTN	PS08	Priscilla Patrick	12005928	08-05-88	Mendi Munihui	PS08		
	SHPHACHS 182	General Nursing Officer	HLTN	PS08	Martin Philip	11431467	25-05-91	Mendi Munihui	PS08		
OT/CSSD	SHPHACHS 183	Senior Community Health Worker	HLTC	CHW6	Gloria Kamaropa	10051610	01-07-80	Kagua/Erave	PS08		
	SHPHACHS 184	Senior Community Health Worker	HLTC	CHW3	Julie Sakol	10753219	25-05-90	Mendi Munihui	PS05		
	SHPHACHS 185	Unit Manager - OT/CSSD	HLTN	PS13	Albertha Sonk	0158995A	28-08-68	ENB	PS13		
	SHPHACHS 186	Senior Specialist Nursing Officer	HLTN	PS11	Roy Wasano	1477648	01-07-77	Kagua/Erave	PS11		
	SHPHACHS 187	Specialist Nursing Officer	HLTN	PS10	Everlyn Frank Jerry	10578180	22-08-83	Imbongu	PS10		
	SHPHACHS 188	Specialist Nursing Officer	HLTN	PS10	Jean Komba	1580589	01-07-56	Mendi Munihui	PS10		
	SHPHACHS 189	Senior Nursing Officer	HLTN	PS09	Martha Keapu	11393611	24-04-84	Mendi Munihui	PS09		
	SHPHACHS 190	Senior Nursing Officer	HLTN	PS09	Evelyn Garry	10498583	11-12-82	Mendi Munihui	PS09		
	SHPHACHS 191	General Nursing Officer	HLTN	PS08	Rose Yap	12261213	04-04-89	Imbongu	PS08		
	SHPHACHS 192	General Nursing Officer	HLTN	PS08	Madelyn Jeffrey	12307373	10-09-91	Mendi Munihui	PS08		
A&E	SHPHACHS 193	General Nursing Officer	HLTN	PS08	Elizah Thomas	11494794	19-04-91	Mendi Munihui	PS08		
	SHPHACHS 194	General Nursing Officer	HLTN	PS08	Robert Enep	11431411	23-03-88	Mendi Munihui	PS08		
	SHPHACHS 195	Senior Community Health Worker	HLTC	CHW7	Hellen Jackie	702749	25-09-64	Nipa/Kutubu	PS09		
	SHPHACHS 196	Senior Community Health Worker	HLTC	CHW6	Lucy Olpa	0083749A	01-07-68	Nipa/Kutubu	PS08		
	SHPHACHS 197	Senior Community Health Worker	HLTC	CHW6	Granny Kelly Lorol	10589303	14-04-80	Mendi Munihui	PS08		
	SHPHACHS 198	Community Health Worker	HLTC	CHW5	Thomas Kie	10357114	14-03-80	Mendi Munihui	PS07		
	SHPHACHS 199	Unit Manager - A&E	HLTN	PS13	Rose Nigel	1505552	25-09-76	Mendi Munihui	PS13		
	SHPHACHS 200	Senior Specialist Nursing Officer	HLTN	PS11	Janet Yabera	1306606	11-12-64	Hela	PS11		
	SHPHACHS 201	Specialist Nursing Officer	HLTN	PS10	Cathy Wepo	10578322	25-03-81	Ialbu/Pnagia	PS10		
	SHPHACHS 202	Specialist Nursing Officer	HLTN	PS10	Waewae Kil	1477621	17-06-75	Mendi Munihui	PS10		
AOPD	SHPHACHS 203	Senior Nursing Officer	HLTN	PS09	Fidelma Anda	12253376	21-07-83	Ialbu/Pnagia	PS09		
	SHPHACHS 204	Senior Nursing Officer	HLTN	PS09	Stanley Guna	10182094	01-01-76	Ialbu/Pnagia	PS09		
	SHPHACHS 205	General Nursing Officer	HLTN	PS08	Jackson Landi	11480043	20-06-90	Mendi Munihui	PS08		
	SHPHACHS 206	General Nursing Officer	HLTN	PS08	Cathlyn Mathew	11480052	06-06-90	Mendi Munihui	PS08		
	SHPHACHS 207	Senior Community Health Worker	HLTC	CHW7	Opa Kima	0146166A	01-07-57	Hela	PS09		
	SHPHACHS 208	Senior Community Health Worker	HLTC	CHW6	Benard Tandoa	10182100	01-02-70	Imbongu	PS08		
	SHPHACHS 209	Community Health Worker	HLTC	CHW6	John Kol	10182085	12-08-80	Mendi Munihui	PS08		
	SHPHACHS 210	Unit Manager - AOPD	HLTN	PS13	Thomas Ipakane	1385468	01-07-64	Enga	PS13		
	SHPHACHS 211	Senior Specialist Nursing Officer	HLTN	PS11	Tugume Kapali	828840	06-10-60	Hela	PS11		
	SHPHACHS 212	Specialist Nursing Officer	HLTN	PS10	Leah Steven	10051521	01-07-70	Hagen	PS10		
AOPD	SHPHACHS 213	Specialist Nursing Officer	HLTN	PS10	Joycly Maepa	868086	19-06-80	Ialbu/Pnagia	PS10		
	SHPHACHS 214	Senior Nursing Officer	HLTN	PS09	Dick Masol Kuma	10753228	10-10-72	Mendi Munihui	PS09		
	SHPHACHS 215	Senior Nursing Officer	HLTN	PS09	Kamboa Wass			Mendi Munihui	PS09		
	SHPHACHS 216	General Nursing Officer	HLTN	PS08	Emelda Moya	12257774	09-10-91	Kagua/Erave	PS08		Vacate Position
	SHPHACHS 217	General Nursing Officer	HLTN	PS08	Nawe Wanpis	12261231	02-04-91	Mendi Munihui	PS08		
	SHPHACHS 218	Senior Community Health Worker	HLTC	CHW7	Anna Tomo	770337	01-06-64	Nipa/Kutubu	PS09		
	SHPHACHS 219	Senior Community Health Worker	HLTC	CHW6	Towe Philip	0146572A	01-07-59	Mendi Munihui	PS08		
	SHPHACHS 220	Community Health Worker	HLTC	CHW5	Margaret Walara	0086702A	04-08-74	Hela	PS07		
	SHPHACHS 221	Community Health Worker	HLTC	CHW4	Brian Sont	10887414	15-05-70	Mendi Munihui	PS06		

<i>COPD</i>	SHPHACHS 222	Unit Manager - COPD	HLTN	PS13	Vacant				PS13		Regina Eprek Apkas	
	SHPHACHS 223	Senior Specialist Nursing Officer	HLTN	PS11	Fred Tomba	866881	20-10-78	Mendi Munihui	PS11			
	SHPHACHS 224	Specialist Nursing Officer	HLTN	PS10	Natha Takuna	10184328	12-12-80	Mendi Munihui	PS10			
	SHPHACHS 225	Specialist Nursing Officer	HLTN	PS10	Felix Soal	10182648	31-01-72	Mendi Munihui	PS10			
	SHPHACHS 226	Senior Nursing Officer	HLTN	PS09	Dilla Somne	10721263	01-06-75	Nipa/Kutubu	PS09			
	SHPHACHS 227	Senior Nursing Officer	HLTN	PS09	Hedwing Apere	10721272	01-01-70	Mendi Munihui	PS09			
	SHPHACHS 228	General Nursing Officer	HLTN	PS08	Lyane Akira Herebe	11431242	10-10-88	Mendi Munihui	PS08			
	SHPHACHS 229	General Nursing Officer	HLTN	PS08	Anna Welen	11431037	10-05-90	Mendi Munihui	PS08			
	SHPHACHS 230	Senior Community Health Worker	HLTC	CHW7	Supa Ank	1313769	24-04-63	Imbongu	PS09			
<i>Nutrition Ward</i>	SHPHACHS 231	Senior Community Health Worker	HLTC	CHW6	Cathy Meg	828874	01-05-72	Mendi Munihui	PS08			
	SHPHACHS 232	Community Health Worker	HLTC	CHW4	Jacob Rupa	10753406	02-02-86	Mendi Munihui	PS06			
	SHPHACHS 233	Unit Manager - Nutrition	HLTN	PS13	Lisi Baspen	837458	21-05-74	ENB	PS13			
	SHPHACHS 234	Specialist Nursing Officer	HLTN	PS10	Miriam Yango	868299	07-10-71	Mendi Munihui	PS10			
	SHPHACHS 235	Senior Nursing Officer	HLTN	PS09	Vacant	10756933	18-04-80	Mendi Munihui	PS09		Anna Anda	
	SHPHACHS 236	Senior Community Health Worker	HLTC	CHW6	Karil Pore Epi	1313327	01-07-60	Mendi Munihui	PS08			
	SHPHACHS 237	Unit Manager - Consultation	HLTN	PS13	Monica Rei	673668	10-12-67	Hagen	PS13			
	<i>Consultant</i>	SHPHACHS 238	Senior Nursing Officer	HLTN	PS09	Vacant				PS09		
		SHPHACHS 239	Senior Community Health Worker	HLTC	CHW7	Vacant				PS09		
<i>TB/Friends Ward</i>	SHPHACHS 240	Unit Manager - TB/Friends	HLTN	PS13	Eliso Navur	867837	13-12-68	Nipa/Kutubu	PS13			
	SHPHACHS 241	Senior Specialist Nursing Officer	HLTN	PS11	Suoliko Anaik	1602531	01-08-73	Mendi Munihui	PS11			
	SHPHACHS 242	Specialist Nursing Officer	HLTN	PS10	Rossie Joseph	10173089	07-09-80	Imbongu	PS10			
	SHPHACHS 243	Senior Nursing Officer	HLTN	PS09	Alphonse Molu	12007493	29-07-93	Mendi Munihui	PS09			
	SHPHACHS 244	General Nursing Officer	HLTN	PS08	Cynthia Kembo	12261198	16-09-93	Mendi Munihui	PS08			
	SHPHACHS 245	General Nursing Officer	HLTN	PS08	Belilah Batavi	12260576	07-02-88	Western Province	PS08			
	SHPHACHS 246	Community Health Worker	HLTC	CHW6	Regina Muli Nesom	10182129	02-05-69	Imbongu	PS08			
<i>Nina Clinic</i>	SHPHACHS 247	Unit Manager - Nina Clinic	HLTN	PS13	David kemberemi	10101962	25-12-81	Mendi Munihui	PS13			
	SHPHACHS 248	Senior Specialist Nursing Officer	HLTN	PS11	Nelly Tawaole	662739	24-05-69	ENB	PS11			
	SHPHACHS 249	Specialist Nursing Officer	HLTN	PS10	Margaret Kariap	10323433	25-11-82	Mendi Munihui	PS10			
	SHPHACHS 250	Senior Nursing Officer	HLTN	PS09	Bobby Punupo	10753415	27-01-83	Ialbu/Pnagia	PS09			
	SHPHACHS 251	General Nursing Officer	HLTN	PS08	Kamuna Peai Lialu	11431224	28-02-89	Mendi Munihui	PS08			
	SHPHACHS 252	Senior Community Health Worker	HLTC	CHW7	Maria Puriari	837547	24-02-64	Imbongu	CHW7			
	SHPHACHS 253	Community Health Worker	HLTC	CHW6	Everlyn Ape	10357099	17-11-80	Mendi Munihui	CHW6			
	SHPHACHS 254	Registration Clerk	PHLT	PS06	Janet Sangopa	10376267	19-09-75	Imbongu	PS06			
	<i>General Nurses</i>	SHPHACHS 255	General Nursing Officer	HLTN	PS08	Puri Kapao	11431153	22-10-89	Mendi Munihui	PS08		
SHPHACHS 256		General Nursing Officer	HLTN	PS08	Moses Pok	11431458	16-06-88	Ialbu/Pnagia	PS08			
SHPHACHS 257		General Nursing Officer	HLTN	PS08	Margaret Degemba	11480105	11-04-91	Mendi Munihui	PS08			
SHPHACHS 258		General Nursing Officer	HLTN	PS08	Natalie Siki	11480464	05-05-90	Enga	PS08			
SHPHACHS 259		General Nursing Officer	HLTN	PS08	Everlyn Jesse Yapa	11480114	05-12-90	Ialbu/Pnagia	PS08			
SHPHACHS 260		General Nursing Officer	HLTN	PS08	Johny Simon	11480301	05-10-88	Western Province	PS08			
SHPHACHS 261		General Nursing Officer	HLTN	PS08	Gilbert Albert	11431476	07-07-92	Mendi Munihui	PS08			
SHPHACHS 262		General Nursing Officer	HLTN	PS08	Vacant	1449059	06-06-75	Mendi Munihui	PS08		Tom Kelly	
SHPHACHS 263		General Nursing Officer	HLTN	PS08	Emily Keara	11480268	11-09-90	Nipa/Kutubu	PS08			
SHPHACHS 264		Nursing Officer - Infection Control	HLTN	PS08	Jerry Ipis	11494598	19-11-90	Mendi Munihui	PS08			
SHPHACHS 265		Nursing Officer - Standards	HLTN	PS08	Stacy Kilia John	11431420	31-07-87	Kagua/Erave	PS08			
SHPHACHS 266		Nurse Consultant - Health Promotion	HLTN	PS14	benedick Biane Laba	794228	28-02-72	Ialbu/Pnagia	PS14			
SHPHACHS 267		In-Service Coordinator	HLTN	PS13	William Mar	1522007	05-01-68	Hagen	PS13			
Retires		Community Health Worker	HLTC	CHW6		855529	01-07-50	Mendi Munihui	PS08		Teke Tembi	
		Community Health Worker	HLTC	CHW7		1313459	01-07-56	Hela	PS09		Francisca Magala	
		General Nursing Officer	HLTN	PS15		857076	20-11-60	Ialbu/Pnagia	PS15		Thresa A Koke	
		General Nursing Officer	HLTN	PS13		1354023	01-07-65	Gulf	PS13		Malaia Iti	
Excess Officer		Dental Technician	DTEO5	PS13		816752	03-04-54	Daru, WP	PS13		Sanaka Nagela	
								Hela			Mary Magabe	

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
CORPORATE SERVICES	SHPHACS 001	Director - Corporate Services	PHLTC	PS18	Ban Walom	703095	29-03-61	Mendi/Munihui	PS18		
	SHPHACS 002	D/Director Finance & Administration	PHLT	PS16	Vacant				PS16		
	SHPHACS 003	Executive Assistant	PHLT	PS09	Vacant	10792607	15-07-89	Enga	PS09	Angela Maraim Nicky	
HR	SHPHACS 004	Human Resource Manager	PHLTC	PS15	Joseph Itak Recks	1373435	19-05-54	Enga	PS15		
	SHPHACS 005	Senior Staff Development Officer	PHLT	PS13	Rhoda Ipia	10721281	16-04-88	Ialibu/Pangia	PS13		
	SHPHACS 006	Staff Development Officer	PHLT	PS12	Danny Apeano	602779	06-03-80	Ialibu/Pangia	PS12		
	SHPHACS 007	Organisaion & Method Officer	PHLT	PS08	Tommy Warena Kange	1045556	27-07-77	Ialibu/Pangia	PS08		
	SHPHACS 008	Manager Personnel & Payroll	PHLTC	PS15	Ruth Kange	1477672	26-06-59	Ialibu/Pangia	PS15		
	SHPHACS 009	Staff Salaries Officer	PHLT	PS12	Jenny Opi	10244162	10-10-78	Nipa/Kutubu	PS12		
	SHPHACS 010	Edits Clerk	PHLT	PS10	Christopher Ripila	505480	01-01-70	Mendi/Munihui	PS10		
Accounts	SHPHACS 011	Batch & Filing	PHLT	PS08	Lynnett Dominic	10455331	07-06-75	Nipa/Kutubu	PS08		
	SHPHACS 012	Manager Finance	PHLTC	PS14	Grace Garu	1505498	14-08-79	Ialibu/Pangia	PS14		
	SHPHACS 013	Accounts Examiner - Claims	PHLT	PS12	Nelson Koim	0147768A	05-04-65	Hagen	PS12		
	SHPHACS 014	Commitment Clerk	PHLT	PS11	Junior Joe Pinau	10244565	26-04-76	EBN	PS11		
Revenue	SHPHACS 015	OIC - COPM	PHLT	PS12	Melonie Kon	10244171	04-04-84	Mendi/Munihui	PS12		
	SHPHACS 016	Collector of Public Monies	PHLT	PS11	Shirley Tom	10373740	24-08-86	Hela	PS11		
	SHPHACS 017	Collector of Public Monies	PHLT	PS10	Vacant				PS10		Moses kevin
	SHPHACS 018	Collector of Public Monies	PHLT	PS09	Elias Masa	10455458	01-01-83	Mendi/Munihui	PS09		
	SHPHACS 019	Collector of Public Monies	PHLT	PS08	Vacant				PS08		
	SHPHACS 020	Collector of Public Monies	PHLT	PS08	Nathan Raymond Soka	10455387	26-06-84	Mendi/Munihui	PS08		
General Services	SHPHACS 021	Manager - Administration	PHLTC	PS13	Ilave Akelave	1520713	06-10-56	Gulf	PS13		
	SHPHACS 022	Supervisor Grounds & Building	PHLT	PS10	Vacant				PS10		
	SHPHACS 023	Procurement Officer	PHLT	PS09	Helen Sarufa	11107961	31-05-87	Morobe	PS09		
	SHPHACS 024	Store & Supply Officer	PHLT	PS09	Joseph Nondap	11108565	09-05-83	Mendi/Munihui	PS09		
	SHPHACS 025	Printing Officer	PHLT	PS08	Peter Ipape	1477818	01-07-59	Hela	PS08		
	SHPHACS 026	Supervisor House Keeping	PHLT	PS07	Paul Akunz	10376300	10-07-70	Mendi/Munihui	PS07		
	SHPHACS 027	Manager - Health Facilities	PHLT	PS13	Tobial Gual	837423	01-12-68	Kundiawa	PS13		
	SHPHACS 028	Technical Officer - Biomed	PHLT	PS12	Vacant				PS12		
	SHPHACS 029	Technical Officer - Electricity & Plant	PHLT	PS10	Vacant				PS10		
	SHPHACS 030	Technical Officer - Building	PHLT	PS10	Sale Thomas	11108369	10-09-77	Mendi/Munihui	PS10		
	SHPHACS 031	Artisen - Welder & Plumber	PHLT	PS09	Fred Mindi	10323489	12-11-64	Mendi/Munihui	PS09		
	SHPHACS 032	Artisen - Plumber	PHLT	PS09	Naprundu Papol	1477842	01-07-58	Mendi/Munihui	PS09		
	SHPHACS 033	Artisen - Carpenter	PHLT	PS09	Nelson Pusal	11108761	30-05-76	Mendi/Munihui	PS09		
	SHPHACS 034	Artisen - Water & Sewerage	PHLT	PS09	Vacant				PS09		
Laundry & Linen	SHPHACS 035	Supervisor Laundry	PHLT	PS09	Peter Yopo	1477800	01-07-59	Kagua/Erave	PS09		
	SHPHACS 036	Laundry Assistant	PHLT	PS08	Grace Pond	10721316	15-03-72	Mendi/Munihui	PS08		
	SHPHACS 037	Laundry Assistant	PHLT	PS08	Monica Tawang	10323362	21-04-85	Mendi/Munihui	PS08		
	SHPHACS 038	Supervisor - Linen	PHLT	PS09	Maipa Aikelave	10055957	01-01-60	Gulf	PS09		
	SHPHACS 039	Seamstress	PHLT	PS07	Rita Dara	10752740	07-05-86	Kagua/Erave	PS07		
Catering	SHPHACS 040	Catering Officer	PHLT	PS12	Luke Tiso	789739	01-01-56	Mendi/Munihui	PS12		
	SHPHACS 041	Catering Officer	PHLT	PS10	Buka Tomba	1477826	01-05-60	Mendi/Munihui	PS10		
	SHPHACS 042	Cook	PHLT	PS08	Kelip Mendepo	10056363	10-05-65	Mendi/Munihui	PS08		
	SHPHACS 043	Cook	PHLT	PS07	Ben Oltemo	1477761	01-07-58	Mendi/Munihui	PS07		
	SHPHACS 044	Cook	PHLT	PS07	John Kiki	10056603	01-01-64	Mendi/Munihui	PS07		
	SHPHACS 045	Cook	PHLT	PS07	Dorcas Kaku	10752802	31-12-69	Hagen	PS07		
	SHPHACS 046	Cook	PHLT	PS07	Julie Epeol	10357025	06-07-86	Mendi/Munihui	PS07		
	SHPHACS 047	Cook	PHLT	PS07	Dickson Akosi	10752778	24-04-79	Mendi/Munihui	PS07		

Transport Services	SHPHACS 048	Transport Officer	PHLT	PS08	John Kuni	10376285	01-01-70	Mendi/Munihui	PS08		
	SHPHACS 049	Transport Officer	PHLT	PS07	Kumbi Nol	10376276	12-10-76	Mendi/Munihui	PS07		
	SHPHACS 050	Senior Driver	PHLT	PS07	Ludwick Salu	10056597	01-01-67	Ialibu/Pangia	PS07		
	SHPHACS 051	Driver	PHLT	PS07	Luke Lis	10055910	01-01-70	Mendi/Munihui	PS07		
	SHPHACS 052	Driver	PHLT	PS07	Albert Yaro	55948	01-01-60	Mendi/Munihui	PS07		Paul Kunis
Ward Clerk	SHPHACS 053	Driver	PHLT	PS07	Joseph Maip	10323308	01-01-60	Hagen	PS07		
	SHPHACS 054	Driver	PHLT	PS07	Francis Yakambu	10752704	15-06-65	Ialibu/Pangia	PS07		
	SHPHACS 055	Driver	PHLT	PS07	Nick Kuna	10752660	16-09-76	Ialibu/Pangia	PS07		
Training	SHPHACS 056	Ward Clerk - Med/Surg	PHLT	PS07	Wazi Tenza	10752713	04-04-74	Mendi/Munihui	PS07		
	SHPHACS 057	Ward Clerk - Peads/SCN/COPD	PHLT	PS06	Gloria Kagl	11990787	18-12-89	Kundiawa	PS06		
	SHPHACS 058	Ward Clerk - Gyne/ICU	PHLT	PS05	Morgan David	11990820	19-04-87	Imbongu	PS05		
Support Services	SHPHACS 059	Medical Officer	HLTMC	MOC2	Vacant				MOC2		
	SHPHACS 060	Medical Officer	HLTMC	MOC2	Jubily Gunua	11304533	19-09-88	Kundiawa	MOC2		
	SHPHACS 061	Security	PHLT	PS04	Gibson William	11694409	30-05-87	Mendi/Munihui	PS04		
	SHPHACS 062	Porter	PHLT	PS06	John Mondil	10323282	01-01-70	Mendi/Munihui	PS06		
	SHPHACS 063	Security	PHLT	PS04	Hepi Kereme	12701072	20-03-81	Mendi/Munihui	PS04		
	SHPHACS 064	Security	PHLT	PS04	Wilson Kope	10056425	01-01-69	Mendi/Munihui	PS04		
	SHPHACS 065	Porter	PHLT	PS06	Tony Kepeap	10721218	01-01-69	Mendi/Munihui	PS06		
	SHPHACS 066	Security	PHLT	PS04	Wilson Komap	10056505	01-01-60	Mendi/Munihui	PS04		
	SHPHACS 067	Security	PHLT	PS04	Bon Mol	10323317	01-01-75	Mendi/Munihui	PS04		
	SHPHACS 068	Security	PHLT	PS04	Vacant				PS04		
	SHPHACS 069	House Keeping	PHLT	PS04	Mark Nenga	10056372	01-01-43	Mendi/Munihui	PS04		
	SHPHACS 070	House Keeping	PHLT	PS04	Cletus Marena	10056078	01-01-60	Mendi/Munihui	PS04		
	SHPHACS 071	House Keeping	PHLT	PS04	Rosemary Kambkol	10055975	01-01-53	Mendi/Munihui	PS04		
	SHPHACS 072	House Keeping	PHLT	PS04	Keven Nonge	10056407	01-01-70	Mendi/Munihui	PS04		
	SHPHACS 073	House Keeping	PHLT	PS04	Madlyn Naro	10056390	01-01-62	Nipa/Kutubu	PS04		
	SHPHACS 074	House Keeping	PHLT	PS04	Betty Yakire	10056354	25-04-67	Ialibu/Pangia	PS04		
	SHPHACS 075	House Keeping	PHLT	PS04	Parakua Ekawe	10056381	01-01-67	Hela	PS04		
	SHPHACS 076	Renueue Clerk	PHLT	PS04	Paulin Benny John	10796003	30-09-81	Nipa/Kutubu	PS04		
	SHPHACS 077	Pharmacy Clerk	PHLT	PS04	Vacant				PS04		Elias Douglas
	SHPHACS 078	Security Supervisor	PHLT	PS06	Paul Kome	10323326	01-01-75	Mendi/Munihui	PS06		
	SHPHACS 079	Executive Assistant - Board Discipline	PHLT	PS08	Mecy Blue	10873828	23-05-76	Mendi/Munihui	PS08		
	SHPHACS 080	Eye Technician	PHLT	CHW4	Miriam Doplap	11694472	24-04-80	Mendi/Munihui	CHW4		
	SHPHACS 081	House Keeping	PHLT	PS04	Paul Amos	11694445	30-06-93	Mendi/Munihui	PS04		
	SHPHACS 082	Security	PHLT	PS04	Moses John	10796602	03-06-84	Mendi/Munihui	PS04		
	SHPHACS 083	Hygiene Staff	PHLT	PS04	Lulpi Waswas	10323264	01-01-60	Mendi/Munihui	PS04		
	SHPHACS 084	Security	PHLT	PS04	Kevin Kapipi	10887085	30-06-69	Imbongu	PS04		
	SHPHACS 085	Security	PHLT	PS04	Fred Link	10887076	20-02-75	Mendi/Munihui	PS04		
	SHPHACS 086	Hygiene Staff	PHLT	PS04	Grace Poyam	10721290	01-06-86	Mendi/Munihui	PS04		
	SHPHACS 087	Hygiene Staff	PHLT	PS04	Rose Ludwik	10721138	30-06-86	Nipa/Kutubu	PS04		
	SHPHACS 088	Senior Carpenter	PHLT	PS09	Nopas Hungum	10376258	27-09-75	Mendi/Munihui	PS09		
	SHPHACS 089	Executive Assistant HRM	PHLT	PS06	Angela Mariam Nicky	10792607	15-07-89	Enga	PS06		
	SHPHACS 090	Trades Man - Welder/Plumber	PHLT	PS06	Moses Eric	10792616	09-10-80	Mendi/Munihui	PS06		
	SHPHACS 091	House Keeping	PHLT	PS04	Ungia Kendol	10056514	01-01-68	Mendi/Munihui	PS04		
	SHPHACS 092	House Keeping	PHLT	PS04	Vacant				PS04		
	SHPHACS 093	Security	PHLT	PS04	Jacob Kara	10056532	01-01-69	Mendi/Munihui	PS04		
	SHPHACS 094	Security	PHLT	PS04	Andrew Wakil	10792803	15-03-84	Mendi/Munihui	PS04		
	SHPHACS 095	House Keeping	PHLT	PS04	Ferman Samuel Embiap	10887942	04-06-80	Mendi/Munihui	PS04		
	SHPHACS 096	House Keeping	PHLT	PS04	Steven Yamo	11694113	30-04-94	Mendi/Munihui	PS04		
	SHPHACS 097	House Keeping	PHLT	PS04	Simon Kopri	10887488	08-11-79	Mendi/Munihui	PS04		
	SHPHACS 098	House Keeping	PHLT	PS04	Susan Lee	10721209	23-09-70	Hela	PS04		
	SHPHACS 099	House Keeping	PHLT	PS04	Jack Nopas	10887011	01-02-84	Mendi/Munihui	PS04		
	SHPHACS 100	House Keeping	PHLT	PS04	Mark Ere	10887817	02-05-76	Mendi/Munihui	PS04		
	SHPHACS 101	Executive Assistant - Nursing	PHLT	PS04	Nancy Hogum	1694427	03-05-82	Mendi/Munihui	PS04		
	Retires	Stores Officer	PHLT	PS06		1477559	01-07-57	Imbongu			Mark Karl
	Excess Officer	Electrician	PHLT	PS08		10721227	01-05-60	ENB			Ambrose Wanaitu
								Enga			Rosemary Lupain

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGIN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
PHQ HEAD QUARTERS	SHPHAPH 001	Director Public Health	PHLTC	PS18	George Epei Mosip	1609927	01-04-68	Ialibu/Pangia	PS18		
	SHPHAPH 002	Health Advisor	PHLTC	PS17	Vacant	893200	17-04-61		PS17	Michael Mombu	
	SHPHAPH 003	Deputy Health Advisor	PHLTC	PS15	Vacant	893200	17-04-61	Imbongu	PS15	Vacant	Michael Mombu
	SHPHAPH 004	Manager District Health	PHLTC	PS13	Vacant				PS13	Vacant	
	SHPHAPH 005	Manager Information Analysis	PHLT	PS11	Vacant				PS11		
	SHPHAPH 006	Manager Environmental Health	EHO	EHO05	Vacant	718521	03-01-60	Hela	PS13		Anslem Helape
	SHPHAPH 007	Manager Health Promotion	PHLT	PS13	Vacant	1448044	01-07-76	Imbongu	PS13		Francis Wata
	SHPHAPH 008	Manager Disease Control	PHLT	PS13	Vacant	827053	15-11-52	Hela	PS13		Albert Paliago
	SHPHAPH 009	Manager Nursing & Family Health	HLTN	PS13	Fred Nondo	817635	01-07-54	Kagua Erave	PS13		
	SHPHAPH 010	Senior Administration Officer	PHLT	PS12	Vacant	717754	21-06-65	Imbongu	PS12		Tony Undi
	SHPHAPH 011	Manager Family Planning	HLTN	PS11	Vacant	1428442	01-01-50	Kagua Erave	PS11		Beverlyn Kanea
	SHPHAPH 012	Malaria Technical Officer	HLTN	PS10	Vacant	706671	20-12-49	Manus	PS10		Thomas Kalai
	SHPHAPH 013	Nursing Officer MCH	HLTN	PS08	Vacant				PS08	Vacant	
	SHPHAPH 014	Data Entry Officer	PHLT	PS08	Vacant	0071780A	06-06-73	Hela	PS08		Judith Durua
	SHPHAPH 015	Executive Assistant	PHLT	PS08	Vacant	1352306	01-04-65	Imbongu	PS08		Thresa Ande
	SHPHAPH 016	Health In-service Training Coordinator	PHLT	PS10	Vacant				PS10	Vacant	
	SHPHAPH 017	Dispenser	HLTA	PS10	Vacant				PS10	Vacant	Salome Pakasa
	SHPHAPH 018	Technical Officer - Water Supply	EHO	EHO11	Vacant	0138424A	01-07-58	Nipa/Kutubu	PS11		Albert Muri
	SHPHAPH 019	TB/Leprosy Officer	HLTN	PS10	Vacant	131375A	01-01-50	Enga	PS10		Ken Siki
	SHPHAPH 020	Medical Lab Assistant	HLTT	PS06	Makip Pulupu	1448222	01-09-52	Mendi Munihiu	PS06		
	SHPHAPH 021	Church Health & Govt Liasor	PHLT	PS10	Vacant			Hela	PS10		Peter Purialy
	SHPHAPH 022	Manager Nutrition	HLTN	PS12	Vacant	867748	01-01-50	Imbongu	PS12		Barbara Pinpin
	SHPHAPH 023	Manager Provincial HIV/AIDS	HLTN	PS13	Vacant	1521795	01-01-50	Mendi Munihiu	PS13		Nisa Ipis
	SHPHAPH 024	Industrial Relations Officer	PHLT	PS10	Peter Meles	12666404	27-07-70	Mendi Munihiu	PS10		
	SHPHAPH 025	Office Assistant & Driver	PHLT	PS07	Robert Tambua	11722743	01-01-80	Ialibu/Pangia	PS07		
	SHPHAPH 026	Office Assistant & Driver	PHLT	PS07	Jim Warea	12623736	01-05-67	Mendi Munihiu	PS07		
	SHPHAPH 027	Janitor	PHLT	PS07	Willie Paranaki	12625550	01-10-64	Imbongu	PS07		
	SHPHAPH 028	Janitor	PHLT	PS07	Watane Kara	12625953	01-04-79	Imbongu	PS07		
	SHPHAPH 029	Driver - Urban Clinic	PHLT	PS04	Issac Karepa	12623932	01-01-66		PS04		
	SHPHAPH 030	Security	PHLT	PS03	James Ondawi	12723820	04-01-70		PS03		
	SHPHAPH 031	Security	PHLT	PS03	Bale Kinde	1262235501	01/1960		PS03		
	SHPHAPH 032	Security	PHLT	PS03	Ipe Kanabo	12622954	25-12-75		PS03		
	SHPHAPH 033	Security	PHLT	PS03	Sale Merena	12622936	01-05-37		PS03		
	SHPHAPH 034	Security	PHLT	PS03	Joshua Aiyela	12621733	01-01-60		PS03		
	SHPHAPH 035	Clerk HSIP	PHLT	PS03	Georgina Alep	12625757	01-01-60	Mendi Munihiu	PS03		
	SHPHAPH 036	Data Entry Officer - HIV/AIDS	PHLT	PS03	Rose terema	12625336	01-01-60	Mendi Munihiu	PS03		
	Excess Officer	Manager Information Analysis	PHLT	PS11		1353264	01-07-69	Wabag			Sally Kura
	Retires	Administratin Officer	PHLT	PS11		0065557A	16-02-54	Imbongu			Jonathan Solu
		Community Health Worker	HLTC	PS06		1463582	01-07-57	Imbongu			Rebeca Okane
		Nursing Officer	HLTN	PS11		1314102	01-07-65	Imbongu			Eva Kotop
		Nursing Officer	HLTN	PS09		857505	01-07-57	Imbongu			Beth Molo Kunda

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGION	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
IALIBU PANGIA DISTRICT HEALTH SERVICES	SHPHAIPHSI 01	District Health Manager	PHLTC	PS13	Vacant	354040	26-07-63	Imbongu	PS13		Job Remson Peya
	SHPHAIPHSI 02	Supervisor Nursing	HLTN	PS10	Vacant	867403	06-07-73	Kagua Erave	PS10		Hellen Kambaiye
	SHPHAIPHSI 03	Health Extension Officer	HLTE	PS11	Vacant				PS11		
	SHPHAIPHSI 04	Malaria Control Officer	HLTN	PS08	Vacant				PS08		
	SHPHAIPHSI 05	Nursing Supervisor - MCH	HLTN	PS09	Vacant	1314986	06-04-57	Ialibu	PS09		Karen Tonga
	SHPHAIPHSI 06	Family Planning Officer - NO 2	HLTN	PS09	Vacant	1455857	23-09-96	Ialibu	PS09		Lilian Yamo
	SHPHAIPHSI 07	Community Health Worker - Supervisor	HLTC	CHW5	Vacant	827550	15-07-49	Ialibu	PS07		Kapiri Wambe
	SHPHAIPHSI 08	CHW - TB/Leprosy/STD	HLTC	CHW4	Levi Kuni	1463531	26-07-53	Mendi Munihiu	PS06		
	SHPHAIPHSI 09	Eastern AIDS Counsellor	HLTN	PS11	Vacant				PS11		
	SHPHAIPHSI 10	Health Inspector		PS11	Joahness Liria	11425236	15-03-88	Pangia	PS11		
	SHPHAIPHSI 11	Community Health Worker	HLTC	CHW4	Naomi Andrew	10746411	23-08-82	Ialibu	PS06		
	SHPHAIPHSI 12	Community Health Worker	HLTC	CHW4	Vacant	674010	18-05-58	Ialibu	PS06		Kereme Ponje
KUARE HSC	SHPHAIPHSI 13	Community Health Worker	HLTC	CHW4	Jina Wak	Pangia Position 22			PS06		Joseph Wambi
	SHPHAIPHSI 14	Community Health Worker	HLTC	CHW3	Simon Nakupa		24-11-75		PS05		
	SHPHAIPHSI 15	Nursing Officer - NO1	HLTN	PS08	Wilson Perry Suali				PS08		Leave Position Vacant
MULI HSC	SHPHAIPHSI 16	Nursing Officer - NO2	HLTN	PS09	Rigi Pia				PS09		
	SHPHAIPHSI 17	Nursing Officer - NO1	HLTN	PS08	Vacant	12730092	03-05-87	Ialibu/Pangia	PS08		Wilson Perry Suali
	SHPHAIPHSI 18	Community Health Worker	HLTC	CHW3	Vacant	1461318	10-10-58	Ialibu	PS05		Cecila Pilivi Deli
	SHPHAIPHSI 19	Nursing Officer - NO1	HLTN	PS08	Vacant	868434	23-02-79	Ialibu	PS08		Alphonse Sambai
PONOWI AID POST	SHPHAIPHSI 20	Community Health Worker	HLTC	CHW3	David Wepo	827541	01-01-59	Ialibu	PS05		
TIRI AID POST	SHPHAIPHSI 21	Community Health Worker	HLTC	CHW3	Vacant	10727637	15-11-85		PS05		Peter Namba
MAMBI AID POST	SHPHAIPHSI 22	Community Health Worker	HLTC	CHW3	Jimson Kaipu	10904606	14-03-84	Ialibu	PS05		
DHS	SHPHAIPHSI 23	Driver - DHS	PHLT	PS04	Kuta Rapea	12701250	01-01-50	Ialibu/Pangia	PS04		
	SHPHAIPHSI 24	Security	PHLT	PS03	Yans Max	12623137	18-07-67	Ialibu	PS03		
	SHPHAIPHSI 25	Hygiene Staff - DHS	PHLT	PS03	Vacant				PS03		
	SHPHAIPHSI 26	Hygiene Staff - Kuare	PHLT	PS03	Yoto Tom	12626969	06-06-72		PS03		
	Retires	Community Health Worker	HLTC	PS06		827118	01-01-50				Mabudana Pawa
		Community Health Worker	HLTC	PS07		753667	06-06-80				Erebo Egari
	Abscondments	Community Health Worker	HLTC	PS05							Janet Nenga
											Charles Orum

IALIBU DISTRICT HOSPITAL	SHPHAIPHOSP 01	Medical Superintendent	HLTMC	MOC6	Vacant				PS16		
	SHPHAIPHOSP 02	Medical Officer	HLTMC	MOC4	Carolyn Kema	12308389	28-09-81	Ialibu	PS14		
	SHPHAIPHOSP 03	Hospital Matron - NOS	HLTN	PS12	Vacant	780804	01-07-60	Ialibu	PS12		Linda Wapu
	SHPHAIPHOSP 04	Anesthetic Technical Officer	HLTA	ATO2	Vacant	1352730	01-07-60	Ialibu	PS10		Joe Pora
	SHPHAIPHOSP 05	Deputy Matron - NO3	HLTN	PS10	Vacant	0156471A	01-04-55	Ialibu	PS11		Nema Kakere
	SHPHAIPHOSP 06	Dispenser	HLTC	CHW7	Vacant	771759	01-01-50	Ialibu	PS09		Simon Moroko Newe
	SHPHAIPHOSP 07	Dental Therapist	HLTA	PS10	Ambo Gini	0078339A	01-06-58		PS10		
	SHPHAIPHOSP 08	Medical Laboratory Technician	HLTT	PS10	Vacant	674036	30-12-65	Ialibu/Pangia	PS10		Kula Aloko
	SHPHAIPHOSP 09	Radiographer	HLTA	PS09	Vacant	10730715	02-12-69	Imbongu	PS09		James Kereme
	SHPHAIPHOSP 10	Nursing Officer - NO2	HLTN	PS09	Roselyn Warea	1829595	01-01-50		PS09		
	SHPHAIPHOSP 11	Nursing Officer - NO2	HLTN	PS09	Vacant				PS09		
	SHPHAIPHOSP 12	Nursing Officer - NO1	HLTN	PS08	Julianna Gehela	769720	11-04-63		PS08		
	SHPHAIPHOSP 13	Nursing Officer - NO1	HLTN	PS08	Regina Yamba	828777	01-01-50	Ialibu/Pangia	PS08		
	SHPHAIPHOSP 14	Nursing Officer - NO 1	HLTN	PS08	Rachael Wambinu Toi	1521582	21-07-65		PS08		
	SHPHAIPHOSP 15	Nursing Officer - NO 1	HLTN	PS08	Nalimo Yamba	673919	01-01-50	Ialibu/Pangia	PS08		
	SHPHAIPHOSP 16	Nursing Officer - NO 1	HLTN	PS08	Vacant	662631	01-01-79	Hela	PS08		Wendy Marabe
	SHPHAIPHOSP 17	Nursing Officer - NO 1	HLTN	PS08	Fredah Turu	10730724	11-11-82		PS08		
	SHPHAIPHOSP 18	Nursing Officer - NO 1	HLTN	PS08	Emily Harikapu	702625	01-01-50		PS08		
	SHPHAIPHOSP 19	Nursing Officer - NO 1	HLTN	PS08	Kevin Reali	1909319	01-01-50		PS08		
	SHPHAIPHOSP 20	Nursing Officer - NO 1	HLTN	PS08	Vacant	1564796	01-01-50	Ialibu/Pangia	PS08		Miriam Yateli
	SHPHAIPHOSP 21	Medical Laboratory Assistant	HLTT	PS07	Vacant	826634	26-03-60	Ialibu/Pangia	PS07		Mathew Rapa
	SHPHAIPHOSP 22	Medical Records Officer	PHLT	PS07	Vacant	868515	01-01-50	Imbongu	PS07		Melen Tawa
	SHPHAIPHOSP 23	Community Health Worker	HLTC	CHW4	Vacant	711314	01-01-50	Ialibu/Pangia	PS06		Mary Hellen Lombo
	SHPHAIPHOSP 24	Community Health Worker	HLTC	CHW4	Vacant	10432829	12-12-79	Ialibu/Pangia	PS06		Wilson Kondo
	SHPHAIPHOSP 25	Community Health Worker	HLTC	CHW4	Vacant				PS06		Paul Sapora
	SHPHAIPHOSP 26	Community Health Worker	HLTC	CHW4	Vacant				PS06		Simon Palus
	SHPHAIPHOSP 27	Community Health Worker	HLTC	CHW4	Yakopwan Kainakali	702706	01-01-55		PS06		
	SHPHAIPHOSP 28	Executive Assistant	PHLT	PS08	Vacant				PS08		Rosa Sele
	SHPHAIPHOSP 29	Community Health Worker	HLTC	CHW4	Vacant	1446823	16-04-66		PS06		Carmel Rapa
	SHPHAIPHOSP 30	Community Health Worker	HLTC	CHW4	Vacant	10730742	27-11-81	Ialibu/Pangia	PS06		Pauline Rungula
	SHPHAIPHOSP 31	Community Health Worker	HLTC	CHW4	Vacant	673960	01-01-50	Ialibu/Pangia	PS06		Jennifer Yunumi
	SHPHAIPHOSP 32	Community Health Worker	HLTC	CHW4	Vacant	673790	01-04-66	Ialibu/Pangia	PS06		Bembo Palaru
	SHPHAIPHOSP 33	Community Health Worker	HLTC	CHW4	Veronicakandie simon	12624616	04-08-69	Ialibu/Pangia	PS06		
	SHPHAIPHOSP 34	Community Health Worker	HLTC	CHW4	Anita Epame Epei	12627043	12-03-87	Ialibu/Pangia	PS06		
	SHPHAIPHOSP 35	Community Health Worker	HLTC	CHW4	Susan Tawia	12626735	21-08-63	Ialibu/Pangia	PS06		
	SHPHAIPHOSP 36	Community Health Worker	HLTC	CHW4	Vacant	464015	01-07-56	Ialibu/Pangia	PS06		Tombol Kanga
	SHPHAIPHOSP 37	Community Health Worker	HLTC	CHW4	Patrica Koyamu	10727655	17-07-84		PS06		Anthony David
	SHPHAIPHOSP 38	Nursing Officer - NO 1	HLTN	PS08	Vacant				PS08		Ripy Siki
	SHPHAIPHOSP 39	Nursing Officer - NO 1	HLTN	PS08	Vacant				PS08		
	SHPHAIPHOSP 40	Nursing Officer - NO 1 (Blood Bank)	HLTN	PS08	Vacant	702757	01-01-50	Ialibu/Pangia	PS08		Lily Parau Yer
	SHPHAIPHOSP 41	Hospital Administrator	PHLT	PS11	Vacant	1558753	01-04-58	Ialibu/Pangia	PS11		Limu Nimbo
	SHPHAIPHOSP 42	Cook	PHLT	PS03	Were Porowe	12626341	10-05-48	Ialibu/Pangia	PS03		
	SHPHAIPHOSP 43	Driver	PHLT	PS04	Dominic Nemo	12623745	14-09-53	Ialibu/Pangia	PS04		
	SHPHAIPHOSP 44	Driver	PHLT	PS04	Vacant				PS04		
	SHPHAIPHOSP 45	Security	PHLT	PS03	Olgaiye Kupini	12622014	13-06-64	Ialibu/Pangia	PS03		
	SHPHAIPHOSP 46	Security	PHLT	PS03	Samuel Kapu	12622023	28-01-75	Ialibu/Pangia	PS03		
	SHPHAIPHOSP 47	Hygiene Staff	PHLT	PS03	Yalimbo Kangi	12625944	15-07-70	Ialibu/Pangia	PS03		
	SHPHAIPHOSP 48	Hygiene Staff	PHLT	PS03	Jacob Yari	12625541	15-01-22	Ialibu/Pangia	PS03		
	SHPHAIPHOSP 49	Medical Records Clerk - HIV	PHLT	PS03	Hellen Levi	12625748	25-11-76	Ialibu/Pangia	PS03		
Retires	Community Health Worker	HLTC	PS07		1382272	19-03-56	Ialibu/Pangia			Magarst Pisiya	
	Nursing Officer	HLTN	PS08		10730626	05-04-82	Ialibu/Pangia			Onney Moro	
	Community Health Worker	HLTC	PS05		1461539	01-07-59	Ialibu/Pangia			Roselyn Tekari	
										Boby Ringstar	

PANGIA HEALTH SERVICES												
PANGIA HEALTH CENTRE	SHPHAIPHSP 01	Health Manager	PHLTC	PS13	Vacant	0137256A	01-07-54	Pangia	PS13		Meapa Kagu	PS12
	SHPHAIPHSP 02	Nursing Supervisor	HLTN	PS11	Vacant	781037	01-07-63	Pangia	PS11		Rose Timini	PS10
	SHPHAIPHSP 03	Health Extension Officer - Clinical	HLTE	PS10	Vacant	10039287	26-05-82	Wabag	PS10		Dorothy Amu	PS09
	SHPHAIPHSP 04	Community Health Worker - Supervisor	HLTC	CHW5	Vacant	460842	01-07-52		PS07		Betty Norombu	CHW5
	SHPHAIPHSP 05	Nursing Officer NO3 - STD/HIV	HLTN	NO4	Vacant	1448575	16-06-71	Ialibu/Pangia	PS11		Dona Yakura	PS09
	SHPHAIPHSP 06	Nursing Officer NO2	HLTN	NO2	Vacant	1605930	01-07-56	Ialibu/Pangia	PS09		Kathy Puringi Luke	PS08
	SHPHAIPHSP 07	Nursing Officer NO 2	HLTN	NO2	Vacant	1448273	01-01-67	Ialibu/Pangia	PS09		Catherine Olpe	PS08
	SHPHAIPHSP 08	Nursing Officer NO 2	HLTN	NO2	Vacant				PS09		Patrus Maria	PS08
	SHPHAIPHSP 09	Community Health Worker - CHW 4	HLTC	CHW4	Andrew Wangko	1354015	01-07-65	Ialibu/Pangia	PS06			
	SHPHAIPHSP 10	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	10730706	06-04-78	Ialibu/Pangia	PS06		Janet Akowai	CHW3
	SHPHAIPHSP 11	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	1461334	01-07-58	Ialibu/Pangia	PS06		Rose William	CHW4
	SHPHAIPHSP 12	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	827908	01-04-54	Ialibu/Pangia	PS06		Berry Lepongo	CHW4
ALIA AID POST	SHPHAIPHSP 13	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	0071066A	01-01-50	Ialibu/Pangia	PS06		Leoni Bali Tambua	CHW3
UNDAYAPU AID POST	SHPHAIPHSP 14	Community Health Worker - CHW 4	HLTC	CHW4	Elias Pangio	10730662	20-02-76	Ialibu/Pangia	PS06			
NAIYA AID POST	SHPHAIPHSP 15	Community Health Worker - CHW 4	HLTC	CHW4	Andrew Aiyele Aruka	827959	01-01-50	Ialibu/Pangia	PS06			
TENGAI AID POST	SHPHAIPHSP 16	Community Health Worker - CHW 4	HLTC	CHW4	Pola Sola	827983	01-07-49	Ialibu/Pangia	PS06		Angelus Pale Kipoi	CHW4
TAGURU AID POST	SHPHAIPHSP 17	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	827991	01-01-50		PS06		Polopea Yanoli	CHW3
WERIKO AID POST	SHPHAIPHSP 18	Community Health Worker - CHW 4	HLTC	CHW4	Vacant				PS06		Francisca Petrus	PS06
WALAPAPEA AID POST	SHPHAIPHSP 19	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	12631146	06-01-60		PS06		Patricia Koyamu	CHW4
KOYAPU AID POST	SHPHAIPHSP 20	Community Health Worker - CHW 4	HLTC	CHW4	Popa Mundi	827916	01-01-54		PS06			
APEANDA AID POST	SHPHAIPHSP 21	Community Health Worker - CHW 4	HLTC	CHW4	Vacant				PS06			
LAWE AID POST	SHPHAIPHSP 22	Community Health Worker - CHW 3	HLTC	CHW3	Vacant	12625935	10-11-89		PS05		Jina Wak	CHW3
TOKOPINI AID POST	SHPHAIPHSP 23	Community Health Worker - CHW 4	HLTC	CHW4	Repo Nande	827924	01-07-52		PS06			
POLOKO AID POST	SHPHAIPHSP 24	Community Health Worker - CHW 4	HLTC	CHW4	Vacant	10422432	23-06-75		PS06		Mathew Kawa	CHW3
MAMUANE AID POST	SHPHAIPHSP 25	Community Health Worker - CHW 4	HLTC	CHW4	Josephine Awa	12628139	01-01-50		PS06			
WIRU CHP	SHPHAIPHSP 26	Community Health Worker - CHW 3	HLTC	CHW3	Danny Pawa	12627938	20-02-76		PS05			
	SHPHAIPHSP 27	Community Health Worker - CHW 3	HLTC	CHW3	Peter Remson Yanda	12628166	20-02-76		PS05			
	SHPHAIPHSP 28	Nursing Officer	HLTN	PS08	Vacant				PS 08			
	SHPHAIPHSP 29	Driver	PHLT	PS04	Vacant				PS04		Apu Wenapu	
	SHPHAIPHSP 30	Driver	PHLT	PS04	Andy Perima kelea	12627007	07-03-60		PS04			
	SHPHAIPHSP 31	Security	PHLT	PS03	Bani Piuk	11298556	01-01-50		PS03			
	SHPHAIPHSP 32	Security	PHLT	PS03	Teipe Uma	12622346	20-05-69		PS03			
	SHPHAIPHSP 33	Hygiene Staff	PHLT	PS03	Eiye Wakoi	12625603			PS03			
PANGIA HEALTH	SHPHAIPHSP 34	Hygiene Staff (Wiru)	PHLT	PS03	Lorata Yawame Kelea	12625612	09-09-66		PS03			
		Community Health Worker (CHW)	HLTC	CHW3				Ialibu/Pangia	CHW3		Endea Kayogo	CHW3
		Community Health Worker (CHW)	HLTC	CHW3		828025	01-01-56	Ialibu/Pangia	CHW3		Mimi Koya	CHW3
		Community Health Worker (CHW)	HLTC	CHW3		1464058	01-07-57	Ialibu/Pangia	CHW3		Kayo Para	CHW3
		Community Health Worker (CHW)	HLTC	PS07		1461636	07-06-70	Ialibu/Pangia	PS07		Kerandi Akowai	PS07
		Community Health Worker (CHW)	HLTC	PS05		788287	01-07-57	Ialibu/Pangia	PS05		Pisimi Christa	PS05
		Community Health Worker (CHW)	HLTC	PS06		827975	23-10-61	Ialibu/Pangia	PS06		Payama Dupia	PS06
		Community Health Worker (CHW)	HLTC	CHW3		1362115	01-01-50	Ialibu/Pangia	PS05		Yata Ramua	PS05
		Community Health Worker (CHW)	HLTC	CHW4		1477419	01-07-46	Ialibu/Pangia	PS06		Warea Sambu	PS06
		Community Health Worker (CHW)	HLTC	CHW4		0147740A	01-07-42	Ialibu/Pangia	PS06		Michael M Alo	PS06
		Community Health Worker (CHW)	HLTC	CHW5		827576	01-05-33	Ialibu/Pangia	PS07		Paru Kandipiali	PS07
		Community Health Worker (CHW)	HLTC	CHW3		827754	01-01-50	Ialibu/Pangia	PS05		Maroa Tiro	PS05
		Community Health Worker (CHW)	HLTC	CHW7		826669	01-07-55	Ialibu/Pangia	PS09		Vincent Pombo	PS09

IMBONGU DHS	SHPHAIHS 01	District Health Manager	PHLTC	PS13	Vacant	10279126	25-05-80	Imbongu	PS13		Aluwe Yala	
	SHPHAIHS 02	Health Inspector	EHO	PS10	Vacant	703036	05-09-68	Imbongu	PS10		Francis Pinje	
	SHPHAIHS 03	Health Extension Officer	HLTE	PS11	Vacant				PS11			
	SHPHAIHS 04	Nursing Officer	HLTN	NO4	Vacant	1352683	01-07-61	Imbongu	PS11		Maria Pora	
	SHPHAIHS 05	Nursing Officer	HLTN	NO3	Vacant	1445959	01-07-55	Imbongu	PS10		Akele Undi	
	SHPHAIHS 06	Community Health Worker	HLTC	CHW4	Vacant	1523852	01-01-50	Imbongu	PS06		Mona Rumi	
	SHPHAIHS 07	Nursing Officer	HLTN	NO2	Vacant				PS09			
	SHPHAIHS 08	Community Health Worker	HLTC	CHW3	Vacant	1867969	01-01-50	Imbongu	PS05		Arume Rovaty	
YARIA HSC	SHPHAIHS 09	Community Health Worker - Super	HLTC	CHW5	Vacant				PS07			
	SHPHAIHS 10	Nursing Officer	HLTN	NO3	Vacant				PS10		Simon Boku	
	SHPHAIHS 11	Community Health Worker	HLTC	CHW3	Vacant	10753809	16-11-81		PS05		David Dolsong	
	SHPHAIHS 12	Community Health Worker	HLTC	CHW3	Vacant				PS05			
PAKULE HSC	SHPHAIHS 13	Community Health Worker	HLTC	CHW3	Kenneth Songo	12631137	27-03-72		PS05			
	SHPHAIHS 14	Nursing Officer	HLTN	NO2	Vacant	10746206	16-07-82		PS09			
	SHPHAIHS 15	Nursing Officer	HLTN	NO2	Vacant				PS09		Regina Francis	
	SHPHAIHS 16	Nursing Officer	HLTN	NO2	Vacant				PS09			
	SHPHAIHS 17	Community Health Worker	HLTC	CHW3	John Koim Leo	12624572	02-03-87		PS05			
	SHPHAIHS 18	Community Health Worker	HLTC	CHW3	Rose Mccarolly	10407555	27-12-79		PS05			
KOMOLI AID POST	SHPHAIHS 19	Community Health Worker	HLTC	CHW3	David Epei	12628148	03-05-72		PS05			
PUNDIA AID POST	SHPHAIHS 20	Community Health Worker	HLTC	CHW4	Augustine Rilipu	10753863	26-08-80		PS06			
SUMIA AID POST	SHPHAIHS 21	Community Health Worker	HLTC	CHW4	Samuel Peso	10751806	03-05-82		PS06			
UNAKOS AID POST	SHPHAIHS 22	Community Health Worker	HLTC	CHW3	Vacant	10753854	03-08-76		PS05		Monica Peter	
ORAI AID POST	SHPHAIHS 23	Community Health Worker	HLTC	CHW3	Tipora Matias	10753845	16-10-78		PS05			
OMOI AID POST	SHPHAIHS 24	Community Health Worker	HLTC	CHW3	Vacant	827797	01-03-64		PS05		Punde Tumba	
MEGI AID POST	SHPHAIHS 25	Community Health Worker	HLTC	CHW3	Peter Pundia	827789	01-04-60		PS05			
KUME AID POST	SHPHAIHS 26	Community Health Worker	HLTC	CHW3	Vacant				PS05		Luke Lando	
KENDAL AID POST	SHPHAIHS 27	Community Health Worker	HLTC	CHW3	Vacant				PS05			
WARAPUTI AID POST	SHPHAIHS 28	Community Health Worker	HLTC	CHW3	Vacant				PS05			
YOMBI AID POST	SHPHAIHS 29	Community Health Worker	HLTC	CHW3	Vacant				PS05		Julie Tapia	
PINJ AID POST	SHPHAIHS 30	Community Health Worker	HLTC	CHW3	John Tiso	866873	01-01-50		PS05			
PEREPA AID POST	SHPHAIHS 31	Community Health Worker	HLTC	CHW3	Lue Puga	0146152A	01-07-60		PS05			
KERO AID POST	SHPHAIHS 32	Community Health Worker	HLTC	CHW3	Vacant				PS05			
TUTAM AID POST	SHPHAIHS 33	Community Health Worker	HLTC	CHW3	Vacant	10753818	24-12-81		PS05		John Moya	
	SHPHAIHS 34	Community Health Worker	HLTC	CHW3	Vacant	867012	01-01-50		PS05		Lawrence Paula	
	SHPHAIHS 35	Community Health Worker	HLTC	CHW3	Vacant				PS05			
	SHPHAIHS 36	Community Health Worker	HLTC	CHW3	Vacant				PS05			
	SHPHAIHS 37	Driver - DHS	PHLT	PS04	Nakanol Kange	12623549	06-10-81	Imbongu	PS04			
	SHPHAIHS 38	Security - DHS	PHLT	PS03	Nemey Yala	12621976	06-10-81		PS03			
SHPHAIHS 39	Hygiene Staff	PHLT	PS03	Yandopita Akop	12625588	01-05-67		PS03				
Imbongu District Health Services	Abscondmens	Nursing Officer	HLTC	PS09							Anton Inabaga	
		Nursing Officer	HLTN	PS08		1521787					Patrick Korol Pea	
		Community Health Worker	HLTC	PS06		827843					Simon Pame	
		Nursing Officer	HLTN	PS12								Cathy Alua Tunu
	Retires	Community Health Worker	HLTC	PS08		828394	04-01-45					James Tawe Kopat
		Community Health Worker	HLTC	PS06		826898	01-01-50					Wapo Iprawe
		Nursing Officer	HLTN	PS09		1314293	01-07-50					Eyeme Kolo
		Nursing Officer	HLTN	PS08		0186795A	01-01-50					Sane Puvasio
		Nursing Officer	HLTN	PS08		1314285	17-07-51					Betty Leo
		Nursing Officer	HLTN	PS09		1461563	05-04-61					Theresa Kukengi
		Community Health Worker	HLTC	PS06		827584	01-03-48					Mark Pora
		Community Health Worker	HLTC	PS05		827827	01-01-50					Nevia Wesa
	Community Health Worker	HLTC	PS05		828343	01-01-50					William Pumis	
	NO records	Community Health Worker	HLTC	PS06		827819	30-12-45	Imbongu				Aro Tunu
		Community Health Worker	HLTC	PS06		826723	01-01-69	Hagen				Murazic Posa
												Jack Wabe
											Agnes mambo	
											Neolah Nol	
											Vicky Rema	
											Rondah Tom	
											Yowa Pima	

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGIN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
KAGUA ERAVE DISTRICT HEALTH SERVICES	SHPHAKEHS 01	District Health Manager	PHLTC	PS13	Vacant				PS13	Jennifer Nakisi	
	SHPHAKEHS 02	Nursing Supervisor	HLTN	PS10	Jennifer Nakisi	0147771A	11-12-69	Kagua	PS10		
	SHPHAKEHS 03	Community Health Worker - Supervisor	HLTC	CHW5	Vacant	0146085A	18-06-55	Kagua	PS07		John Pona
	SHPHAKEHS 04	Health Inspector	EHO	PS11	Vacant				PS11		
KAGUA HEALTH CENTRE	SHPHAKEHS 05	Health Extension Officer	HLTE	PS11	Vacant	0090006A	01-11-77	Kagua	PS11		Philip Max
	SHPHAKEHS 06	Nursing Officer	HLTN	NO3	Vacant				PS10		
	SHPHAKEHS 07	Nursing Officer	HLTN	NO2	Vacant	12223690	13-12-73	Kagua	PS09		Mathew Yoro
	SHPHAKEHS 08	Community Health Worker	HLTC	CHW4	Vacant	10739383	26-08-83	Kagua	PS06		Stanley Luke
	SHPHAKEHS 09	Community Health Worker	HLTC	CHW3	Vacant				PS05		
	SHPHAKEHS 10	Community Health Worker	HLTC	CHW4	Eddie Awape	10727646	07-06-86	Kagua	PS06		
	SHPHAKEHS 11	Community Health Worker	HLTC	CHW4	Julie Kende	1448877	07-03-57	Kagua	PS06		
	SHPHAKEHS 12	Community Health Worker	HLTC	CHW3	Vacant		03-03-83		PS05		Jimmy Amos
	SHPHAKEHS 13	Community Health Worker	HLTC	CHW3	Lombrass Ipitu (Vacate)	0082729A	06-07-50	Kagua	PS05		Mary Luya
	SHPHAKEHS 14	Community Health Worker	HLTC	CHW4	Vacant	10730241	12-08-52	Kagua	PS06		Albert Willie
	SHPHAKEHS 15	Community Health Worker	HLTC	CHW4	Vacant	827339	19-09-75	Kagua	PS06		Gabriel Kera
	SHPHAKEHS 16	Nursing Officer	HLTN	NO2	Emma Albert	867438	01-05-79	Kagua	PS09		
	SHPHAKEHS 17	Nursing Officer	HLTN	NO1	Winnie Joe	12223897	16-07-87	Kagua	PS08		
	SHPHAKEHS 18	Community Health Worker	HLTC	CHW4	Vacant	0082732A	09-09-50		PS06		Kende Paul
	SHPHAKEHS 19	Nursing Officer	HLTN	NO1	Vacant	10731032	06-06-79		PS08		Cathy Francis
ERAVE HEALTH CENTRE	SHPHAKEHS 20	Health Extension Officer	HLTE	PS11	Clement Kaiman	646903	05-05-72	Wabag	PS11		Working in Pimaga
	SHPHAKEHS 21	Community Health Worker	HLTC	CHW4	Vacant	0070323A	24-12-63		PS06		Vera Andia Poronogo
	SHPHAKEHS 22	Community Health Worker	HLTC	CHW4	Vacant	1448145	22-12-65	Kagua	PS06		Jack Tikarake
	SHPHAKEHS 23	Community Health Worker	HLTC	CHW4	Vacant	770361	16-06-60		PS06		
	SHPHAKEHS 24	Community Health Worker	HLTC	CHW4	Vacant				PS06		
	SHPHAKEHS 25	Community Health Worker	HLTC	CHW4	Kilipi Kepe (vacate)	1460796	01-07-48	kagua	PS06		
SUMI HSC	SHPHAKEHS 26	Nursing Officer	HLTN	NO2	Vacant	1448818	07-12-63		PS09		Dorothy Pisimi
	SHPHAKEHS 27	Nursing Officer	HLTN	NO1	Rose Pombo	1448818	07-12-63		PS08		
	SHPHAKEHS 28	Community Health Worker	HLTC	CHW3	Vacant				PS05		
	SHPHAKEHS 29	Community Health Worker	HLTC	CHW3	Vacant				PS05		
SUMBURA HSC	SHPHAKEHS 30	Nursing Officer	HLTN	NO2	Vacant	007886A	01-11-61		PS09		Debora Kotapu Mumuga
	SHPHAKEHS 31	Community Health Worker	HLTC	CHW3	Vacant				PS05		
	SHPHAKEHS 32	Nursing Officer	HLTN	NO1	Vacant				PS08		
	SHPHAKEHS 33	Community Health Worker	HLTC	CHW3	Elizabeth Alfred	12627624			PS05		
	SHPHAKEHS 34	Community Health Worker	HLTC	CHW3	Vacant				PS05		
KATILOMA AID POST	SHPHAKEHS 35	Community Health Worker	HLTC	CHW3	Vacant				PS05		
	SHPHAKEHS 36	Community Health Worker	HLTC	CHW3	Eya John	12627384			PS05		

KARANDA AIP POST	SHPHAKHEHS 37	Community Health Worker	HLTC	CHW4	Vacant				PS06		Benny Noel	
MAPUANDA AID POST	SHPHAKHEHS 38	Community Health Worker	HLTC	CHW4	Vacant	827274	16-08-65		PS06		Kenda Waiya	
IMANE AID POSR	SHPHAKHEHS 39	Community Health Worker	HLTC	CHW4	Vacant	867683	14-09-62		PS06		Betty Remo	
	SHPHAKHEHS 40	Community Health Worker	HLTC	CHW3	Fiona Maureen	12625345	30-11-85		PS05			
KAPOROI AID POST	SHPHAKHEHS 41	Community Health Worker	HLTC	CHW4	Vacant				PS06			
KAULILOMBO AID POST	SHPHAKHEHS 42	Community Health Worker	HLTC	CHW3	Vacant	828220	10-10-84		PS05		Baisake Kepelea	
KUARE AID POST	SHPHAKHEHS 43	Community Health Worker	HLTC	CHW3	Vacant				PS05			
	SHPHAKHEHS 44	Community Health Worker	HLTC	CHW3	Vacant				PS05			
WASUMA AID POST	SHPHAKHEHS 45	Community Health Worker	HLTC	CHW3	Dominica Kundi	12627437	27-06-93		PS05			
	SHPHAKHEHS 46	Community Health Worker	HLTC	CHW3	Vacant				PS05			
USA AID POST	SHPHAKHEHS 47	Community Health Worker	HLTC	CHW4	Vacant				PS06			
TIRI AID POST	SHPHAKHEHS 48	Community Health Worker	HLTC	CHW4	Vacant	1867675	23-03-64		PS06		Angela Roka	
IBIYA AID POST	SHPHAKHEHS 49	Community Health Worker	HLTC	CHW4	Vacant	827282	06-10-57		PS06		Jerry Kenoa	
LAPOGO AID POST	SHPHAKHEHS 50	Community Health Worker	HLTC	CHW4	Tiem Inspol	826901	05-05-73		PS06		Wendy Pugu	
RALUANDA AID POST	SHPHAKHEHS 51	Community Health Worker	HLTC	CHW4	Vacant				PS06			
KALOLO AID POST	SHPHAKHEHS 52	Community Health Worker	HLTC	CHW4	Aisape Walame	10727673	21-07-81		PS06			
RIAPILI AID POST	SHPHAKHEHS 53	Community Health Worker	HLTC	CHW4	Vacant	10727969	30-05-61		PS06		Ambu Goranu	
YANGULI AID POST	SHPHAKHEHS 54	Community Health Worker	HLTC	CHW4	Vacant	868175	01-01-50		PS06		Yawi Waleya	
KERAPI AID POST	SHPHAKHEHS 55	Community Health Worker	HLTC	CHW4	Vacant	10727682	21-09-60		PS06		Sawelea Kusapi	
SOPOSE AID POST	SHPHAKHEHS 56	Community Health Worker	HLTC	CHW4	Vacant				PS06			
BATRI AID POST	SHPHAKHEHS 57	Community Health Worker	HLTC	CHW4	Vacant				PS06			
WALU AID POST	SHPHAKHEHS 58	Community Health Worker	HLTC	CHW4	Steven Topa	828211	07-07-55		PS06			
PUPUTAO AID POST	SHPHAKHEHS 59	Community Health Worker	HLTC	CHW4	Joseph Kumben	868493	01-01-50		PS06			
KAGUA DISTRICT HEALTH CASUALS	SHPHAKHEHS 60	Driver	PHLT	PS04	Walepa Yawe	12623558	11-09-79		PS04			
	SHPHAKHEHS 61	Driver	PHLT	PS04	Kapi Yano	12628157	11-09-79	Kagua	PS04			
	SHPHAKHEHS 62	Security	PHLT	PS03	Paulus Raita	12622382	09-08-62		PS03			
	SHPHAKHEHS 63	Security	PHLT	PS03	Buka Kale	12622533	01-04-84		PS03			
	SHPHAKHEHS 64	Security	PHLT	PS03	Vacant				PS03			
	SHPHAKHEHS 65	Hygiene staff	PHLT	PS03	Lombo Rakuna	12624590	01-10-60		PS03			
	SHPHAKHEHS 66	Hygiene staff	PHLT	PS03	Peter Yapa	12654801	27-07-81		PS03			
Retires		Community Health Worker	HLTC	CHW4		0082729A	06-07-50	Kagua	PS05		Lombrass Ipitu (Vacate)	
		Community Health Worker	HLTC	CHW4		826901	05-05-73				Tiem Inspol	
		Community Health Worker	HLTC	PS06		827258	01-01-50				Samuel Nande	
		Nursing Officer	HLTN	PS10							Angela Luya	
		Community Health Worker	HLTC	PS07		770400	01-07-64				Meame Pawa	
		Community Health Worker	HLTC	PS05		460800	01-01-51				Tali Noyo	
		Community Health Worker	HLTC	PS06		827312	1957				Epano Wambe	
		Community Health Worker	HLTC	PS05		822766	01-12-54				Isua Kilua	
		Nursing Officer	HLTN	PS10		827371	1981				Patricia Pasiyato	
		Community Health Worker	HLTC	PS05		827223	01-01-50				Mata Wina	
		Community Health Worker	HLTC	CHW5		1521493	20-08-57				Wambe Topele	
		Community Health Worker	HLTC	CHW5		828254	1949		PS07		Nelson Kone	
	Abscondments		Community Health Worker	HLTC	PS05		828181	01-01-50				Lena Usurefa
			Community Health Worker	HLTC	PS05		828165	01-01-50				David Kepu
	NO records						10432829					Wilson Ako
											Dickson Ipita	
						1460877					William Yapina	
						829170					Mary Wapu	
						827355					Kipa Pereke	
					827304	1942					Parika Nandoma	

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGIN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
MENDI MUNIHU DHS	SHPHAMMHS 01	District Health Manager	PHLTC	PS13	Vacant	718645	25-06-69	Mendi/Munihui	PS13		Rachael Sapsi
	SHPHAMMHS 02	Nursing Supervisor	HLTN	PS10	Mendi Mesai	867055	01-01-50	Mendi/Munihui	PS10		
	SHPHAMMHS 03	Executive Assistant	PHLT	PS08	Vacant	10731918	0/05/1973	Mendi/Munihui	PS08		Judith Noupi
	SHPHAMMHS 04	Administrative Officer	PHLT	PS09	Vacant	717762	06-07-68	Imbongu	PS09		Evelyn Tipu
	SHPHAMMHS 05	Health Inspector	EHO	EHO11	Vacant	10728034	15-11-68	Imbongu	PS11		James Timtund
	SHPHAMMHS 06	Central AIDS Counsellor	HLTN	PS11	Vacant				PS11		
	SHPHAMMHS 07	Nursing Officer - TB/Leprosy	HLTN	PS10	Vacant				PS10		
	SHPHAMMHS 08	Community Health Worker - STD/AIDS	HLTC	CHW4	Vacant				PS06		Lina Nopas
	SHPHAMMHS 09	Community Health Worker - TB/Leprosy	HLTC	CHW4	Taylor Pilia	10739697	06-09-83		PS06		
	SHPHAMMHS 10	Community Health Worker - Supervisor	HLTC	CHW5	Vacant	826936	01-01-50	Mendi/Munihui	PS07		Mugu Emba
MUNIHUI URBAN CLINIC	SHPHAMMHS 11	Family Planning Officer	HLTN	NO3	Vacant	867616	01-01-50		PS10		David Binowi
	SHPHAMMHS 12	Nursing Officer	HLTN	NO4	Vacant	1521809	01-01-50	Nipa/Kutubu	PS11		Rosona Andrew
	SHPHAMMHS 13	Nursing Officer	HLTN	NO4	Vacant	1867292	01-01-50		PS11		Winie Gaso
	SHPHAMMHS 14	Community Health Worker	HLTC	CHW4	Vacant	1868396	01-01-50		PS06		Homolpi Till
	SHPHAMMHS 15	Community Health Worker	HLTC	CHW4	Martina Yoke	827428	01-01-50		PS06		
	SHPHAMMHS 16	Community Health Worker	HLTC	CHW4	Vacant	710709	01-07-55		PS06		Etopi Pando
	SHPHAMMHS 17	Community Health Worker	HLTC	CHW4	Kumbiye Leota	0077045A	01-01-50		PS06		
	SHPHAMMHS 18	Community Health Worker	HLTC	CHW4	Doris Walom	1352209	01-07-60		PS06		
	SHPHAMMHS 19	Community Health Worker	HLTC	CHW4	Vacant	1460940	17-07-57		PS06		Michael Lihemoeh
	SHPHAMMHS 20	Community Health Worker	HLTC	CHW3	Rachael Rumints	12625597	01-07-60	Mendi/Munihui	PS06		
MUNIHUI HEALTH CENTRE	SHPHAMMHS 21	Health Extension Officer	HLTE	PS11	Vacant	10227611	14-02-85	Mendi/Munihui	PS11		Pricilla Hurums
	SHPHAMMHS 22	Community Health Worker - Supervisor	HLTC	CHW5	Vacant	0082696A	01-01-50		PS07		Malen Kome
	SHPHAMMHS 23	Community Health Worker	HLTC	CHW4	Vacant	866954	01-01-50		PS06		Tepnis Turi
MONGOL HEALTH CENTRE	SHPHAMMHS 24	Nursing Officer	HLTN	NO4	Richard Tembil	661503	05-07-52	Mendi/Munihui	PS11		
	SHPHAMMHS 25	Nursing Officer	HLTN	NO3	Vacant				PS10		
	SHPHAMMHS 26	Nursing Officer	HLTN	NO2	Vacant	10739809	27-08-85		PS09		Everlyn Kera
	SHPHAMMHS 27	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAMMHS 28	Community Health Worker	HLTC	CHW3	Nomas Noringi	826685	01-01-50	Mendi/Munihui	PS05		
	SHPHAMMHS 29	Community Health Worker	HLTC	CHW4	Ida Tembil	14636680	01-07-57	Mendi/Munihui	PS06		
	SHPHAMMHS 30	Community Health Worker	HLTC	CHW4	Piku Lilly	829030	05-07-69	Mendi/Munihui	PS06		
SHPHAMMHS 31	Community Health Worker	HLTC	CHW4	Vacant				PS06			
WAS HSC	SHPHAMMHS 32	Nursing Officer	HLTN	NO4	Vacant	867179	01-01-50	kagua	PS11		Joyce Gawi
	SHPHAMMHS 33	Community Health Worker	HLTC	CHW3	Vacant	11011998	01-01-68		PS05		Thomas Kopol Sap
	SHPHAMMHS 34	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAMMHS 35	Community Health Worker	HLTC	CHW3	Jacklyn Kakunim	12627562	24-04-87	Mendi/Munihui	PS05		
PINGRIP HSC	SHPHAMMHS 36	Nursing Officer	HLTN	NO4	Vacant	10728070	15-10-78		PS11		Firman Lulpi
	SHPHAMMHS 37	Community Health Worker	HLTC	CHW3	Vacant				PS05		
	SHPHAMMHS 38	Community Health Worker	HLTC	CHW3	Vacant				PS05		
	SHPHAMMHS 39	Community Health Worker	HLTC	CHW4	Vacant	1464066	01-07-55	Mendi/Munihui	PS06		Binowi Pala
	SHPHAMMHS 40	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAMMHS 41	Community Health Worker	HLTC	CHW3	Vacant				PS05		

POSILUM AID POST	SHPHAMMHS 42	Community Health Worker	HLTC	CHW3	Vacant				PS05		Lin Solo	
BIROP AID POST	SHPHAMMHS 43	Community Health Worker	HLTC	CHW4	Vacant	826871	01-01-50	Mendi/Munihui	PS06		Tunduol Mon	
KUMA AID POST	SHPHAMMHS 44	Community Health Worker	HLTC	CHW4	Koloma Takarea	827100	01-01-50	Mendi/Munihui	PS06			
KUNDAKA AID POST	SHPHAMMHS 45	Community Health Worker	HLTC	CHW3	Vacant				PS05		Steven Hurums	
	SHPHAMMHS 46	Community Health Worker	HLTC	CHW4	Elish Walupim	829056	01-01-50		PS06			
BELA AID POST	SHPHAMMHS 47	Community Health Worker	HLTC	CHW3	Ipu Top	826626	01-01-50	Mendi/Munihui	PS05			
NENO AID POST	SHPHAMMHS 48	Community Health Worker	HLTC	CHW3	Vacant				PS05		Amisak Ekip	
KOMBAL AID POST	SHPHAMMHS 49	Community Health Worker	HLTC	CHW3	Gari Mathew	10727619	04-07-82		PS05			
WAIP AID POST	SHPHAMMHS 50	Community Health Worker	HLTC	CHW4	Vacant	828068	01-01-50		PS06		Soil Toank	
TUKUP AID POST	SHPHAMMHS 51	Community Health Worker	HLTC	CHW4	Patrick Mark	10727593	11-09-72		PS06			
NOL AID POST	SHPHAMMHS 52	Community Health Worker	HLTC	CHW4	Vacant				PS06		Samuel Kobal	
KOMEA AID POST	SHPHAMMHS 53	Community Health Worker	HLTC	CHW4	Vacant	12655423					Regina Walop	
DISTRICT HEALTH SERVICES	SHPHAMMHS 54	Driver	PHLT	PS04	Danny Simon	12700657	04-07-70	Mendi/Munihui	PS04		Working in Mendi Hospit	
	SHPHAMMHS 55	Security - Urban Clinic	PHLT	PS03	John Isapu	12621949	04-07-70		PS03			
	SHPHAMMHS 56	Security - DHS	PHLT	PS03	Benson Waringi	12621958	27-07-76		PS03			
	SHPHAMMHS 57	Security - DHS	PHLT	PS03	Kavo Wari	12622364	27-07-76		PS03			
	SHPHAMMHS 58	Plumber - DHS	PHLT	PS03	Steven Kongu	12626136	27-07-76		PS03			
	Retires	Community Health Worker	HLTC	PS05			1607363	01-01-50				Kepelo Ipu
		Nursing Officer	HLTN	PS08			10458439	01-01-70				Judy Pore Longo
		Nursing Officer	HLTN	PS10			1448605	05-09-78				Jacinta Eket
		Community Health Worker	HLTC	PS06			826626	01-01-50				Kenja Solo
		Community Health Worker	HLTC	PS07			826715	01-01-50				Wain Wela
		Community Health Worker	HLTC	PS05			828092	01-01-50				Wana Wan
		Community Health Worker	HLTC	PS05			1826561	01-01-50				David Nande
		Community Health Worker	HLTC	PS06			826979	01-01-50				Sofnomi Sondowe
		Community Health Worker	HLTC	PS06			1463540	01-01-50				John Komep
		Community Health Worker	HLTC	PS08			826545	01-01-50				Pea Kill
Abscondments	Community Health Worker	HLTC	PS06			1347078	01-01-50				Paki Nekon	
	Community Health Worker	HLTC	PS06			826707	01-01-50				Simon Temo	
											Kariap Pongial	
						1867594	01-01-50				Kolen Waspen	
						1477389	01-07-57	Mendi/Munihui			Wasia Ipu	

HEALTH FACILITY	POS NO	POSITION TITLE	AWARD	CLASS	SUB OCC NAME	FILE NO	DOB	PROV/DIST OF ORIGIN	SUB Salary	HAD OCC NAME	STAFF PERFORMING ON POSITION
NIPA DISTRICT HEALTH SER	SHPHANKHS 01	District Health Manager	PHLTC	PS13	Vacant				PS13		Benjamin Kongop
	SHPHANKHS 02	Health Inspector	EHO	PS10	Vacant				PS10		Benedict Peap
	SHPHANKHS 03	Nursing Officer	HLTN	NO4	Vacant	1580902	01-07-60	Nipa/Kutubu	PS11		Hementen Aogol
	SHPHANKHS 04	Nursing Officer	HLTN	NO1	Vacant	0086747A	01-01-50		PS08		Buka Kambao
	SHPHANKHS 05	Community Health Worker - Supervisor	HLTC	CHW5	Wesa Ipopi	827525	01-01-50		PS07		Wesa Ipopi
	SHPHANKHS 06	Nursing Officer	HLTN	NO3	Vacant	10054496	01-01-67	Nipa/Kutubu	PS10		Ranu Wesa Kawayo
	SHPHANKHS 07	Community Health Worker - Supervisor	HLTC	CHW3	Vacant	10730869	01-06-69		PS05		Robert Boli
NIPA HEALTH CENTRE	SHPHANKHS 08	Health Extension Officer	HLTE	PS11	Olti Warop	1448753	11-11-59	Nipa/Kutubu	PS11		
	SHPHANKHS 09	Community Health Worker	HLTC	CHW3	Vacant	12624572	02-03-87		PS05		Nelson John
	SHPHANKHS 10	Community Health Worker	HLTC	CHW3	Vacant	769878	01-07-64		PS05		Konainok Tandale
	SHPHANKHS 11	Community Health Worker	HLTC	CHW3	Hep Hmpungnol	827509	01-01-50		PS05		
KAIPU HSC	SHPHANKHS 12	Community Health Worker	HLTC	CHW3	Daniel Wepu	828190	01-01-50	Nipa/Kutubu	PS05		
	SHPHANKHS 13	Community Health Worker	HLTC	CHW3	Bernard Kuri	10729219	10-05-85	Nipa/Kutubu	PS05		Practicing at waro HSC
	SHPHANKHS 14	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHANKHS 15	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHANKHS 16	Community Health Worker	HLTC	CHW3	Vacant	10286658	20-01-65		PS05		Lucy Alex
	SHPHANKHS 17	Nursing Officer	HLTN	NO1	Vacant	12627123	10-10-82		PS08		Job Huk
WAGI AID POST	SHPHANKHS 18	Community Health Worker	HLTC	CHW3	Robert Ipis	12638964	01-01-82	Nipa/Kutubu	PS05		
HARABIU AID POST	SHPHANKHS 19	Community Health Worker	HLTC	CHW3	Samuel Saria	827681	01-01-50	Nipa/Kutubu	PS05		
PUN AID POST	SHPHANKHS 20	Community Health Worker	HLTC	CHW3	Rossie Mepem	878197	01-01-50		PS05		Vincent Yeri

SEMIN AID POST	SHPHANKHS 21	Community Health Worker	HLTC	CHW3	Erika Pon	739768	01-01-68		PS05		Rossie Mepem	
POROMA AID POST	SHPHANKHS 22	Community Health Worker	HLTC	CHW3	Winnie Jack	12625579	01-01-50		PS05		Erika Pon	
BAGUALE HSC	SHPHANKHS 23	Community Health Worker	HLTC	CHW3	Paul Penda	12625149	01-01-50		PS05		Working in Kantabo	
	SHPHANKHS 24	Community Health Worker	HLTC	CHW3	Vacant	11193488	01-01-60		PS05		Nancy Dalina	
											Mack Hembe	
HERABA AID POST	SHPHANKHS 25	Community Health Worker	HLTC	CHW3	Massie Tol	10727978	07-12-68	Staff not at work	PS05		Baisabe Arimena	
MURUNG AID POST	SHPHANKHS 26	Community Health Worker	HLTC	CHW3	Nancy Ipopi	12638973	01-06-90		PS05			
KANTABO HSC	SHPHANKHS 27	Nursing Officer	HLTN	NO2	Vacant				PS09			
	SHPHANKHS 28	Nursing Officer	HLTN	NO2	Vacant				PS09			
HEDINA AID POST	SHPHANKHS 29	Community Health Worker	HLTC	CHW3	Gimane Wabi	827649	01-01-50		PS05			
KAPA AID POST	SHPHANKHS 30	Community Health Worker	HLTC	CHW3	Gisu Harabo	827657	01-01-50		PS05			
YALENDA AID POST	SHPHANKHS 31	Community Health Worker	HLTC	CHW3	James Pulimon	10730798	01-09-72		PS05		Working in Nipa HC	
TUGIRI AID POST	SHPHANKHS 32	Community Health Worker	HLTC	CHW3	Vacant	10727842	14-06-85		PS05		Kingsly Awabe	
INU HSC	SHPHANKHS 33	Community Health Worker	HLTC	CHW3	Vacant	1461881	01-07-56		PS05		Bagi Igimabu	
	SHPHANKHS 34	Community Health Worker	HLTC	CHW3	Vacant	796611	01-01-50		PS05		Lep Purinogo	
	SHPHANKHS 35	Nursing Officer	HLTN	NO1	Job Huk	12627123	10-10-82		PS08			
WARO HSC	SHPHANKHS 36	Nursing Officer	HLTN	NO1	Vacant				PS08			
	SHPHANKHS 37	Community Health Worker	HLTC	CHW3	Sakaria Karisha	12625532	10-10-82		PS05			
	SHPHANKHS 38	Driver	PHLT	PS04	Wara Yalo	12730109	01-03-73		PS04		Working at Muli HC	
	SHPHANKHS 39	Security	PHLT	PS03	Mul John	12621994	01-10-72		PS03			
	SHPHANKHS 40	Hygiene Staff	PHLT	PS03	Mung Wep	12626996	19-10-56		PS03			
DISTRICT HEALTH SERVICES	Retires	Community Health Worker	HLTC	PS07		827436	01-01-50				Bobby Korosome	
		Community Health Worker	HLTC	PS07		827525	01-01-50	Nipa/Kutubu			Wesa Ipopi	
		Community Health Worker	HLTC	PS06		827517	01-01-50				Biip Hep	
		Nursing Officer	HLTN	PS08		1867586	01-01-50				Lucy Tepen	
		Community Health Worker	HLTC	PS08		463558	01-07-54				Pombrial Lo	
		Community Health Worker	HLTC	PS06		1463744	01-07-52				Embil Peii	
		Community Health Worker	HLTC	PS05		827444	01-01-50				Timbol Suko	
		Community Health Worker	HLTC	PS05		827495	01-01-50				Suk Pola	
		Community Health Worker	HLTC	PS05		0082908A	01-01-50				Amos makip	
		Community Health Worker	HLTC	PS05		0082746A	01-01-50				Olipis Somne	
		Community Health Worker	HLTC	PS05		827452	01-01-50				Tui Sama	
		Community Health Worker	HLTC	PS05		1428566	01-01-50				Yagasa Wambi	
	Excess Officers	Community Health Worker	HLTC	PS08		1314722	01-07-60				Kerry Kipon	
		Community Health Worker	HLTC	PS05		10731892	06-06-76				Harry Pone	
		Community Health Worker	HLTC	PS05		1448010	12-12-60				George Orep	
		Community Health Worker	HLTC	PS05		827479	01-01-50				Ord Pis	
		Community Health Worker	HLTC	PS05		12625579	01-01-50			PS05		Winnie Jack
	Abscondments						10739730	23-02-82				Somb Tawe
							1448419	01-07-66				John Perea

NIPA DISTRICT HOSPITAL	SHPHANKHOSP 01	Medical Officer	HLTMC	MOC4	Vacant				PS14		
	SHPHANKHOSP 02	Medical Officer	HLTMC	MOC3	Vacant				PS13		
	SHPHANKHOSP 03	Hospital Matron	HLTN	NO4	Vacant	1521671	01-02-55	Nipa/Kutubu	PS11		Julie Angol
	SHPHANKHOSP 04	Anesthetic Technical Officer	HLTA	ATO2	Vacant				PS10		
	SHPHANKHOSP 05	Dispenser	HLTC	CHW7	Vacant				PS09		
	SHPHANKHOSP 06	Radiographer	HLTA	RAD2	Vacant				PS09		
	SHPHANKHOSP 07	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHANKHOSP 08	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHANKHOSP 09	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHANKHOSP 10	Nursing Officer	HLTN	NO1	Vacant				PS08		Jack Lombo
	SHPHANKHOSP 11	Nursing Officer	HLTN	NO1	Jossie Ipakasi	1448869	16-09-74	Nipa/Kutubu	PS08		
	SHPHANKHOSP 12	Nursing Officer	HLTN	NO1	Bariame Koosabo	1892939	01-07-58	Nipa/Kutubu	PS08		Paul Awe
	SHPHANKHOSP 13	Nursing Officer	HLTN	NO1	Vacant	867462	01-01-50		PS08		Nancy Sagu
	SHPHANKHOSP 14	Nursing Officer	HLTN	NO1	Vacant				PS08		
	SHPHANKHOSP 15	Community Health Worker	HLTC	CHW4	Maria Habole Olpis	828386	01-01-50	Nipa/Kutubu	PS06		David Tembil
	SHPHANKHOSP 16	Community Health Worker	HLTC	CHW4	Ruth Pip	867608	01-01-50	Nipa/Kutubu	PS06		
	SHPHANKHOSP 17	Community Health Worker	HLTC	CHW4	Jenny Pond	867497	01-01-50	Nipa/Kutubu	PS06		
	SHPHANKHOSP 18	Community Health Worker	HLTC	CHW4	Vacant	10423985	03-02-63		PS06		Ferry masapi
	SHPHANKHOSP 19	Community Health Worker	HLTC	CHW4	Vacant	10113609	12-12-59	Nipa/Kutubu	PS06		Sam Ebil
	SHPHANKHOSP 20	Community Health Worker	HLTC	CHW4	Neio Irap	1867454	01-01-50		PS06		Jack Yumon
	SHPHANKHOSP 21	Community Health Worker	HLTC	CHW4	Christine Bip	1867519	01-01-50		PS06		Martina Anamo
	SHPHANKHOSP 22	Community Health Worker	HLTC	CHW4	Samson Sopiak	12624563	01-01-50		PS06		
	SHPHANKHOSP 23	Community Health Worker	HLTC	CHW4	Eli Orep	12624732	01-01-50		PS06		
	SHPHANKHOSP 24	Medicak Records Officer	PHLT	PS09	Vacant				PS09		Benny Kupuaol Weso
	SHPHANKHOSP 25	Administrative Officer	PHLT	PS09	Vacant				PS09		
	SHPHANKHOSP 26	Medical Laboratory Technician	HLTT	PS10	Vacant				PS10		
	SHPHANKHOSP 27	Driver	PHLT	PS04	Em Elvis	12623941	01-01-82		PS04		
	SHPHANKHOSP 28	Security	PHLT	PS03	John Koyap	12622005	01-01-60		PS03		
	SHPHANKHOSP 29	Security	PHLT	PS03	Vacant				PS03		
	SHPHANKHOSP 30	Hygiene Staff	PHLT	PS03	Pumas Olhopa	12625739	01-01-50	Nipa/Kutubu	PS03		
	SHPHANKHOSP 31	Hygiene Staff	PHLT	PS03	Lilly Mep	12655497	15-06-79	Nipa/Kutubu	PS03		
Retires	Nursing Officer	HLTN	PS08	Bariame Koosabo	1892939	01-07-58	Nipa/Kutubu	PS08			
	Community Health Worker	HLTC	CHW4	Maria Habole Olpis	828386	01-01-50	Nipa/Kutubu	PS06			
	Community Health Worker	HLTC	PS06	Neio Irap	1867454	01-01-50	Nipa/Kutubu	PS06			

PIMAGA RURAL HOSPITAL	SHPHAPHOSP 01	Medical Officer	HLTMC	MOC4	Vacant				PS14		
	SHPHAPHOSP 02	Matron	HLTN	NO2	Michael Puma	10730911	26-07-73	Hagen/WHP	PS09		
	SHPHAPHOSP 03	Medical Laboratory Technician	HLTT	PS10	Vacant				PS10		
	SHPHAPHOSP 04	Dispener	HLTC	CHW7	Vacant				PS09		
	SHPHAPHOSP 05	Radiographer	HLTA	RAD2	Vacant				PS09		
	SHPHAPHOSP 06	Administrative Officer	PHLT	PS09	Vacant				PS09		Jackson Firman
	SHPHAPHOSP 07	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAPHOSP 08	Nursing Officer	HLTN	NO2	Ninde Kange	12404146	21-10-87	Imbongu	PS09		
	SHPHAPHOSP 09	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAPHOSP 10	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAPHOSP 11	Nursing Officer	HLTN	NO2	Vacant	10728802	29-11-78		PS09		Paulin Nathan Rex
	SHPHAPHOSP 12	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAPHOSP 13	Nursing Officer	HLTN	NO2	Vacant				PS09		
	SHPHAPHOSP 14	Community Health Worker	HLTC	CHW5	Vacant	827533	01-01-50		PS07		Amos Waka Baliago
	SHPHAPHOSP 15	Community Health Worker	HLTC	CHW5	Vacant	1893617	02-01-62		PS07		Rita Yange
	SHPHAPHOSP 16	Community Health Worker	HLTC	CHW4	Janet Fagena	766020	01-01-50		PS06		
	SHPHAPHOSP 17	Community Health Worker	HLTC	CHW4	Vacant	10730822	05-03-76		PS06		Freda Hesebe Wai
	SHPHAPHOSP 18	Community Health Worker	HLTC	CHW4	Ferry Mesapi	10423985	03-02-63		PS06		
	SHPHAPHOSP 19	Community Health Worker	HLTC	CHW4	Vacant	827711	01-01-50		PS06		Hibare Iraware
	SHPHAPHOSP 20	Community Health Worker	HLTC	CHW4	Vacant				PS06		
	SHPHAPHOSP 21	Community Health Worker	HLTC	CHW4	Gu"Uru Kamo	1461903	01-07-50		PS06		
	SHPHAPHOSP 22	Community Health Worker	HLTC	CHW4	Vacant	0082763A	01-01-50		PS06		Hegetoha Namani
	SHPHAPHOSP 23	Driver	PHLT	PS04	Vacant				PS04		
	SHPHAPHOSP 24	Security	PHLT	PS03	Andrew Sesemena	12622373	01-01-83		PS03		
	SHPHAPHOSP 25	Security	PHLT	PS03	Rama Luta Oko	12621967	01-01-83		PS03		
	SHPHAPHOSP 26	Hygiene Staff	PHLT	PS03	Janet Barigi	12624545	01-01-63		PS03		
	SHPHAPHOSP 27	Hygiene Staff	PHLT	PS03	Mary Sifome	12624554	01-01-63		PS03		
	SHPHAPHOSP 28	Gen Operator	PHLT	PS03	Joshua Boii	12625354	01-01-84		PS03		
Retires	Nursing Officer	HLTN	PS11		789755	01-07-62	Nipa/Kutubu			Kafa Danabiyu	
	Community Health Worker	HLTC	PS06		789607	01-07-55	Nipa/Kutubu			Gomabo Moris	
Abscondment	Community Health Worker	HLTC	PS05							Hellen Ayo	

UNKNOWN OFFICERS	1	Community Health Worker (CHW)	HLTC	CHW4	Awakera Nandape	1477427	01-07-46		PS06		
	2	Nursing Officer	HLTN	NO3	Tundu Teal	867861	01-01-50		PS10		
	3	Nursing Officer	HLTN	NO3	Wesla Landope	1434922	01-07-61		PS10		
	4	Community Health Worker (CHW)	HLTC	CHW5	Sol Pakipe	828408	01-01-50		PS07		
	5	Community Health Worker (CHW)	HLTC	CHW3	Dominic Embia	8280850	01-01-50		PS05		
	6	Community Health Worker (CHW)	HLTC	CHW3	Gabriel Pamea	827835	01-01-50		PS05		
	7	Community Health Worker (CHW)	HLTC	CHW4	Job Balana	0082844A	01-01-50		PS06		
	8	Community Health Worker (CHW)	HLTC	CHW3	Kewa Nekea	1448443	09-03-59		PS05		
	9	Community Health Worker (CHW)	HLTC	CHW3	Kendoli Kali	827070	01-01-50		PS05		
	10	Community Health Worker (CHW)	HLTC	CHW3	Mathew Liao	828424	01-01-50		PS05		
	11	Community Health Worker (CHW)	HLTC	CHW3	Henry Beli	827860	01-01-50		PS05		
	12	Community Health Worker (CHW)	HLTC	CHW4	Lapa Kaiyo	1463965	01-07-54		PS06		
	13	Community Health Worker (CHW)	HLTC	CHW4	Inji Wesa	1463825	01-07-54		PS06		
	14	Nursing Officer	HLTN	NO1	Jacob Turum	797219	01-01-50		PS08		
	15	Medical Officer	HLTMC	MOC6	Bravey Koensong Kherles	1444162	08-02-66		PS16		
	16	Community Health Worker (CHW)	HLTC	CHW3	Mary Inji	867977	01-01-50		PS05		
	17	Community Health Worker (CHW)	HLTC	CHW3	Huriba Matiabe	1203442	01-01-50		PS05		
	18	Unknown Designation	PHLT		Pendene Taiye	1506699	31-12-74		PS01		
	19	Nursing Officer	HLTN	PS07	Simon Ludwing	870404	01-01-50		PS07		
	20	Community Health Worker (CHW)	HLTC	CHW4	Pes Koli	828157	01-01-50		PS06		
	21	Community Health Worker (CHW)	HLTC	CHW4	Tom Yumim Konop	54422	23-03-64		PS06		
	22	Community Health Worker (CHW)	HLTC	CHW4	Lina Nep Pipon	888630	01-01-60		PS07		
	23	Nursing Officer	HLTN	NO1	Paul Kita	1448761	01-07-66		PS08		
	24	Community Health Worker (CHW)	HLTC	CHW4	Sulum Kubang	673781	01-01-55		PS06		
	25	Health Extension Officer	HLTE	CHW4	Meria Yami	1527700	01-07-66		PS06		
	26	Community Health Worker (CHW)	HLTC	CHW4	Tokaya Pungali	1477397	01-07-56		PS06		
	27	Community Health Worker (CHW)	HLTC	CHW3	Michael Sarape	828505	01-01-50		PS05		
	28	Community Health Worker (CHW)	HLTC	CHW3	Buri Pero	1428477	01-07-40		PS05		
	29	Community Health Worker (CHW)	HLTC	CHW4	Ukaria Lobe	0082858A	30-12-60		PS06		
	30	Community Health Worker (CHW)	HLTC	CHW7	Nolpi Edwin	829366	01-04-45		PS09		
	31	Community Health Worker (CHW)	HLTC	CHW4	Paia Aka	718793	01-09-69		PS06		
	32	Community Health Worker (CHW)	HLTC	CHW3	Jeffery Pea	868264	01-01-50		PS05		
	33	Community Health Worker (CHW)	HLTC	CHW3	Andita Yapa	827096	01-01-50		PS05		

FIXED ASSETS SUMMARY REGISTER

Asset Category	Count	Acquired Cost	Asset Value
Furniture	1827	K1,164,650.03	K1,164,650.03
Fixtures & Fitting	865	K805,616.95	K805,616.95
Computer & Office Equipment	185	K331,156.00	K331,156.00
Static Plant & Equipment	304	K3,460,230.00	K3,460,230.00
Medical Equipment	934	K7,569,230.00	K7,569,230.00
Inventory	1110	K170,313.00	K170,313.00
Motor Vehicle			
Total Cost General Assets		K13,501,195.98	K13,501,195.98
Land		K60,152,600.00	K60,152,600.00
Building		K276880412.00	K276880412.00
Total Value of Properties		K337,033,012.00	K337,033,012.00

ASSET REGISTRY

1. POPULATION SHP: 615, 133(EST.2013)

2. DISTRICT POPULATION (EST 2013)	7. DISTANCES FROM MAIN RURAL HEALTH INSTITUTION TO MENDI PROVINCIAL HOSPITALS
IMBONGU – 102 597	Erave to Mendi - 7hours
IALIBU-PANGIA – 86 726	Kagua to Mendi - 5hr
KAGUA – ERAVE – 93 068	Pangia to Mendi - 4hrs
MENDI-MUNIHU – 164 594	Imbongu to Mendi - 2hrs
NIPA – KUTUBU – 168 166	Munihu to Mendi - 1HR
3. MENDI PROV.HOSP CATCHMENT AREA POPULATION 500,000 PLUS	Tari to Mendi - 4.5hrs
4. PROVINCIAL HOSPITAL:	Koroba to Mendi - 6hrs
NO. OF BEDS: 320, NO OF STAFF: 300	Kopiago to Mendi - 12hrs
PROVINCIAL HEALTH SERVICES	8. DISTANCES TO OTHER HOSPITALS AND MAJOR REFERRAL HOSPITALS
NO. PROV. HEALTH STAFF 536	Mendi to Hagen 3hrs by road
CHURCH HEALTH SERVICES 220	Goroka 6hrs by road
5. RURAL HOSPITALS	Lae 12hrs by road
NIPA RURAL HOSPITAL 60 BEDS	POM 1.3hrs by plane
IALIBU HOSPITAL 50 BEDS	Wabag 5 hrs by road
PIMAGA RURAL HOSPITAL 20 BEDS	Kundiawa 4 hrs by road
6. MENDI HOSPITAL TEN LEADING CAUSES	9. DISTANCES TO AREA MEDICAL STORES TO COLLECT DRUGS & SUPPLIES
1. ACCIDENT & INJURIES, 2. MALARIA, 3. PNEUMONIA	Mendi to Hagen 3hrs by road
4. TB, 5. ARTHRITIS, 6. FOOD POISONING	
7. ASTHMA, 9. TYPHOID, 10. GASTROENTERITIS	

