

ANNUAL REPORT 2016 - 2017



Our vision is to provide quality Health Services to the people of WNB, through effective collaboration with all stakeholders





WEST NEW BRITAIN PROVINCIAL HEALTH AUTHORITY

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Date: 22nd February 2019

The Governor of WNB
 Hon Sasindran Muthuvel MP

SUBJECT: WNBPHA ANNUAL REPORT-2016 & 2017

On behalf of the WNBPHA Board, the Management and Staff, I would like to sincerely acknowledge and thank you for your continuous support, towards health services delivery in West New Britain Province.

The WNBPHA performance report provides an overview of our performance in the health sector in the Province. It provides a reflection on our journey as a critical care agency, since the establishment of WNBPHA in 2014. This report reflects our achievements, challenges and our strategies going forward in 2016 & 2017 and beyond.

Some of the highlights are the YWAM outreach, the zero deaths in maternal health in 2016, the Mass Marriage, the establishment of WNBPHA Strategic Health Services Plan, 2018-2022, volume one & two, the Rural Health Facility Audit, and the ongoing infrastructure development in WNBPHA.

We sincerely thank you for supporting YWAM with K500,000 which greatly contributed to the delivery of primary health care services to more than 15,000 patients across the Province.

There have been many challenges faced in delivering health services and some of which is the financial constraints faced by the country, that have affected the way we have delivered health services in WNB, the chronic shortage of medical supplies and the geographical barrier. However, despite these challenges, the staff of WNBPHA has provided some of the best health care services to the people of WNB, through some of the best "engineers" of health we have on board WNBPHA.

The 2016 and 2017 Financial Statements included in this report are unaudited and the Management of WNBPHA is doing all it can, to have these statements audited by 2019. This report will be submitted to the Health Minister once the Financial Statements are audited.

With God's guidance and wisdom, I believe we can achieve excellence in health service delivery in WNB.

God bless you, as we continue to work together to implement the PHA reform in the Province.

STANISLAW S TAO
 Chief Executive Officer

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White sandy Beach at Liamo Reef Resort: Photo courtesy of Liamo fb page



Youth with a Mission outreach; in partnership with WNBPHA- 2017



YWAM Ship In the waters of West New Britain Province.



ACKNOWLEDGEMENT

The Management and the WNBPHA Board of Governance, sincerely acknowledged all who have directly and indirectly contributed to the successful completion of this document, the 2016-2017 annual Report. We appreciate all your support, cooperation, and contributions in seeing this document completed.

Firstly, we would like to sincerely thank the following;

1. All the Unit Managers, OICs and Program Managers for compiling your respective annual reports, and ensuring your reports are submitted on time, to your respective Directorates.
2. The Directors and especially Deputy Directors for compiling your Directorate reports.
3. The writing team members especially Ms Julie Mitiel for your tireless effort in compiling the Financial Statement for 2016 & 2017 and Ms Josepha Nambasai for compiling the final document.
4. The WNB Provincial Media Team especially Ms Nicole Johannes for the photos. And others who have contributed photos. We appreciate your friendship.
5. All the WNB School of Nursing students and staff, the PHA staff and Board members, for taking the time to smile at the camera, thank you.
6. All the WNBPHA staff for successfully implementing your 2016 & 2017 annual activities, despite the challenges we have, without which, there would be no report. You are highly commended for all your efforts in accomplishing your daily tasks with dedication. Thank you all.

We would also like to sincerely acknowledge our stakeholders, Partners and State Agencies, for their continuous contributions, towards the implementation of the PHA Reform in West New Britain Province.

Our Major Partners;

1. We convey our profound appreciations to the Governor, Hon Sasindran Muthuvel MP, for your continuous commitment in allocation of funds towards activities and programs conducted by WNBPHA and the donations of various Medical equipment and the Boats.
2. We also extend our profound appreciation to the Member for Talasea, Hon Francis Galia Maneke MP, and the Member for Kandrian/Gloucester, Hon Joseph Lelang MP and the former member for Talasea, Hon Francis Marus, for all your support.
3. The WNB Provincial Government and the Administration for your continuous support with budgetary allocations. Our deepest appreciation.
4. NBPOL
5. Hargy Oil Palms Limited

Our Health Partners: The Church Health Agencies and the Non-Government Organisations in the Province and outside the Province and Women Empowering Women (NBPOL). Together we can make a difference in health service delivery in WNB.

Our State Agencies: The Government of PNG, NDoH, DPM, Finance, Treasury and Planning.

Our Donor Agencies: AUSAID, DFAT, ADB, HSIP, Global Fund, WHO, Marie Stops and World Vision.

Our Stake Holders: BSP, Westpac Bank, KBSA, BNBM, Liamo Reef Resort, Hotel Genesis, Genesis Haven, Ela motors, Brian Bell, PNG National Fisheries Authority, Pacific Development Contractors (PDC), WNB chamber of commerce, LLGs and community leaders.

We also acknowledge all other partners, both locally and nationally who are advocates for WNB province.

We deeply appreciate you all and look forward, to a more strengthened partnership, with you all in 2018 and beyond.

Message from the Chairman-Dr Mathias Sapuri, OL,CSM



“Health is Our Business”.

WNBPHA Board of Governance role is to provide clear leadership and governance and making sure that the PHA delivers as required under the *Provincial Health Authorities Act 2007*.

Our goal is to improve the health status of the people of West New Britain Province by developing a Health System that is *Effective, Affordable, and Accessible* to our people. The Board takes full responsibility of the challenges before us and ensuring that treatable illnesses such as Malaria, Pneumonia and Tuberculosis are prevented, children are immunized, and

mothers can give birth safely.

The increasing rate of Tuberculosis (TB), lifestyle diseases, such as cancer, diabetes, hypertension, and HIV/AIDS and STIs must be reversed. Strategies for reducing communicable and non-communicable diseases must align with the National Health Plan 2011-2020 and must be practical.

West New Britain Provincial Health Authority Strategic Health Services Development Plan 2017 – 2022 is a roadmap on which WNBPHA must seriously align all its priorities aimed at alleviating the status of all the health facilities, towards meeting the National Health Services Standards, including better outcomes in the performance indicators.

The mid-term review of the current National Health Plan (NHP) 2011 – 2020 has indicated that the implementation of this NHP over the first half of its term has been “*sluggish*”. This basically calls for us to be smarter with more pro-activeness in doing health business, particularly in implementing the PHA; which is the major health reform in our province during the remainder of our current 10 Year NHP.

Significant improvement in our efforts and attention must be accorded to supporting service delivery and staff welfare – people tend to excel in their performances when they are well looked after. We must also improve access to health services for the urban disadvantaged and rural majority by strengthening Primary Health Care, “Back to Basics”.

The 2016 -2017 Annual Report provides an insight into achievements and challenges of WNBPHA since its declaration in 2013. I welcome and endorse the 2016 -2017 Annual Report and the unaudited Financial Statements, as our commitment to improving health services in our province within the given time-frame. I urge every health worker employed under WNBPHA and members of my Board of Governance to work together in implementing the PHA Reform in West New Britain Province.

DR MATHIAS SAPURI, OL, CSM
 MBBS, DRACOG, DRACGP, DGO & MMEDO&G.
Chairman
 WNBPHA Board of Governance



Message from the CEO: Mr. Stanislaw Stevens Tao

“Providing quality health services to the people of West New Britain Province”.

Greetings!

It is with great pleasure that I, as the CEO of WNBPHA, present to you the combined (2016 - 2017) annual report for West New Britain Provincial Health Authority. The Health Services provided by WNBPHA comprised Executive support services, Curative Health Services, Public Health Services, Planning & Infrastructure and Corporate services. The annual report is a reflection of our accomplishments and challenges, as a team going forward.

We are governed by the PHA Act and the relevant legislations, such as the Public Service Management Act, Public Finance Management Act, General Orders and other legislations, that govern, the day to day business operations of PHA.

WNBPHA was launched in 2013 without a permanent CEO, until February 2016, when I was appointed CEO of WNBPHA to facilitate the establishment of team PHA, identify the challenges and apply remedial measures in partnership and collaboration with the Board of Governance, WNBPG, Management, staff and stakeholders. There were many names labeled against the organization. However, as the mandated Leader, I was to identify the challenges and provide solutions, through a collaborative team effort. During my two-year term, I have come to realize that, on board this organization are some of the best engineers of health in the country, and I salute them all. My priority is to take care of their welfare, security and their career development, so that they can effectively take care of patients, who are our number one priority.

Yes, we have our challenges, but as health workers we must not allow these challenges and limitations deter us from delivering better health services to the people of WNB and the Country.

I congratulate the Management team comprising Managers, for putting together our mission and vision statement, and the Strategic Health Services plan, 2018-2022, that now paves way for creation of programs and policies that will be more focused towards achieving quality health for all by 2050.

Our vision and mission as a “Critical Service Provider” is to provide quality health services, that is effective and efficient, to the people of West New Britain Province, through a collaborative approach with our health services partners. Therefore, as the principal health service provider in the Province, we are working in close consultation with our health sector partners, the church health services, the NGOs and other partners both internally and externally to ensure quality, Curative and Public Health Services are being delivered to our people in the Urban and Rural communities of the Province.

On behalf of the Management, I wish to commend all the staff, for their commitment and dedication in caring for the sick and upholding Nursing and Medical standards, promoting health and delivering the best possible care, despite the challenges faced in 2016 and 2017.

With God’s guidance and wisdom, I believe we can achieve excellence in health service delivery in WNB.

God bless us all, as we continue to implement the PHA reform in the Province.

A handwritten signature in blue ink, appearing to read 'Stanislaw Stevens Tao'. The signature is stylized and includes a long horizontal stroke extending to the right.

STANISLAW STEVENS TAO
Chief Executive Officer

EXECUTIVE SUMMARY

The WNB Provincial Health Authority was established with the aim to improve and provide health services to the rural majority and the urban disadvantaged, through Public Health and Curative Health Services. The two services play a significant role in enabling our people to be cured of illnesses, and to attain healthy lifestyle, thus prevent diseases and contribute to improved health indicators for West New Britain and Papua New Guinea.

The population increase and the low health indicators in West New Britain Province, is a great concern for WNB Provincial Health Authority and its health service partners. WNBPHA intends to ensure that adequate resources including human resources, financial resources, medical supplies and equipment, and health infrastructures are available, to meet the health needs of the growing population. Unfortunately, WNBPHA is facing many challenges, which include resource constraints, lack of transportation accessibility across the Province and the deteriorating health infrastructures, to deliver effective and efficient health care to the people of West New Britain Province. There has been some improvement in provision of medical supplies in recent years, however a recent Medical Standards review and the Audit of the Rural Health Facilities, revealed that many health facilities lack basic medical equipment and most health infrastructures in the Province have deteriorated over time.

WNBPHA, believes in the “One system tasol” approach, and is therefore, collaborating with all Health Service Providers, Partners and Stakeholders in the Province and outside the Province, to work together to ensure adequate resources are available to strengthen the health system in the Province and to ensure all its Health Service Partners, plan and implement their health programs, in line with its Strategic Health Services Development Plan 2018-2022 and the National Health services Standards (NHSS 2011-2020).

A major part of the Strategic Health Services Development Plan is the review of existing infrastructures across the Province, in order to establish clear strategies for its redevelopment. While some facilities will be upgraded, others will be reclassified to Community Health Posts (CHPs), to meet the health needs of the people in the communities of West New Britain province.

WNBPHA aspires to fulfill its vision ‘To provide quality health services to the people of West New Britain Province’. This can be achieved through a collaborative effort from all health services implementers comprise the four (4) Directorates; Curative Health Services, Public Health Services, Corporate services and Planning and all internal and external health partners including our major stake holders; the West New Britain Provincial Government, NDoH, New Britain Palm Oil Limited and Hargy Oil Palms Limited, as we strive to achieve excellence in health service delivery in West New Britain Province.

Sunrise in West New Britain Province: Photo Courtesy of YWAM Outreach, 2017



INTRODUCTION

The combined performance report highlights the achievements and challenges in 2016 and 2017, in Leadership and Governance, and the Units or sections under the four (4) Directorates comprising;

1. Curatives health services comprised the Medical and Nursing services
2. Corporate services include Finance, Human Resource, Administration and Facilities
3. Public health services cover the 5 major programs of Public health and the Curative services in the Rural health facilities.
4. Planning, Information and Coordination is a newly established Directorate under the PHA reform comprising the planning unit, Projects, and ICT which includes information and Coordination.

There are some areas which we have done well, for example, the zero maternal deaths in 2016, which is a great achievement for maternal health services in the Province. While in some areas in curative and public health, we have not performed well, due to many contributing factors such as lack of funds and shortage of medical supplies. As a critical service provider, our purpose is to provide relief to the sick and injured persons through the provision of care and treatment, promote, protect and maintain the health of the community and be accountable to the community.

2016 and 2017 was mostly spent on Staff recruitment, selections and appointments, Audit of the health facilities, Planning and designing of the WNBPHA Health Services Plan, and interacting with stakeholders and re-aligning ourselves; to plan and chart our way forward, to achieve the goals and objectives of the National Health Plan and the vision and mission of WNBPHA, to deliver quality health services to the people of West New Britain Province.

The WNBPHA has been consulting with the NDoH and relevant Stakeholders regarding the Kimbe Provincial Hospital Master Plan; including the proposed Bialla and Kandrian District Hospitals development.

These are three tier pillars which will support rural health facilities across the Province.

The Master Plan will initially address the Kimbe Provincial Hospital, followed by the proposed Bialla and Kandrian District Hospitals, including the rural facilities in strategic locations across the Province; being supported by the 4 CHPs; (Baea; Vatukeye; Akonga and Wako).

The timeframe for the Health System Development Programme will be from 2018-2040

The result of the rural health facilities Audits conducted in late 2016/2017 and the Base Line NHSS Survey of Kimbe Provincial Hospital, by the standard team have highlighted the defects we have in the health service delivery mechanism. The results revealed that many health facilities in the Province are performing well below 60%, due to poor health infrastructures and other factors. The findings from these three source documents have been used, as basis to develop the Health Services Plan 2018-2022, and the Redevelopment Master Plan for Kimbe Provincial Hospital and the Strategic Health facilities in West New Britain Province.

WNB Coastline: Photo courtesy of Dr Beatrice Solok



OUR MANDATE

The West New Britain Provincial Health Authority was established through a Ministerial Order after the Provincial Health Partnership Agreement was signed between WNB Provincial Government and the National Department of Health on the 14th of June 2013. The WNBPHA was mandated by the Constitution of PNG, through the Organic Law on Provincial and Local Level Government and the Provincial Health Authorities Act (2007) on the 31st of March 2014 to provide health services to the people of West New Britain.

It is a corporate body with perpetual succession; and may sue and be sued in its corporate name. It also has the legal capacity to purchase, take, hold, sell, lease, exchange and dispose of real and personal property.

THE LEGAL MANDATE, INCLUDE:

- ✚ The Organic Law on Provincial and Local Level Government 1995;
- ✚ The National Health Administration Act 1997;
- ✚ The Provincial Health Authorities Act 2007, (“PHA Act”)
- ✚ The Intergovernmental Relations (Function and Funding) Act 2009;
- ✚ The Public Finances (Management) Act 1995 (“PFMA”);
- ✚ The Public Services (Management) Act 2014 (“PSMA”);
- ✚ Medical Registration Act 1980; and
- ✚ The Public Health Act 1973.

There are regulations under the PFMA, the PSMA and Public Health Act and it is anticipated there will soon be administrative regulations under the PHA Act, these will include:

- ✚ Partnership Regulations under the PHA Act;
- ✚ Contract Officer Regulations under the PHA Act; and
- ✚ CEO Appointment Regulations under the PHA Act and the Public Hospital Act.

The Health Minister, Hon. Dr Puka Temu's visit to WNBPHA in 2017.



OUR DRIVERS

✚ The PHA Act 2007

The PHA Act empowers the Provincial Health Authorities, to take full responsibility of health services in the provinces, to improve the health status of the people, through Curative Health Services and Public Health Services.

✚ The National Health Plan (NHP) 2011-2020

The NHP provides direction for all health service providers to work towards improving health indicators for Papua New Guinea, thus requires all our effort to make “health our business”.

✚ WNBPHA Health Services Plan 2018-2022

The major component of the Strategic Health Services Development Plan is the review of existing infrastructure across WNB in order to establish clear strategies for its redevelopment.

✚ The GESI (Gender Equity & Social Inclusion) Policy

The Policy is a new culture, a new way of thinking and doing things. The policy is advocating for individuals to have a change mindset, regardless of their status, and to rise up, step up and speak up, to influence change at all levels, within the community, at home, and at work.

✚ The National Health Services Standard (NHSS).

The NHSS is a tool to measure performance in Governance, Curative and Public Health services, to ensure WNBPHA delivers quality health services to the people.

✚ The vision 2050 policy

“Papua New Guinea can become a Smart, Fair, Wise, Healthy and Happy Society when all the directional statements under Vision 2050 are articulated, institutionalized, operationalized, and implemented, efficiently and effectively”.

✚ PNG DEVELOPMENT STRATEGIC PLAN 2030.

The Goal is to achieve an efficient health system which can deliver internationally accepted standard of health system.

✚ The Public Service Management Act 1995 (PSMA).

The ACT makes provision for the appointment, conditions of employment, constitution, powers, procedures and functions of the Public Services Commission in accordance with Section 190 (*Establishment of the Commission*) and 191 (*Functions of the Commission*) of the Constitution.

✚ Code of Business Ethics & Conduct

The PSGO provides direction on all matters of Governance within the Public Service, therefore enhanced the daily business operations of WNBPHA. Professionalism, code of conducts and maintenance of profession are always to be upheld in accordance with:

21.1 The Public Service General Orders, 04th edition, 2012

21.2 Public Finances (Management) Act.

OUR VISION, MISSION, OBJECTIVES & VALUES

VISION:

To provide quality health services to the people of West New Britain Province.

MISSION:

WNBPHA aspires to provide effective and efficient quality health care services that are accessible to the people of West New Britain Province, through effective collaboration with all stakeholders.

VALUES

All employees of WNBPHA are expected at all times to behave and work within the principles and intent of the Code of Conduct and uphold WNBPHA Core Values which include:

Responsibility and Commitment: We are loyal to our duty and performance.

Resourcefulness: We aspire to make the most of whatever resources we have and to share those resources.

Best Practice: We endeavour and aspire to create an environment for high standards and excellence.

Empathy: We care about our people, our colleagues, the infected and affected.

Leadership: We lead and manage effectively

Team Work: Concerted and collective effort

Integrity: We are respectful, honest and have self-respect

OBJECTIVE:

To achieve its vision and mission, the leadership and Governance key objective is;

1. To improve leadership, governance and organizational performance at all different

levels of health care delivery system within West New Britain Provincial Health Authority by the end of 2022 (*Executive Services*).

2. To improve the health status of the province by emphasizing on the effective preventative interventions and disaster preparedness at all levels, focusing on institutional capacity building, career development, innovation, service integration and research, with strengthened stakeholder engagement for an effective and resilient public health system by 2022 (*Public Health Services*).
3. To provide a specialized & high-quality patient focused health care that is readily accessible, cost effective and meets the needs of the community we serve and complement Preventative and Promotive health to empower the community we serve by 2022 (*Curative Health Services*).
4. By the end of 2022, the Corporate Services Directorate would have improved and have effectively implemented its corporate functions through Human Resource Capacity Building and Development, Accountable and transparent Financial Management, improved Administrative Functions and upgraded Public Health and Provincial Hospital Facilities (*Corporate Services*).
5. WNBPHA would have established and operate an ICT system that meets the management and patient-care expected outcomes alongside an effective Project Management Team that responds to the infrastructural needs of the PHA with high degree of efficiency by the end of 2022. (*Planning, Information & Coordination*).

Photo courtesy of online pictures



POWERS OF WNB PROVINCIAL HEALTH AUTHORITY.

WNBPHA has a corporate status and it can do all things necessary in connection with the performance of its function to deliver public and curative health care services within the province. It can perform among other things the following function within its jurisdiction to ensure health care services are delivered:

- i) Occupy, use, control or otherwise deal with land or property owned or held by the National or Provincial Government as the case may be within the province;
- ii) In consultation with NDoH may recommend to the Minister the amount of fees and charges payable for the provision of health services and the used of medical and hospital facilities within all its establishment.
- iii) Raise fund and resources within its means as the Board may consider necessary for the purpose of financial sustainability and the operations of the Authority;
- iv) In consultation with NDoH recommends to the Minister the terms on which patients may be admitted to and all other matters affecting patients in the Provincial Hospital;
- v) Make grants or lend money or like benefits;
- vi) Engage a person to perform services for the Authority; and
- vii) Accept gifts and others...made to the Authority on trust etc., and also can act as trustee to money or property vested in it, on trust.

PHA REGULATION/ BY LAWS AND CHALLENGES

One of the legal challenges we face throughout the PHA provinces was that the PHA Act itself was enacted without a regulation to give absolute effect to its implementation. There are number of areas that are silent or not clearly defined in the Act which should be captured in the Regulation. For instance, recruitment of staff and disciplinary processes to name few and this has caused us to refer back or utilize the Public Service (Management) Act and the General Orders when dealing with matters of staff recruitment and discipline.

The “overarching” regulation for all PHAs was handled by NDoH Legal and PHA Reform Division and the final draft was forwarded to Department of Personal Management in 2016 for ministerial approval. At this point in time the Regulation is yet to be brought before the parliament for endorsement.

This leaves the PHA Act and powers of the CEO deemed as departmental head and the appointing authority with no clear demarcation in terms of recruitment and appointments of PHA staff including Doctors, with the exceptions of Directors whose selection and recommendation for appointment is provided for under the PHA Act.

These challenges can be resolved by the regulation which among others will provide for the terms and conditions of appointment of officers of the Provincial Health Authority.

BY-LAWS

We have yet to formulate and incorporate the relevant By-Laws, pending the “overarching” regulation. The By Laws must not be inconsistent with the Act and Regulation and it must be practically applicable within our PHA establishment. The main purpose of the By Laws is to:

- i) create Boards Committees and Sub-Committees
- ii) protect PHA staff and properties,
- iii) maintenance of law and order within PHA premise,
- iv) prevention of the interference and obstruction of the provision of basic health services by the PHA employees.
- v) impose penalties and prosecutions of those who breach any of the by-laws.

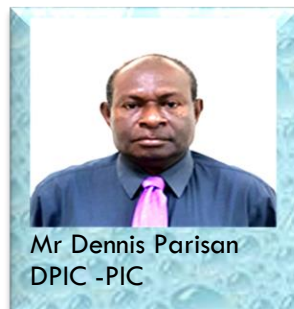
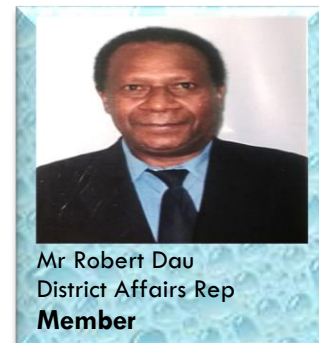
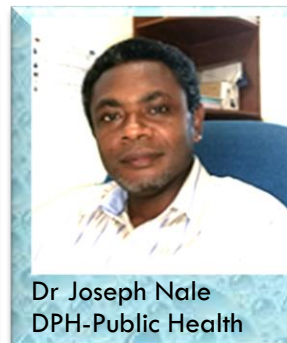
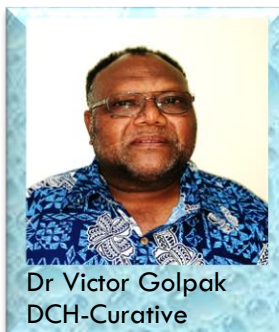
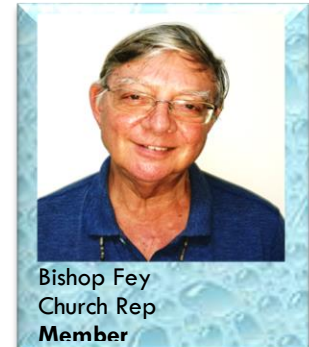
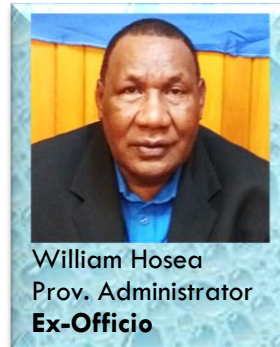
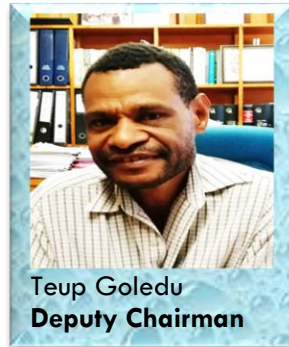
The Health Minister Sir Dr Puka Temu's visit to WNBPHA and WNBSON in 2017



BOARD OF GOVERNANCE

The Board of Governance was appointed to oversee and govern WNB Provincial Health Authority and to ensure that the services provided by the WNBPHA comply with the requirements of the PHA ACT and the purposes and functions of the Provincial Health Authority.

Board of Governance Members.



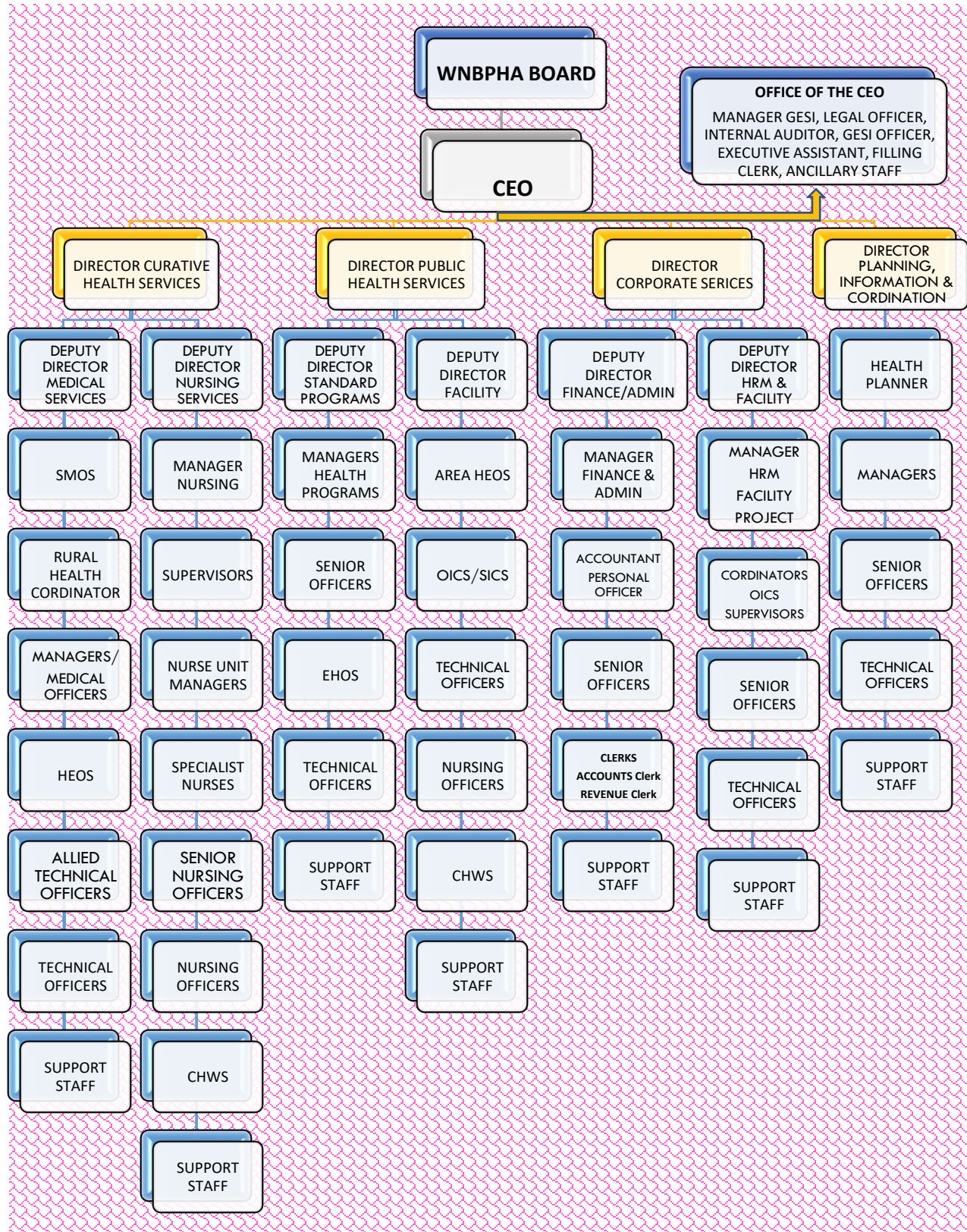
MANAGEMENT TEAM

The Chief Executive Officer manages and directs the affairs of the PHA in accordance with the Provincial Health Authorities Act (2007) and is responsible for all operations of the Authority. The CEO provides the leadership in the organization and provides the linkage between the Governance role of the Board, the Management and Staff of the Provincial Health Authority.

The Director of Curative Health Services and the Director of Public Health Services provide advice on clinical governance while the Director of Corporate Services and Director Planning, Information and Coordination provide advice on corporate governance.



OUR ORGANISATIONAL CHART- (the structure below has been implemented in 2016)



2016 & 2017 AT A GLANCE

1. SELECTION AND RECRUITMENT

1.1 APPOINTMENT OF THE CEO

The appointment of the CEO, Stanislaw Stevens Tao, came into effect in December 2015, bringing stability to WNBPHA. As the Head of Agency, his task is to provide solutions to the challenges with a collaborative team effort, and secondly to facilitate and ensure that, the West New Britain School of Nursing is established, into a fully pledged Nursing School, in collaboration with the Board of Governance, NDoH, WNBPG, the Management Steering committee and with relevant Stakeholders.

1.2 APPOINTMENT OF DIRECTORS.

Four Directors have been appointed, in accordance with the Selection and Recruitment by the Selection Committee; after due diligence, “investigations” were conducted to determine the suitability of Candidates for the positions of Directors; based which, the following Appointments under Section 33 of the Provincial Health Authorities Act, 2007 were made.

Dr. Joseph Nale - Director Public Health Services

Mr. Dennis Parisan - Director Planning, Information and Coordination.

Mr. Voghi Mota - Director Corporate Services

Dr. Victor Golpak – Director Curative Health Services

1.3. APPOINTMENT OF ALL STAFF OF WNBPHA

1. The Directors were directly involved in the short listing and final selection of staff under the four (4) Directorates, in - line with the approved Organisational Structure.
2. The Staff Selections have been successfully completed in collaboration with the HR Advisors from the Department of Personnel Management, with an additional 117 new hires recruited in 2017.

The process of selection and recruitment is still on-going with officers who have been promoted and New Hires who have been appointed in the recent selection have now been paid against positions to which, they have been appointed.

SUMMARY OF TOTAL POSITIONS ADVERTISED;

✚ Total Staff under the approved Organizational Structure: 787

✚ Total Staff Strength to date: 704

✚ Total Vacant Positions: 83

Table: 1 Total Position Occupancy & Staff strength by Directorates

DIRECTORATE	TOTAL POSITIONS APPROVED	STAFF ON STRENGTH		TOTAL VACANCIES
		Total Positions Occupied	Total Unattached Officers	
EXECUTIVE	09	06	Nil	03
PIC	19	19	Nil	Nil

CORPORATE SERVICES	65	64	07	01
MEDICAL SERVICES	117	97	03	20
NURSING SERVICES	257	218	04	39
PUBLIC HEALTH	320	300	07	20
TOTAL	787	704	21	83

Edited 06th March, 2018

WNBPHA has a total of 787 funded positions within its structure. Almost over 600 positions have been filled including the acting appointments while some positions, within Curative (Medical and Nursing) and Public Health are yet to be filled.

2. HUMAN RESOURCES TRAINING AND DEVELOPMENT MASTER PLAN.

The Human Resources Training and Development Policy is being developed to address the Human Resource Training and Development, in line with the National Health Services Standards and will be presented to the Board for review and endorsement, in the first quarter of 2018, when it is finalised.

3. HEALTH SERVICES PLAN, (2018-2022)

The WNBPHA Health Services Plan has been endorsed by the Board for implementation.

The Health Service Plan is aimed to improve health services in WNB. The plan reflected the real situation on the ground and is based on the two reports, the Rural Health Services Audit report and the National Health Services Standard survey (NHSS) report. The two reports take prominence in the plan based on the 8 priority health outcomes of the National Health Plan 2011-2020.

4. SON PROJECT (SCHOOL OF NURSING)

Pacific Development Contractors (PDC) was awarded the Contract to commence works on the construction of the two-level dormitories; one student mess and one laundry facility for a total of K2.2M. The Board and Lodging facilities and have been completed and are ready for commissioning and occupation by students by end of March, 2018.

The school has completed its selection of the second intake of more than 50 students and is progressing well with the boarding and lodging facilities to be opened soon.

5. WNB SCHOOL OF NURSING.

The WNB School of Nursing is offering a 3year Diploma in Nursing Course. The school was scheduled to commence classes for more than 50 students on February, 2018. However, due to delays in the installation of power, to the boarding and lodging facilities, the School of Nursing will commence classes for both the first and second year, in April, 2018.

New classrooms are urgently required to accommodate the new intakes.

Note: The collaboration between the Management and the Human Resources Management Training Unit of the NDoH has been very challenging; as the School of Nursing comes directly under the jurisdiction and responsibility of the NDoH.

6. HEALTH INSURANCE POLICIES FOR WNBPHA STAFF

The Board of Governance has secured two important staff insurance covers through MARSH, a reputable global insurance broker to provide advice on optional staff Medicare products. The insurance policies were presented to the Board for review and were approved. The policies have been formalised and are now in place for health workers.

These two policies were done to ensure all staff are adequately covered. The Health Insurance Policies are;

1. The personal accident (Death and Capital benefits) policy
2. The workers' compensation policy.

The personal accident policy fully covers all staff; 24 hours; 7 days a week.

7. THE NATIONAL HEALTH SERVICE STANDARDS.

The Kimbe Provincial Hospital Master Plan is being developed based on the National Health Services Standards Assessment - Infrastructure and Equipment Survey Report, 2009 and 2014 Design Brief.

An Internal baseline survey for the hospital has been completed with an overall rating of 25%. The result and the recommendations including budget cost estimates were presented to the Management and the Board for implementation.

8. AUDIT OF RURAL HEALTH FACILITIES

The audits of the rural health facilities were conducted in 2016/2017, by a team comprising staff members of the four (4) Directorates with the aim to give a true indication of funds spent on health infrastructures in the last 5-10 years.

The reports have been used to develop the Health Services Plan and the Kimbe Redevelopment Master Plan, to address the appalling state of the health facilities in WNBPH.

9. THE TB RESPONSE STRATEGY

The TB Response strategy has been developed to address the TB Burden in WNBPH, and comprises three main Objectives:

1. Early Detection of Active Tuberculosis (all forms).
2. Effective Treatment of Tuberculosis (all forms).
3. System Strengthening.

Focus areas under these three strategic Objectives include:

Objective 1.

- 1.1 Systematic Screening
- 1.2 Improved Diagnostic Capacity.

Objective 2.

- 2.1 Improved Clinical Management
- 2.2 Patient Centred Care & Reduce loss - to - follow - up, (LTFU).
- 2.3 Social Mobilization.

Objective 3.

- 3.1 Improved Coordination
- 3.2 Develop Supervisory Capacity at provincial & district level.

- 3.3 Improved TB Information System (Recording & Reporting).
- 3.4 Effective Supply - Chain Management.

10. A&E (ACCIDENT & EMERGENCY) & AOPD (ADULT OUTPATIENT) - REFURBISHMENT.

The two units have been fully refurbished in accordance with the NHSS requirements.

11. WORK IN PROGRESS

11.1 New maternity Wing

The infrastructure design is being reviewed by the NDoH, in compliance with the Health Facility Designs Standard and Health Services Plan. The plan for the maternity wing is subject to the KPH Redevelopment Master Plan.

The new ward should be established on the vacant land to the east of the existing O&G Ward, and will have good access to the operating theatre, the emergency department and the Special Care Nursery.

11.2 Kimbe Provincial Hospital Redevelopment Master Plan

The Redevelopment Master Plan is being developed in line with the National Health Services Standards Assessment of Infrastructure; Equipment and Plant Survey and Design Brief. These documents form a major component of the Health Services Plan (2018 – 2022).

The Redevelopment Master Plan includes Kimbe Provincial Hospital, Maternity Wing and the Mortuary and the Strategic Health Facilities; Bialla District Hospital, Silanga Health Centre, Kimbe Urban Clinic and Bitokara Health Centre.

The Redevelopment plan is being designed with the support of the NDoH.

11.3 Four Community Health Posts, (CHP)

The construction of the 4 CHPs; Baea; Vatukeye; Akonga and Wako are progressing well and near completion. The CHPs are being funded by the Australian Government, Go PNG and ADB, under the Rural Primary Health Services Delivery Project, and constructed by Pacific Development Contractors (PDC), at an estimated total cost of K20M.

Timeframe: The CHPs will have been completed and ready for commissioning by November, 2018.

Note: The four CHPs will be the standard – model for the other CHPs across the Province. These are state of the art health facilities and once completed will add value and change the face of health services in WNB.

11.5 Bialla District Hospital

The service design plan is in progress for the redevelopment of Bialla. The facility will be upgraded to a District Hospital. The redevelopment of Bialla Health Facility will be supported by Hargy Oil Palms and ADB.

11.6 Silanga Health Centre

Silanga HC will be redeveloped with support from NBPOL as a Level 3 HC with a maximum of 24 beds, and in accordance with the National Health Service Standards.

11.7. Kimbe Urban Clinic

Kimbe Urban Clinic will be redeveloped to meet all the requirements of a level 3 urban clinic to provide ambulatory care services. The design plan is being developed by the Health Facility Branch of NDoH.

11.8 Bitokara Health Centre

The design plan for Bitokara is being developed by the Health Facility Branch of the NDoH. The facility will be replaced by a Level 2 CHP with 6 beds.

11.9 Kandrian District Hospital

The assessment of the facility has been completed by the Medical Standards Branch of the NDoH. The facility is not operational pending required configuration of the infrastructure to meet National Health Services Standard requirements.

Kandrian District Hospital Infrastructure

Ariel view of new KDH infrastructure



Clinical services buildings



Walkway connecting buildings



Ward with patients' beds



WEST NEW BRITAIN SCHOOL OF NURSING (WNBSON)

WNBPHA has been assigned to coordinate and facilitate the establishment of the WNBSON, in collaboration with stakeholders, (Board of Governance, SON project steering committee,

WNBPG, NDoH). We are pleased to include in this report, the progress of the SON, since its establishment.

INTRODUCTION

The WNBSON is a new establishment. The school was established following a call from the province and the people of West New Britain Province.

ACHIEVEMENTS TO DATE

1). PHASE ONE:

OCTOBER 2015 – DECEMBER 2016

1.1 Initial Planning for the beginning of school establishment with Provincial Health Authority, being the Care Taker of the process;

- Refurbishment Screening and Selection of First Intake

2) PHASE TWO:

JANUARY 2017 – DECEMBER 2017

- Proper Start of First Year Program
- WNB Provincial Government Assisted with TESAS for Student's Support (at K4,000.00 per student).
- Construction work for New Facilities were Nearing Completion.
- Screening of Application, Selection of Second Batch for 2018 Intake
- Completed First Year of Training Successfully
- Closer of Academic Year in December 2017

3) PHASE THREE:

JANUARY 2018 – DECEMBER 2019

- Internal/Local Recruitment of Tutors/Lecturers and Administrative Staff
- Development of Curriculum, Teaching and Learning aids/equipment, Books etc.
- In House work shop for 4 Tutors recruited
- Dedication of School
- Provisional Accreditation by Nursing Council for 1 year (September 2016 – September 2017)
- October 2016 Registration and Enrolment of the First Intake and Preliminary Classes Started.
- Establishment of Steering Committee
- Construction work for New Facilities began
- Recruitment of Deputy Principal and additional Tutor
- School Rules and Regulations in Place; Students received copy each.
- 2016/2017 Intake Continue to second year of Training
- 2018 Intake start year one Program
- All students are Boarding using the New Facilities - Total number of students 89.
- WNB SON 1st draft Curriculum has been approved in Principle
- DPM approved WNB SON positions are now being Advertised
- Total Potions: 32
- Current Staff and Students ceiling stands at; Staff: 16. Students 89

MAJOR CHALLENGES HINDERING PROGRESS

The WNB SON has been progressing well, considering the challenges encountered at the back drop of this economic environment, this is owed largely to the support mechanism provided by the Provincial Government, the National Department of Health and the Provincial Health Authority.

As it is, moving forward depends on how the above parties address some important agendas that stand in the way of progress. These priority agendas that must be resolved immediately, include:

1) Urgent infrastructure requirements.

a) Learning Facilities

1. Classrooms x 4
2. Demonstration Room x 1
3. E-Library x 1
4. Lecture Hall, (200 – head capacity) x 1
5. In-service Hall

2) Housing (Accommodation) Facilities for the Lecturers

The school, fully pledged, will need 12 staff houses to accommodate all the teaching staff, excluding the Principal, Deputy Principal and all other staff.

Currently, 5 out of 7 staff is being accommodated by the WNB SON in rental accommodation

3) Urgent Funding Requirements for 2018

The School is in critical need of urgent funding to support its operations.

4) Stake Holder's Support.

The Operation funding; Personnel Emolument, will be managed by Finance, in collaboration with DPM and DHERST.

Development Partners (AUSAID, WHO, ADB), have been in the Province; have visited the various sites (Kimbe Bay Hotel and Current temporary School). These stake holders are quite impressed with our plans as a Province.

5) Challenges

The current and future challenge is to secure a site and training infrastructures which are necessary for SON to have full accreditation as a Nursing Training Institution.

Our priorities going forward.

1. Learning Facility X4
2. Dormitory X 2
3. Staff/ Teacher Houses
4. Resources; Transport & ICT
5. Teaching Aids and other Equipment
6. Conference Facility
7. Health Facility infrastructure to accommodate students during rural attachment rotations.

WEST NEW BRITAIN SCHOOL OF NURSING(WNBSON) FROM WHERE IT WAS, TO WHERE IT IS NOW.

Construction phase/Board & Lodging facilities



The Pioneers; First Intake; 2017



The staff

The Project steering committee



Photo courtesy: Online Picture



EXECUTIVE SECTION



The Executive Unit is a corporate function and comprised 4 units which ensures the Chief Executive Officer (CEO) performs his functions effectively and in a timely manner as stipulated in the PHA Act 2007.

A total number of four (4) Board of Governance meetings, were held in 2016, while two were held in 2017.

Management meetings were held on a monthly basis, with more than 10 Meetings in both 2016 & 2017.

The Manager GESI, is the Team Leader of the Executive Unit and oversees the function of the Administration.

Executive Section comprised;

1. Administration

Manager GESI-Ms Josepha Nambasai
 Executive Officer- Vacant
 Executive Secretary-Mrs. Claire Killie Raikot
 Filing Clerk- Ms. Maryjane Kamilus
 Personal Assistant-Miss Mathilda Murema
 Driver-Henry Batari
 Hygiene Officers x 2

2. Gender Equity & Social Inclusion (GESI)

Manager GESI-Ms Josepha Nambasai
 GESI Officer- Mrs. Rosemary Bakani Levi

3. Legal Services

Legal Officer-Mr. Vincent Bailey

4. Audit

Internal Auditor- Mrs. Barbra Nake

1. GENDER EQUITY & SOCIAL INCLUSION (GESI).

GESI's main function is to oversee and provide strategic advice in research, development of appropriate systems, process and policy frame work in Gender Equity and Social Inclusion implementation to all stakeholders involved and members of the community in the process.

It is the role and responsibility of the office of GESI to translate the National GESI Policy into a workable policy, that upholds best practices within the workplace and that is adaptable in the daily business operations and by advocating for gender fairness in WNBPHA. By doing so, existing gaps are identified with remedial measures taken to improve the systems we have in WNBPHA, thus creating a workplace that emphasize equity, freedom from bias, discrimination and harassment at the workplace. It is also our responsibility to

ensure that WNBPHA upholds the six (6) Core Values of leadership and Governance.

These core values are; **Responsibility, Honesty, Integrity, Respect, Wisdom and Accountability.**

GESI is a new culture, a new way of thinking and doing things. The policy is advocating for individuals to change their mindset, and to rise up, step up and speak up, on issues affecting them and to influence change at all levels, within the community they live in, whether at home or at work. The employees of WNBPHA are urged to embrace the leadership core values and be the agent of change and make a difference, right where they are.

The GESI policy, is influencing change at different levels within WNBPHA. Women employees now have a voice at the management level and are participating in decision making and contributing

to the implementation of the PHA reform in West New Britain Province.

HIGHLIGHTS OF GESI Activities 2016 & 2017.

Since the implementation of the GESI Policy in WNBPHA, the following has happened;

1. Creation of two (2) GESI Positions in the WNBPHA Structure (First in PHA).

- ✚ Manager GESI
- ✚ GESI Officer

2. Induction of GESI POLICY to;

- ✚ WNBPHA Probation Officers

The GESI Policy was inducted to more than 30 staff during their induction into Public Service in 2015 and again in late November, 2017.

- ✚ Executive Management

The Management Team were inducted in 2016 twice and again twice in 2017.

- ✚ PHA Board of Governance, Members.

3. GESI Help Desk.

The GESI Help Desk was established in November, 2015 to address complaints.

Since its establishment, many complaints have been received and attended to. The complaints were mostly HR issues ranging from payroll issues to entitlements etc.

The complaints are categorised into Human Resource issues, Family, Sexual Violence Discipline and others.

Figure:1 Types of complaints by percentage

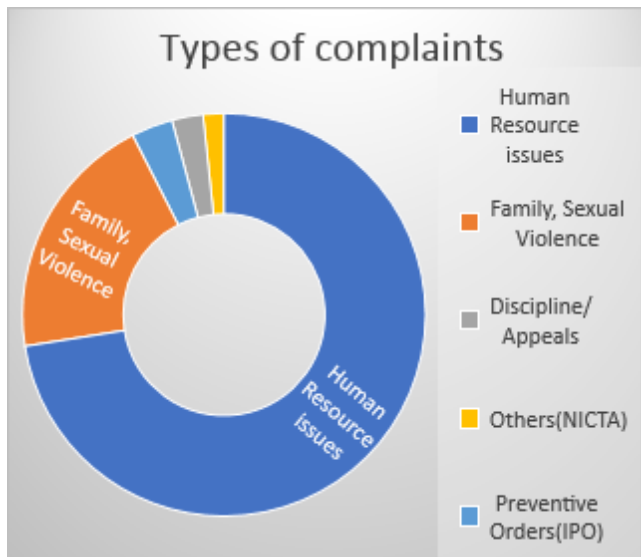


Figure:2 Types of Complaints by Directorate.



4. DISCUSSION

(i) Preventive Orders

Preventive orders were issued by the Kimbe District Court, to assist our female officers who were faced with repeated abuse at home, by their husbands and partners.

Total Orders issued= 04

(ii) Appeals

There were three appeals that the office of GESI looked at.

All three were reinstated.

(iii) NICTA

2 cases were registered as defamation of character on social Media. These cases were referred to Police to manage.

(iv) Family Sexual Violence

Complaints registered under FSV were mostly female officers. The complaints registered were harassment, physical and verbal abuses either at home or at work.

The office of GESI is also working closely with the family support centre to address Gender Base Violence.

5. Complaints Review Committee

The committee comprised of representatives from the four directorates; has been endorsed by the EMT. The committee is chaired by the Deputy Director Medical Services.

The aim of the committee is to improve the current complaint process we have in WNBPHA.

6. GESI committee

The documentation of the committee is also in its final draft. This committee will become a catalyst for change in WNBPHA. The purpose of the committee is to become the focal point in our organization as advocators of change and to ensure the GESI Policy and its principles and values are embedded effectively into our daily work place programs and activities.

7. Mass marriage:

More than 100 couples registered, however only 49 couples finally exchanged their vows for the first time, at Liamo Reef Resort; on the 14th December, 2017. Of the 49 couples, one couple is a staff from Liamo Reef Resort. The number years of partners living together before exchanging their vows ranges from 01 yrs– 37 years.



8. Partnership/Advocacy

There has been ongoing support from the Community Policing Unit especially the Family Sexual Violence Unit, managed by female Police

Officers, even though it is not fully established, in West New Britain Province.

9. Discipline

Staff discipline remains a big challenge. The Management continues to address this both at the professional and Governance levels. The staff discipline is also addressed under the GESI (Gender, Equity & Social Inclusion) program, which is a “new culture” being promoted at the workplace.

GESI in collaboration with the Nursing Division has allocated a room at the Nurses’ home as a “safe house” for our female officers.



2. LEGAL SERVICES

Corporate standing of WNBPHA and Legal suits

In respect of our corporate standing, there were three (3) legal action instituted so far at the National Court here in Kimbe in 2016 and 2017, against the Authority for alleged negligence by our officers during the performance of their official duties. These matters are at their preliminary stages and no orders and direction is made by the court.

WNBPHA through the office of the Chief Executive Officer has also instituted legal action in Biella this year, to evict retrenched health workers still occupying institutional houses. There are ten (10) houses to be repossessed and refurbished for our new hires, as Biella Health Centre is being upgraded to a District Hospital status.

There would be an agreement between National Housing Commission for those

10. Inclusion of GESI Policy in WNBSON curriculum.

The Policy is being taught in the First Year, of the 3-year Diploma of Nursing, at the WNB School of Nursing.

11. Safe House

properties to be transferred to WNBPHA because the occupancy of the land by NHC was through Certificate of Authorizing Occupancy (CAO) and not land title. There is continuous dialogue with them and by agreement to obtain land titles and the houses soon.

3. INTERNAL AUDIT

The internal audit’s function commenced in July of 2016. It is a unit within the Executive Branch and reports directly to the CEO.

There are 6 main areas of audit as listed below,

Clinical Audit

1. Clinical services
2. Patient Care
3. Clinical Care

Corporate Audit

4. Management
5. Support services
6. Infrastructure

2016 & 2017 Audit Activities in review

The first Audit undertaken by the unit was the Audit of the Rural Health facilities in Talasea and Kandrian/ Gloucester District. This was necessary to give the WNBPHA Management and the Board a clear picture of the conditions of all the Health Facilities in the Province.

The audit report was produced for WNBPHA to use in its plans to improve health services in WNB. The report highlighted the Clinical and the Corporate Governance issues, with recommendations and way forward, towards improving the quality of health care in the Province.

The findings from the audit has been used to plan and develop the WNBPHA Strategic Health Services Plan 2018-2022 and the Redevelopment of Health Facilities in West New Britain Province.

Below are the Audit activities concluded in the year 2016 & 2017.

Audit Type	Subject of Audit	Location	Audit report submitted
Infrastructure and Construction Audit	All rural health facilities in WNB	Talasea and Kandrian / Gloucester Districts	Yes
Operational audit survey.	Personnel Staff	WNBPHA HQ	No
Wages Tax and superannuation audit.	Casual payroll clerk.	WNBPHA HQ	No
Financial audit.	Public Health Directorate	WNBPHA HQ	Yes
Information systems audit	Alesco payroll system and PGAS system	WNBPHA HQ	No
Investigative audit	NIUCOM Company	WNBPHA HQ	Yes
	Westend Surveyors and Contractors	WNBPHA HQ	Yes
	Revenue Clerks	WNBPHA HQ	Yes

CHRISTMAS THANKSGIVING 2017-The Executive & Corporate team.



CURATIVE HEALTH SERVICES - (Medical & Nursing Services)



Director Curative Health Services: Dr Victor Golpak

The Curative Health Services Directorate is responsible for the provision of medical and nursing care in Kimbe Provincial Hospital. The Hospital was

previously named Kimbe General Hospital, since its establishment in 1978, until recently it was changed to Kimbe Provincial Hospital when health services in the province acquired its status as WNB Provincial Health Authority (WNBPHA).

The provincial hospital is situated in the heart of Kimbe town, the provincial capital of West New Britain Province and serves a total population of more than 300,000 people (Projected Population, 2011 census).

The Curative Directorate has a diverse workforce with skills and knowledge who provides clinical and nursing care to patients, through medical and nursing services, and has a bed capacity of 205 beds including day clinics.

The Medical Services is one of the 2 sub directorates of the Curative Health Directorate (section 48 of the PHA Act 2007) which encompasses medical and dental services, technical support services, clinical outreach, social services, family support, nutrition, oncology, STI and other specialized clinics, blood bank, mortuary and biomedical services. The Medical Division comprised Specialist Medical Officers (SMO), Registrars-Medical Officers, Dental Officers, Health Extension Officers (HEOs), Allied Health Staff (Lab Scientists, Lab Technicians, Dental

CURATIVE STRUCTURE *(updated establishment register 05/12/2017):*

The curative structure reflects the functions of the Curative services.

The hospital ideally should serve the catchment population (from section 15 Kimbe town to Nahavio) and attend to all referrals from all other

Technicians, Dental Therapists, Dental Assistants, Radiographers, Pharmacist, Pharmacy Technicians, Physiotherapists and Anesthetic Scientific Officers) and support staff.

Nursing was previously a directorate of its own and reports to the CEO directly, however this has changed, when the Kimbe General Hospital acquired its status as a Provincial Hospital under the Provincial Health Authority arrangement. The Nursing now reports to the Director Curative Health Services, who oversees the functions of both Medical and Nursing Services and reports to the CEO and the Board of Governance. The Nursing Division's function include Administration, Clinical Supervision, care of patients and Training of Nurses.

Nursing involves prevention of disease and disability, treatment of illness, relieving of pain and discomfort or other unpleasant symptoms, helping people who cannot help themselves, educating people to live healthy life styles and giving advice or counselling people when required. WNBPHA is a diverse organization, and all the functions are shared with the diversity of health workers thus encouraging team work for the benefit of patients/clients

The sub directorate comprised the clinical supervisors, Specialist Nurses, Nursing Officers and Community Health Workers who provides nursing care to outpatients and inpatients.

It is responsible for all nursing staff, the 26 units (wards) and all activities that are conducted in the patient care areas. Each unit is managed by a Nurse Unit Manager.

Nurses make up 75% of the workforce of Kimbe Provincial Hospital.

Health Facilities. Again, the progressive deterioration of the primary health care facilities, has made it to serve the majority of the estimated 302,000(2011 census) people of West New Britain Province (WNBPH).

ADMINISTRATION

Director Curative Services- Dr Victor Golpak
 Deputy Director Medical Services- Dr Alfred Malagisa
 Deputy Director Nursing Services-Sr Rachael Barkie
 Manager Nursing- Sr Scholastica Baiwan
 Nurse Supervisors x 5

Quality Assurance Officer- Sr Eunice Seneka
 Infection Control Officer-Sr Miriam Mond
 Health Facility Coordinator-Mark Gori
 Administrative professionals
 Ancillary staff.



Figure1 shows total staff strength for the Curative Directorate in 2016 & 2017.

There are 374 Curative positions of which, 117 are Medical positions and 257 are Nursing Positions.

Nursing Administration staff



Nurse Supervisors



1. OUTPATIENT SERVICES

The out patients' services cover the frontline services and comprise the Accident & Emergency, Adult Outpatient and Children's Outpatient. These services are open from Monday-Friday, from 8:00am – 9:00am except the Accident & Emergency Department.

i. 2016 & 2017 Total Attendance

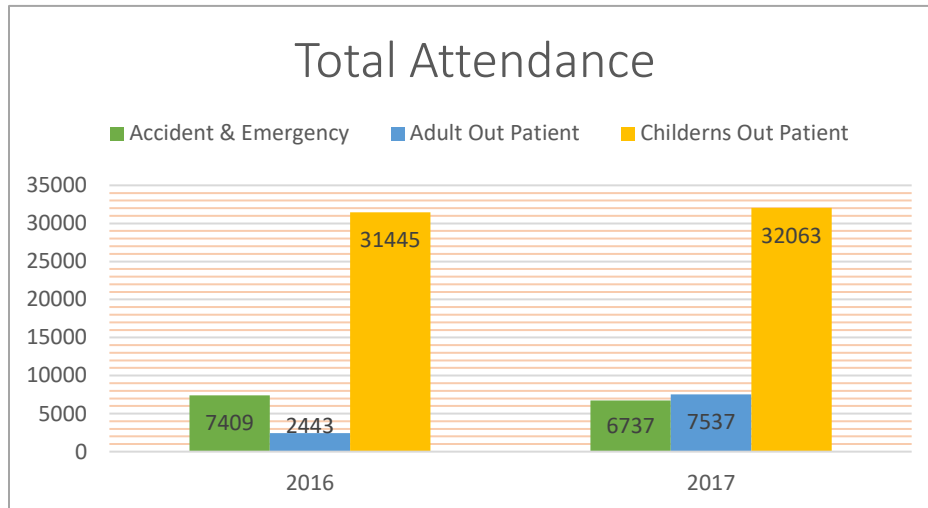


Figure 1: shows a summary of total attendance of patients, receiving health care services in the frontline services, (A&E, AOPD, COPD) in 2016 and 2017.

The Children's Outpatient has more attendance in 2016 & 2017 compared to other sections.

1.1 ACCIDENTS AND EMERGENCY (A&E).

The Emergency department provides and attends to accidents, trauma and emergencies on a three-shift basis.

The unit consists of the following;

- ❖ Nurse Unit Manager: Sr Leonie Augam Paraka
- ❖ SMO-Vacant
- ❖ Medical Officer: Dr Owen Botty (Currently on study leave)
- ❖ HEOs: Alfred Goru & Livai Sangol
- ❖ Specialist Nurses
- ❖ Nursing Officers
- ❖ CHWs

The recently refurbished unit is a boost for the staff and patients.



i Summary of core indicators.

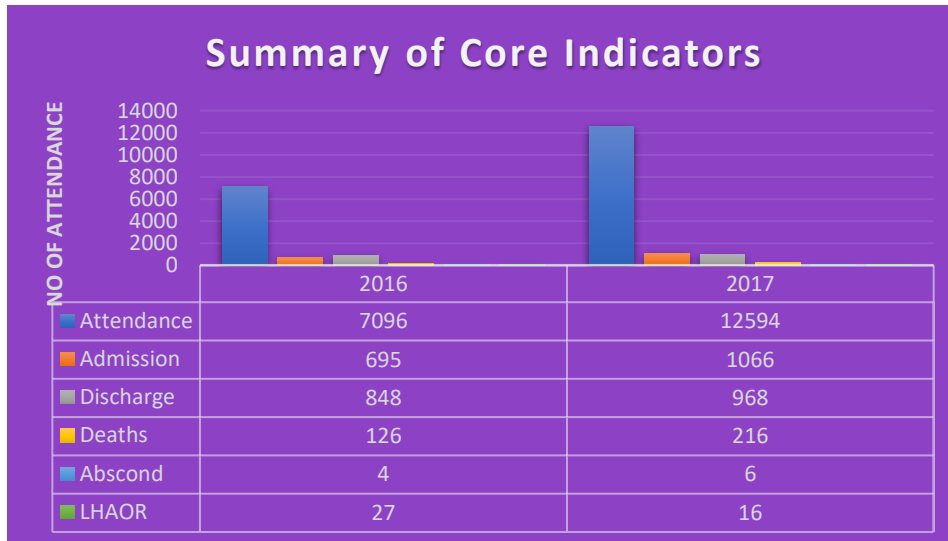


Figure 2: shows the summary of core indicators for A&E reported in 2016 & 2017.

There were more patients (12594) seen in 2017 compared to 7096 in 2016, an increase of 5498. Generally, there was an increase in core indicators in 2017. Total deaths for the year is classified under, Deaths awaiting admission to the ward, Deaths on arrival and Deaths before arrival.

ii Leading causes of attendance.

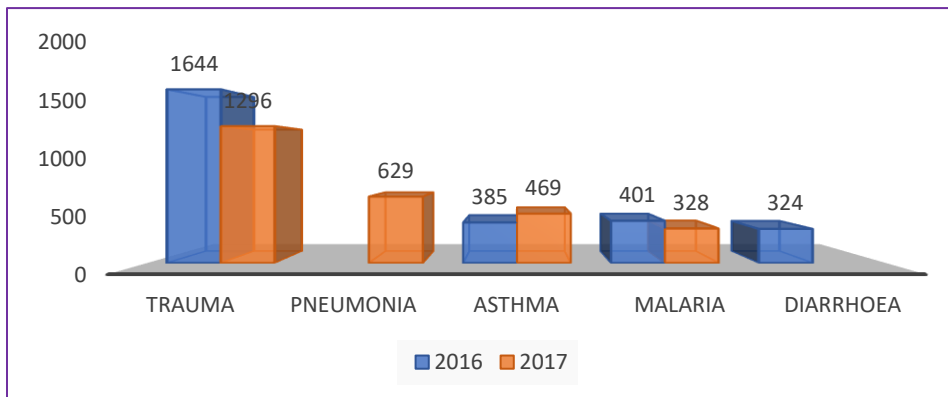


Figure 3, shows the leading causes of attendance at the A&E, with Trauma (Accidents & injuries) as the leading cause, with more cases seen in 2017 compared to 2016.

1.2 ADULT OUTPATIENT SERVICES (AOPD).

The Adult Out Patient Department provides outpatient services daily and opens from 8 am -4 pm. The Unit was recently refurbished and is a boost for the patients and staff. The unit comprised of the following staff;



- ❖ Nurse Unit Manager (NUM)- Sr Corina Towon
- ❖ SMO – Currently Vacant (Dr Lawrence Warangi is attached to the position)
- ❖ MO – Dr Annette Ketalu
- ❖ HEOs -Owen Ketalu & Rufina Mulo.
- ❖ Nursing Officers and CHWS

i Total Attendance: 2016-2017

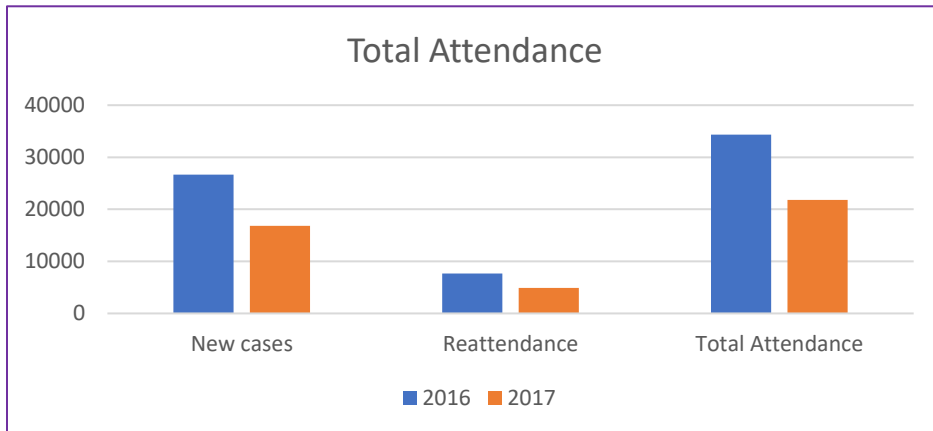


Figure 4: Shows the total number of new cases and reattendance seen in 2016 & 2017. There were more patients seen at the outpatient in 2016, compared to 2017.

ii Leading causes of attendance.

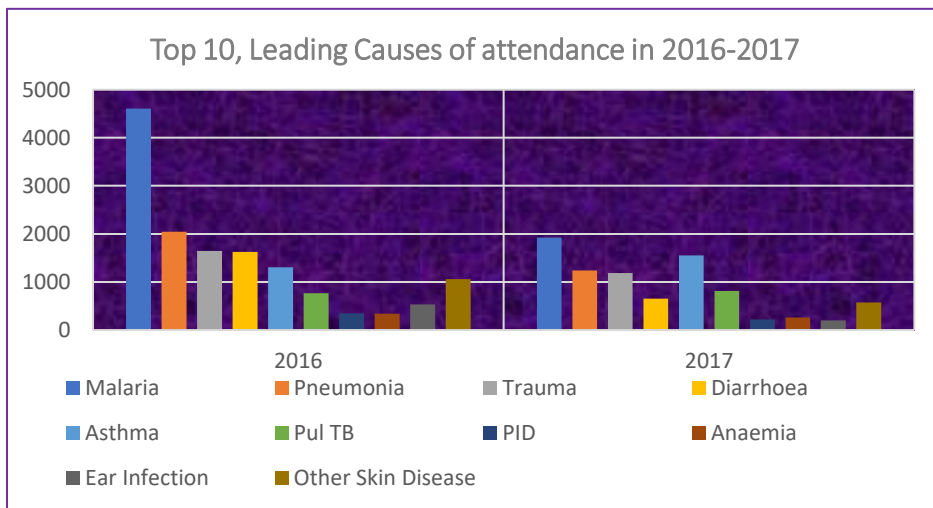


Figure 5: shows 10 leading causes of attendance with Malaria as the leading cause of attendance in 2016 compared to 2017.

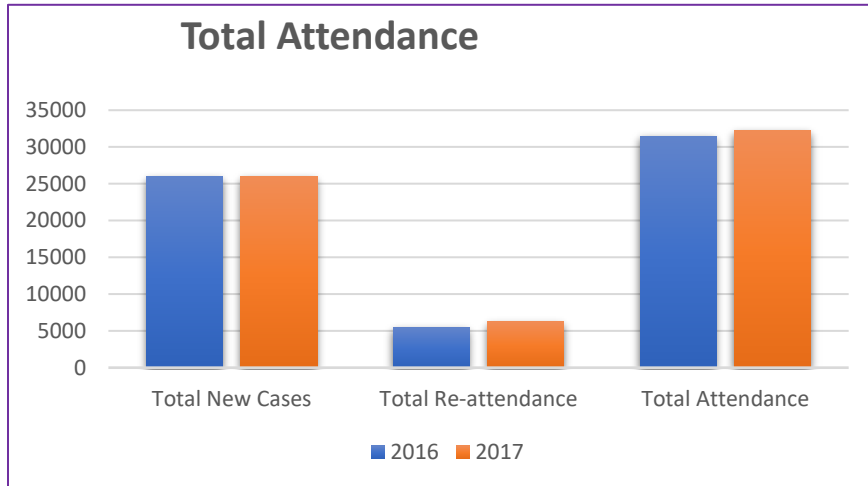
1.3 CHILDREN'S OUTPATIENT (COPD).

The unit opens from 8am-4 pm and provides outpatient services to the children below 12 years old daily.

The unit comprises;



- ❖ Nurse Unit Manager (NUM)-Sr Imelda Makamet
- ❖ HEOs - Chris Vagelo & Serah Nyani
- ❖ Nursing Officers /CHWs



i Total Attendance.

Figure: 6 shows total daily attendance for 2016-2017. A total of 32,063 clients were seen in 2017 while 31 445 were seen in 2016.

ii Leading causes of attendance

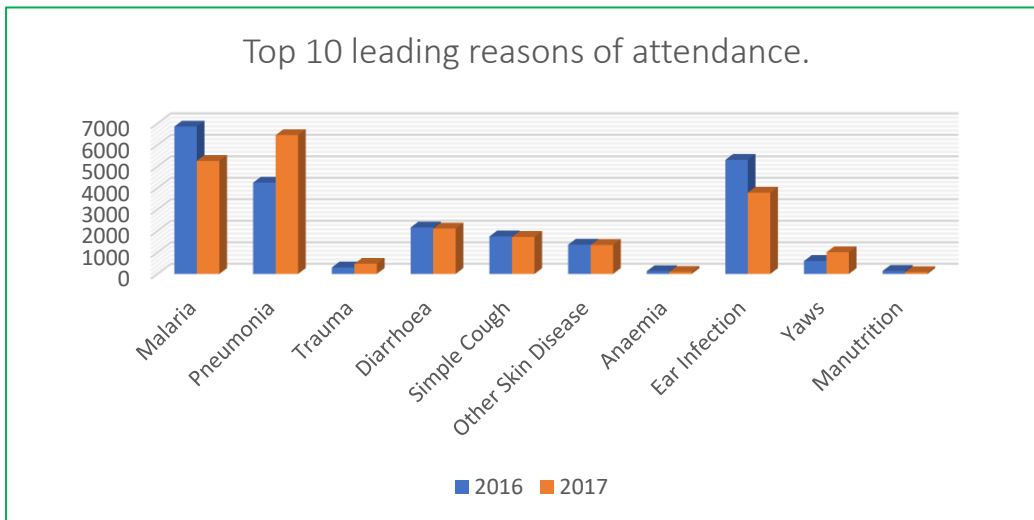


Figure:7 shows leading reasons for seeking medical attention; malaria, pneumonia, diarrheal diseases, ear infections, simple cough, yaws.

HEO Chris Vagelo at COPD

Nurses at work in COPD



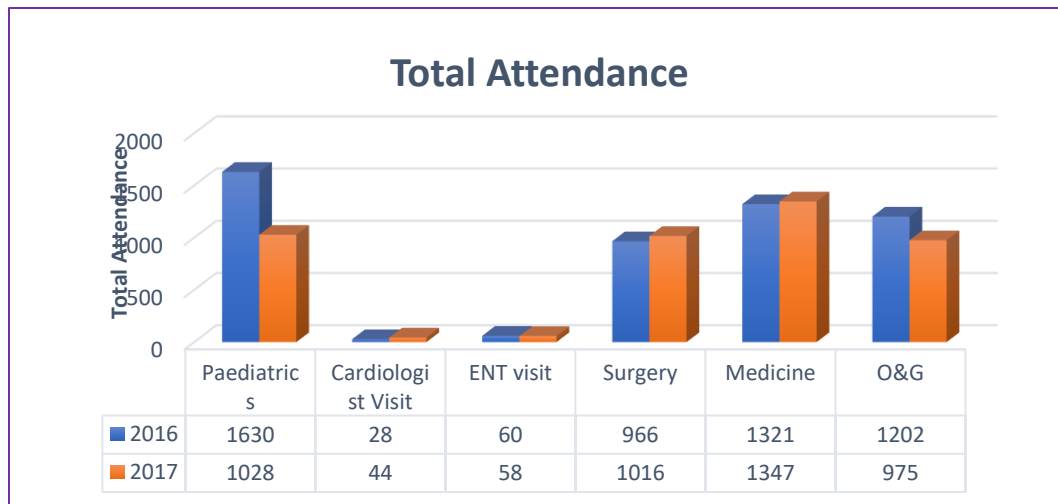
1.4 CONSULTATION CLINICS

The clinic provides specialist consultation services from Monday to Friday. The clinic is managed by the;

- ❖ Nurse Unit Manager-Sr Theodora Vatican
- ❖ Nursing officers
- ❖ CHWs

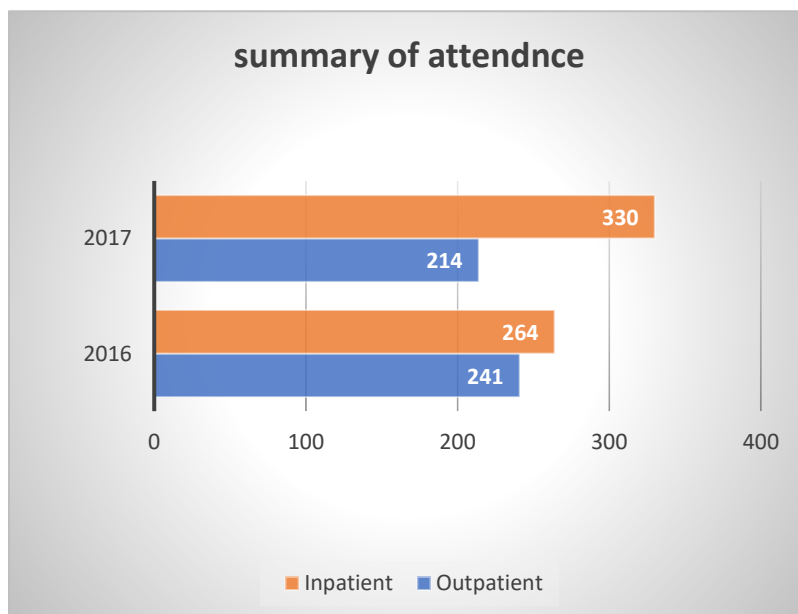
i Total Attendance

Figure 8; shows the total number of patients seen at the Consultation clinic at various specialist clinics including visiting specialist in 2016 & 2017. (next page).



There were 48 days of consultation clinic cancellations. O&G division accounts for 52% cancellations days in 2017.

1.5 PHYSIOTHERAPY



i Summary of total attendance

Figure 9 shows the total number of patients seen and treated as outpatient and inpatient.

The Physiotherapy department provides rehabilitation services to both outpatient and inpatients, daily, from 8:00am to 4:06pm, Monday-Friday. These services are extended to home base care at the community level, as a follow up care to patients discharged from the hospital.

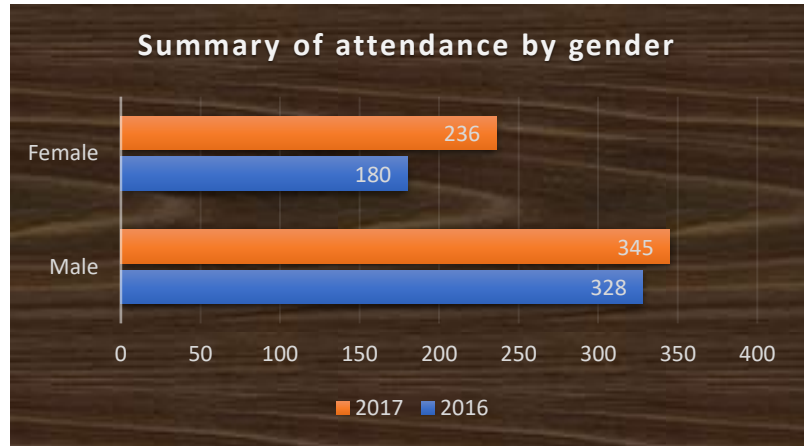
The unit comprised;

- ❖ OIC-Angelberth Bai
- ❖ Physiotherapist/Technicians
- ❖ Volunteers

ii Summary of attendance by gender

Figure 10 shows total number of patients seen by gender. They were more male patients attended to and treated compared to females.

A total of 1826 treatment was provided in 2016 compared to 1820 treatment in 2017.



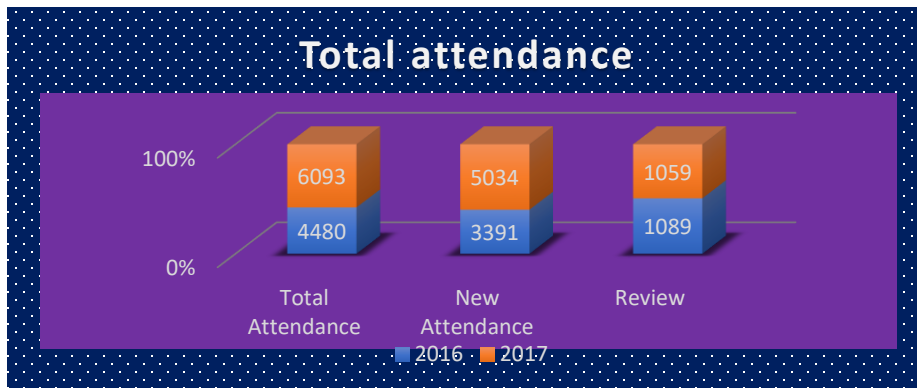
1.6 DENTAL

Dental clinic in Kimbe Provincial Hospital is the only dental clinic providing Oral Health services to the people of West New Britain Province. The Clinic operates from Monday – Friday and is managed by;

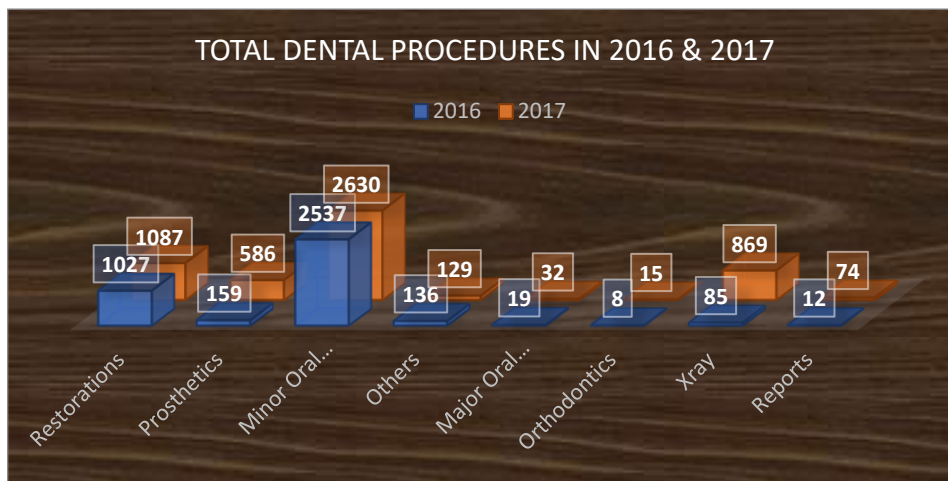
- ❖ Dental Officer/OIC-Dr Beatrice Solok
- ❖ Dental Officer-Dr Florence Pakalu
- ❖ Dental Therapists
- ❖ Dental Technicians
- ❖ Dental Assistants

i Total Attendance

Figure 11: Shows an increase in attendance in 2017.



The Dental or Oral services provided are, Extractions, Restorations, Root Canal Treatment, Removable Prosthetics, Oral Health Education, Oral Surgical Procedures, Digital Intra-Oral Radiography, School visits and Clinical Rural Outreach Visits.



ii Total Dental Procedures

Figure 12 shows an increase in all dental procedures in 2017 compared to 2016. There is an increase in minor and major oral surgeries in 2017.

iii Attendance by Gender

iv Attendance by Age

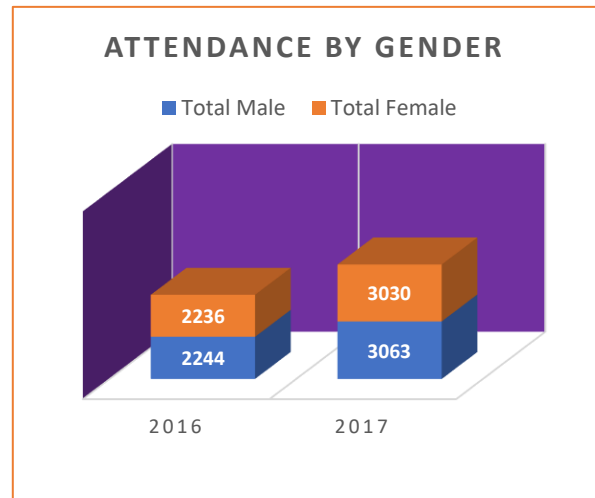
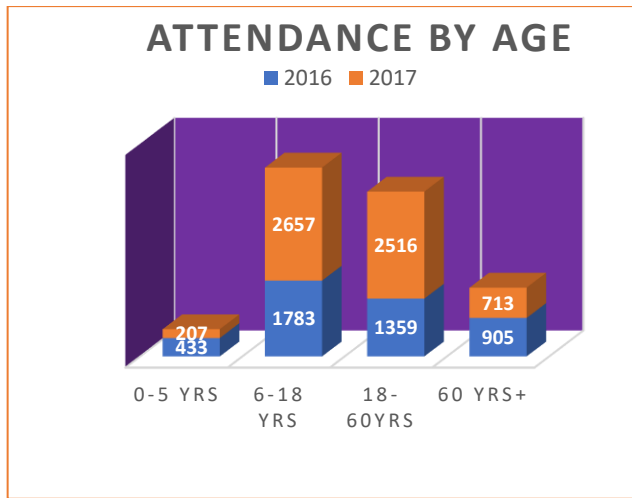


Figure 13. There were more male patients who attended the clinic compared to females.

Figure 14. there were more patients with dental issues in the age of 16-18 years.

1.7 LEGUAVA CLINIC

The clinic provides daily outpatient services to the people of WNB. The clinic operates from 8am-4:06pm, Monday-Friday and is managed by;

- ❖ Nurse Unit Manager-Sr Theresa Tangwari
- ❖ HEO-Mathlyn Kapa
- ❖ Nursing Officer/CHW/Counsellor

i Total Attendance

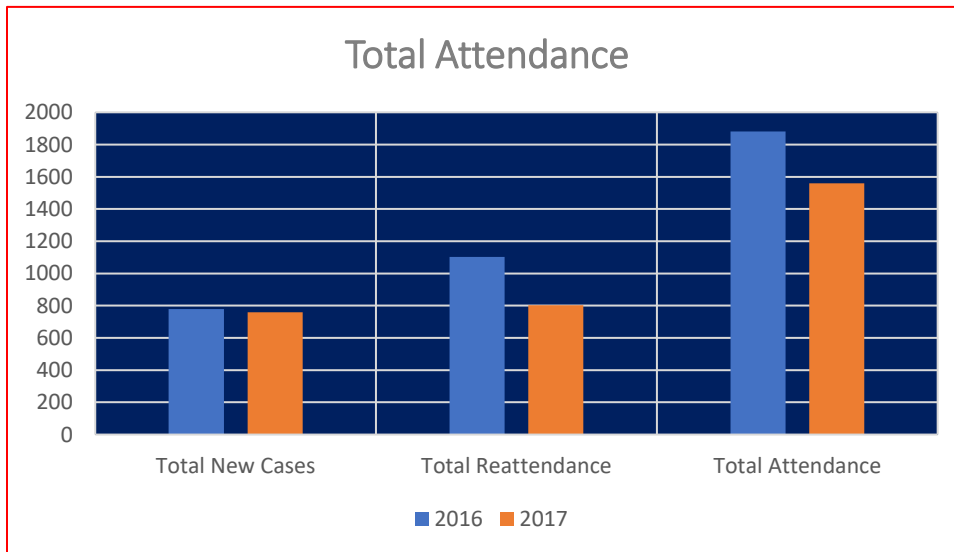


Figure:15 shows the total number of patients seen and treated at the Leguava clinic in 2016 & 2017. There were more patients seen in 2016 than in 2017.

ii Total cases

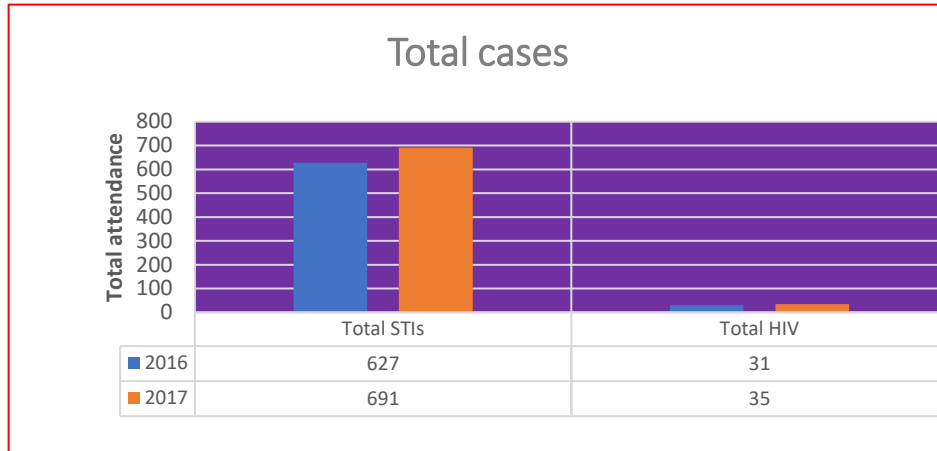


Figure 16: shows total cases of sexually transmitted Infections (STI) and total positive HIV cases seen and treated in 2016 & 2017.

The graph shows an increase in STIs and HIV cases in 2017 than in 2016.

iii Sexually Transmitted Disease

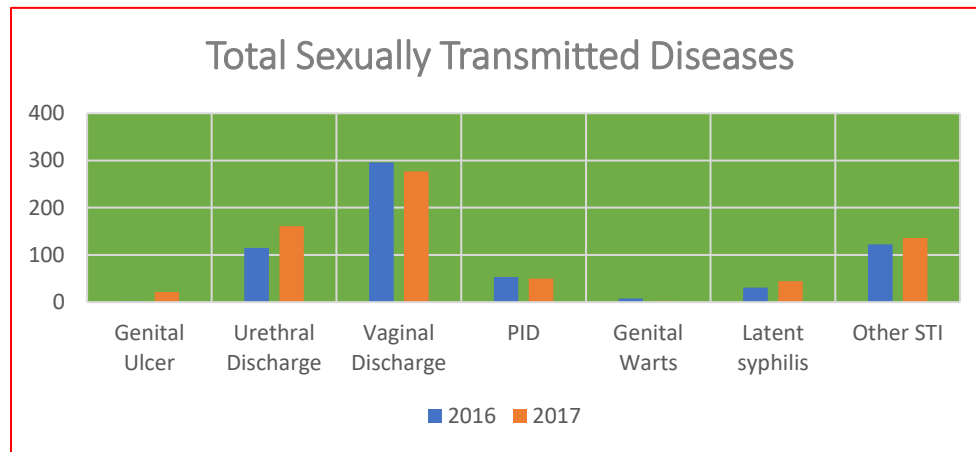


Figure 17: shows the different types of sexually transmitted cases seen and treated at the clinic in 2016 & 2017. There were more vaginal discharges than other STIs.

1.8 EYE CLINIC

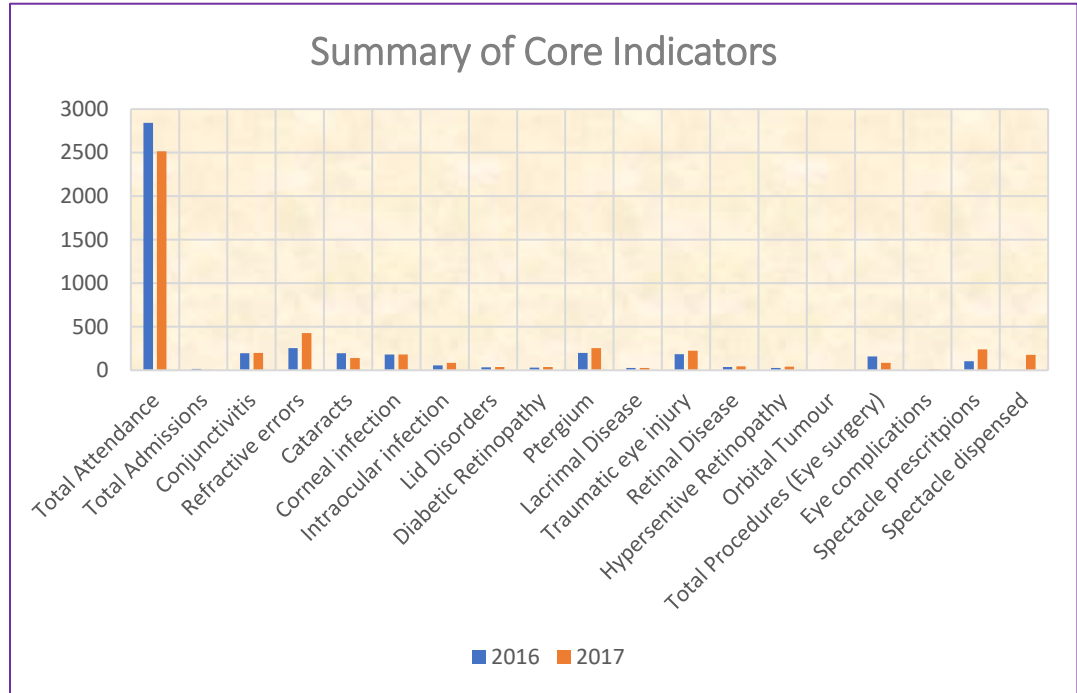
The eye clinic provides eye care services to outpatients, inpatients and the communities of WNB, through its rural outreach programs annually. The services provided ranges from clinical examinations and treatment of eye conditions, eye surgeries, consultations, prescription and dispensing of spectacles and health awareness. The clinic comprised;

- ❖ Nurse Unit Manager-Sr Dorcas Kurah
- ❖ SMO-Vacant
- ❖ MO-Vacant
- ❖ HEO-Louisa Guaf- (Deceased in 2017)
- ❖ Specialist Eye Nurses
- ❖ Nursing Officers/CHWs

The following graphs highlights activities conducted in 2016 & 2017.

i Core Indicators

Figure 18; shows summary of core indicators. There were 2843 clients seen in 2016 compared to 2514 clients in 2017. The leading reasons for consults were refractory errors, infections and trauma. 5947 cases (including 165 surgeries) seen during rural outreaches.



ii 2017 outreach activities in percentage

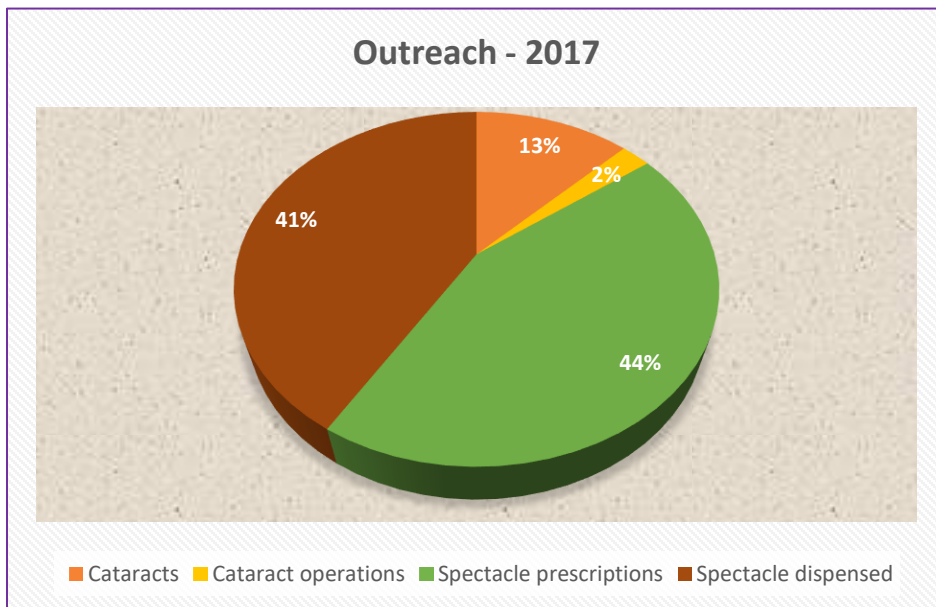


Figure 19 shows more patients in the rural communities needed the aide of spectacles. As shown in the pie chart, 44% spectacle prescriptions were prescribed for patients during outreach in 2017.

1.9 WELL BABY CLINIC

Well baby clinic is a recently established clinic and operates daily from Monday – Friday with in the vicinity of the Children’s Out Patient. The services provided from the clinic include vaccination of children 0-5 years and new born in the Post Natal ward, nutrition assessment, family planning and health education.

The Unit comprised;

- ❖ Nurse Unit Manager-Sr Joycelyn Neasingun
- ❖ Nursing Officer/CHW

i Total Attendance

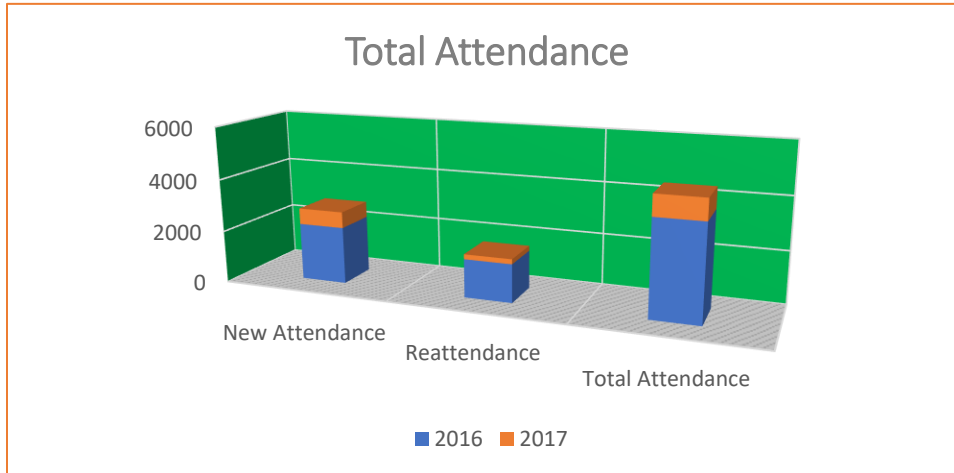
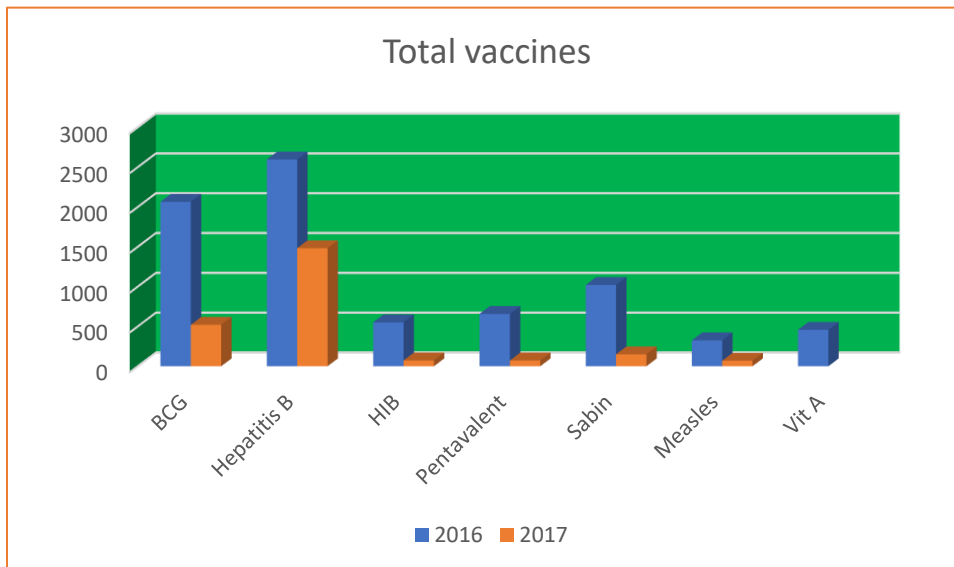


Figure 20. There were more attendance in 2016 than 2017, due refurbishment of the Children’s out Patient.



ii Total Vaccines

Figure 21: There were more babies vaccinated with Hep B vaccine in 2016 than in 2017, however, a significant proportion of babies are still getting their first BCGs after 1 week! A total of 7572 vaccines were administered in 2016, compared to 3282 vaccines administered in 2017.

2.0 WELL WOMENS’ CLINIC: No report was submitted as staff and office was temporarily relocated to allow for renovations.

2.1 WELL MENS’ CLINIC: No report was received. Staff are attached to Leguava clinic.

2.2 MENTAL HEALTH

2.2.1 Statistics Highlights

This report covers the period 2106-2017, which is gathered mainly from self-referrals, referrals from outside Health centres, front line services as well as attending to ward consults respectively on a consultancy basis.



Statistics has



revealed that, Substance (Marijuana) Induced psychosis has the highest rate of 90% (15) cases being seen, treated and referred either to Laloki or ward six at Port Moresby General Hospital. The second leading condition attended to is Schizophrenia with 4% (8) cases, Bipolar Disorder and Anxiety/Stress leading to depression at 3% (5) cases, whilst Psychosis secondary to organic infection is at 2% (4) cases and finally, we also have

attended to and managed Attempted Suicides at 1% rate with registered (3) cases. Of the 35 registered cases managed at the Clinic, a total of 8 patients were referred for admission to Laloki and Port Moresby General Hospital and returned after 3-4 months supervised treatment with satisfactory results of recovery.

2.2.2 Service Delivery Highlights

Mental Health services programs and projects according to the AIP for the year was not fully implemented due to financial hiccups, beyond our capacity. However, most of the services is delivered at the secondary function (Hospital Based), whilst we are yet to really focus on the Primary level in the communities, as well as out in the urban settlements as a challenge to address the high prevalence of Marijuana abuse to assist in reducing the incidences. Half way through the year several visits were done to the rural health facilities which really benefited our clients in terms of financial constraints and stigma from the public. We acknowledge the assistance by YWAM for the contribution towards delivery of the much-needed Psychiatric services.

However, due to **transportation (Road & Sea)** and **financial** constraints, we were not able to complete the activities as planned for 2017.

The unit was unable to conduct major international events / promotional activities in 2017.

- I. **INTERNATIONAL WORLD NO TOBACCO DAY** is an Annual event, that is observed on 30th May 2016.
- II. **INTERNATIONAL DAY AGAINST DRUG ABUSE AND ILLEGAL TRAFICKING-**
- III. **INTERNATIONAL MENTAL HEALTH DAY- 10TH OCTOBER**





2.2.3 Achievement.

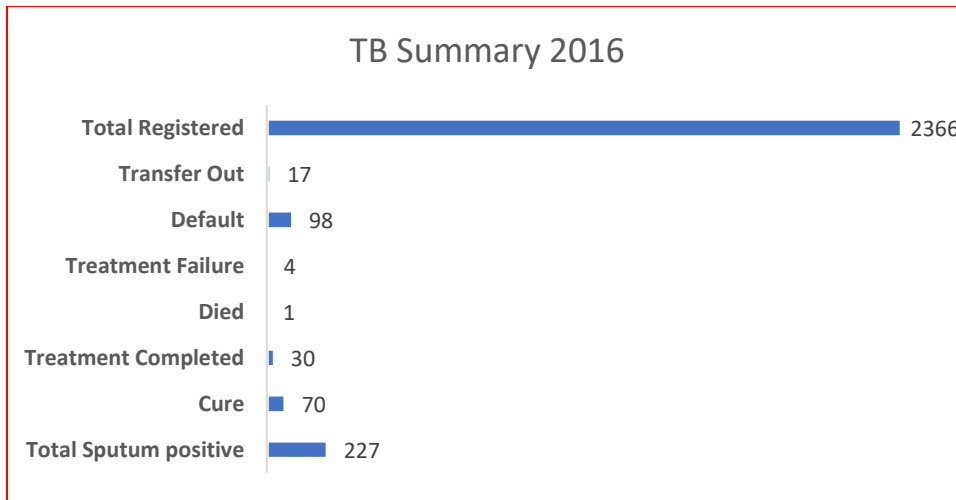
Outstanding performance Award Featuring Sr Agartha Buku

Nurse Unit Manager for Mental Health Services, Sr Agartha Buku, was awarded the '2016 International Mental Health Nurse of the Year in October, 2016, in Adelaide, South Australia, in recognition of her outstanding work on Mental Health Services in West New Britain Province, Papua New Guinea and the Pacific.

2.3 TB CLINIC

TB Clinic is a day clinic which attends to both out patients and inpatients. The Unit comprise, a HEO, Nursing Officers and CHW.

Figure 2.3 a shows summary of TB statistics in 2016.



There were 2302 registered cases in 2017. 1800/2302(78%) are pulmonary cases, 339/2302(15%) are extrapulmonary(ep) and 162/440(7%). unspecified/others. 534/1008(53% [excluding 166 of 0-14-year-old]) of pulmonary TB patients have no sputum collected or results not available! 118/210(56%) of the TB suspects had positive sputum smears on testing while 44% tested negative. only 109/433(25%) of TB patients counselled and advised for HIV testing got tested. 1/109(0.9%) tested positive.

2. INPATIENT SERVICES

2.1 PAEDIATRICS WARD

Child health services is provided as an inpatient service to children aged 1 week - 12 years.

The unit has been recently refurbished and is a boost for staff and patients. The unit comprise the following staff;

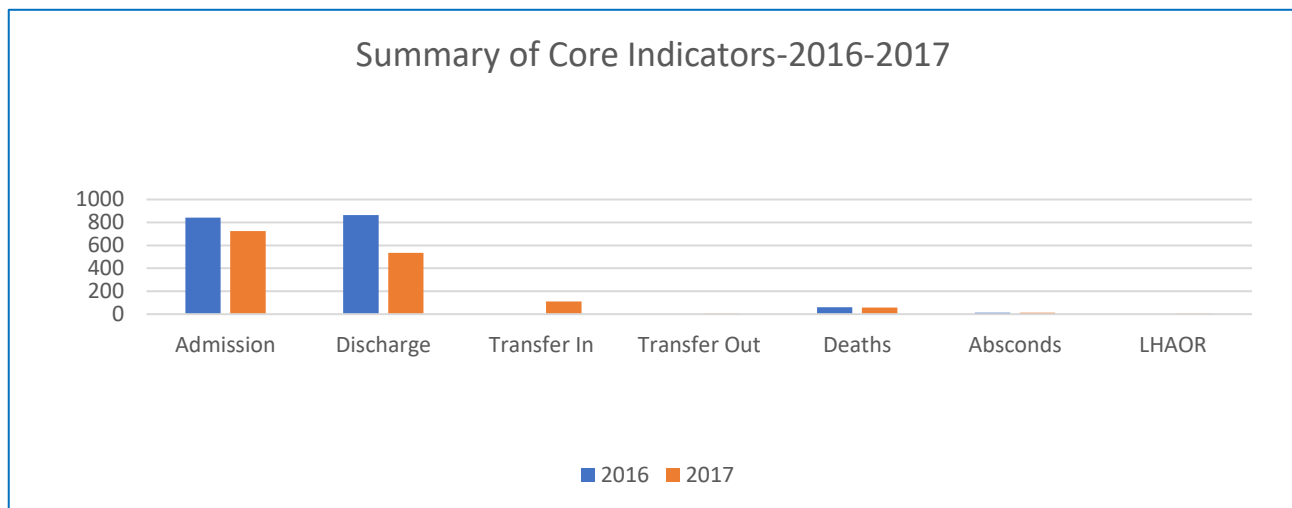
- ❖ Nurse Unit Manager-Mr. Augustine Dolega
- ❖ SMO-Dr Tarcisus Uluk
- ❖ Medical Officer-Dr Elizabeth Longa (Currently on study leave) & Dr Rachel Masta
- ❖ HEO-Vanessa Ganika
- ❖ Specialist Nurses/Nursing Officers/CHWs

The ward was recently refurbished and is a boost for both patients and staff.



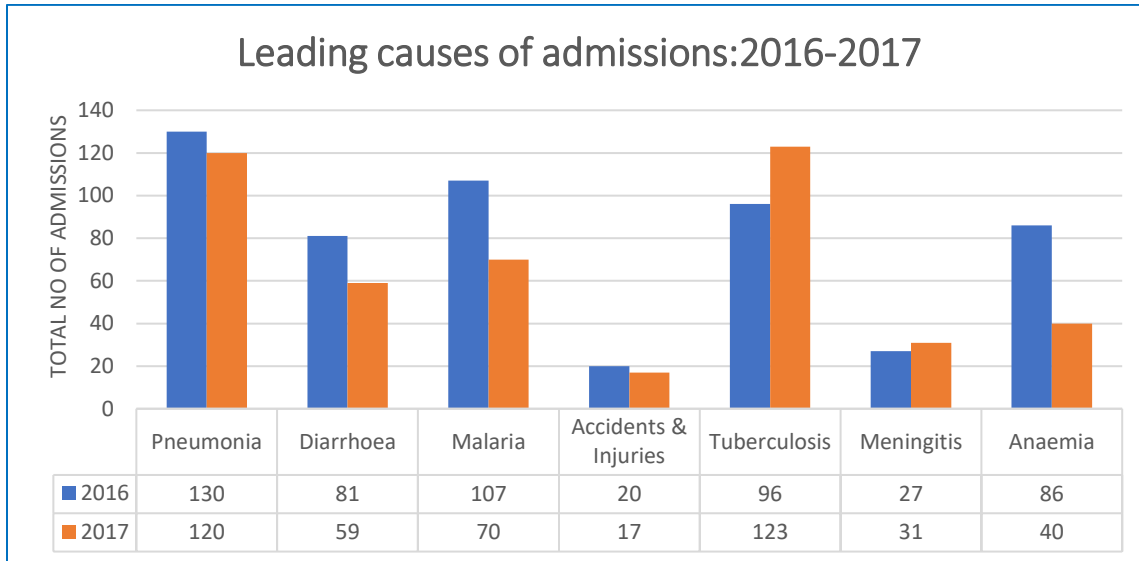
2.1a. Summary of core indicators.

Figure 1 shows clinical core indicators for the pediatric ward. There were more admissions in 2016 compared to 2017.



2.1 b Leading causes of admissions

Figure 2 shows the leading causes of admission to pediatric ward, with Pneumonia, TB and Malaria as the leading cause of admissions in 2016 & 2017 respectively.

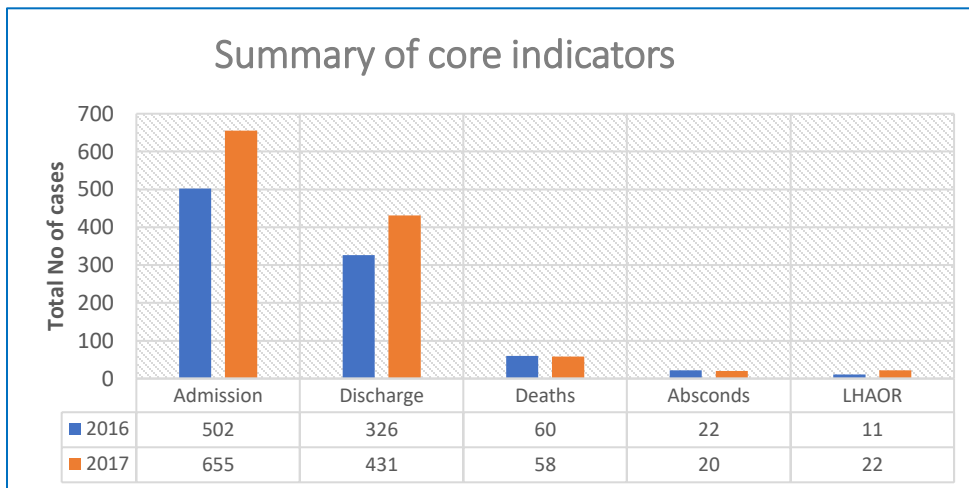


2.2 SPECIAL CARE NURSERY

Special care Nursery (SCN), provides critical care to new born babies <1 week. It has a bed capacity of 10 baby cots. The unit comprised;

- ❖ Nurse Unit Manager- Sr Lisa Iseve
- ❖ HEO-Vacant

- ❖ Specialist Nurses
- ❖ Nursing Officers
- ❖ CHWs



2.2a Summary of core indicators.

Figure: 3. Shows core indicators of the SCN with more admissions in 2017 than in 2016.

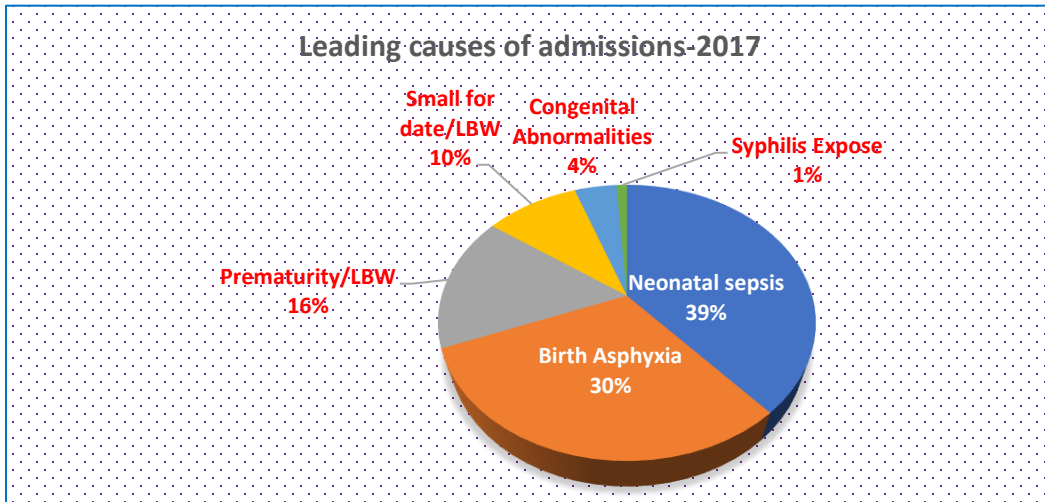


Figure 4: shows Birth Asphyxia neonatal sepsis and Prematurity or Low Birth Weight as the leading cause of admissions.

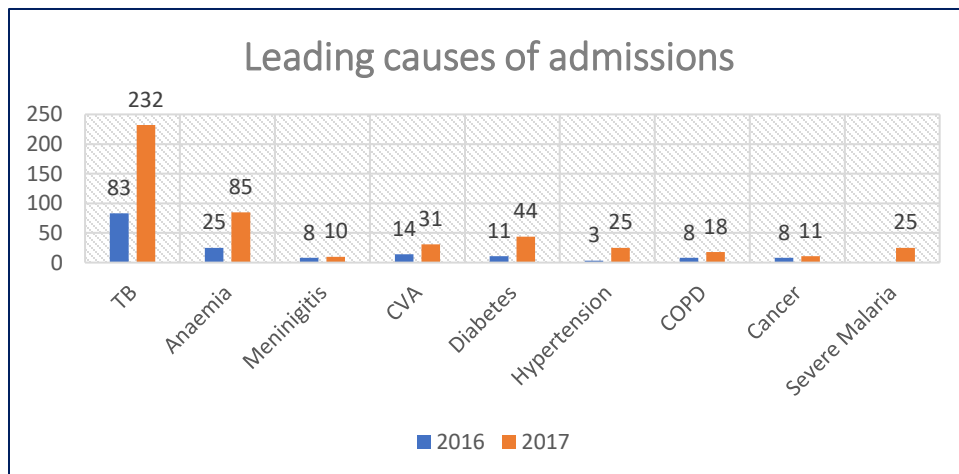
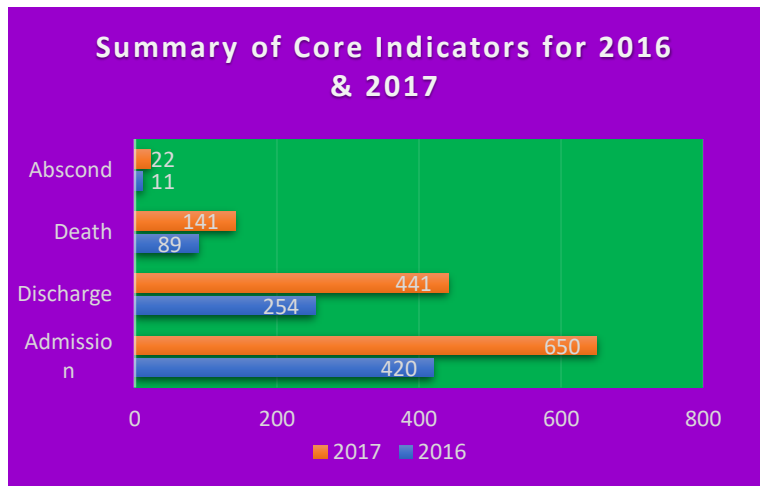
2.4 MEDICAL

The unit provides inpatient services to patients 13 years and above, who are suffering from Medical conditions. The Unit comprised;

- Nurse Unit Manager-Sr Margreth Benua
- Physician- Dr George Pariwa
- Medical Officers-Dr William Toua
- HEO-Dianne Sikin
- Specialist Nurses
- Nursing Officers
- CHWs

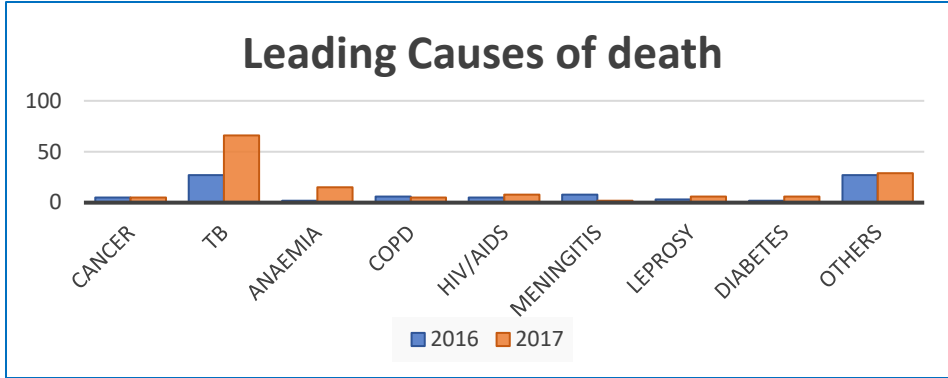
2.3a Summary of core indicators.

Figure 5 reveals more admissions and deaths in 2017 compared to 2016.



2.3b Leading causes of admissions

Figure 6 shows that TB remains the leading cause of admission, followed by anemia and life style diseases.



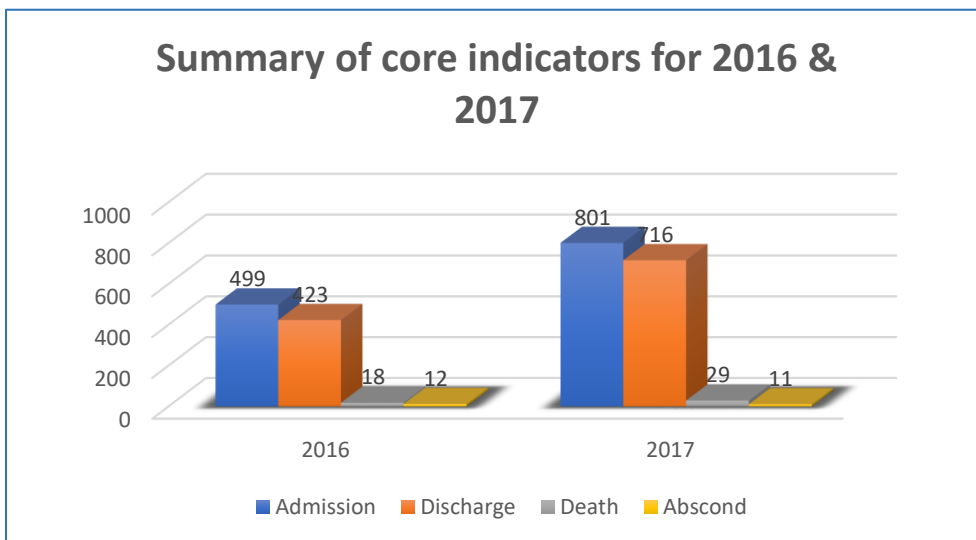
2.3c Leading causes of death.

Figure 7 shows that TB remains the leading cause of death with 66 deaths in 2017 compared to 27 in 2016.

2.4 SURGERY

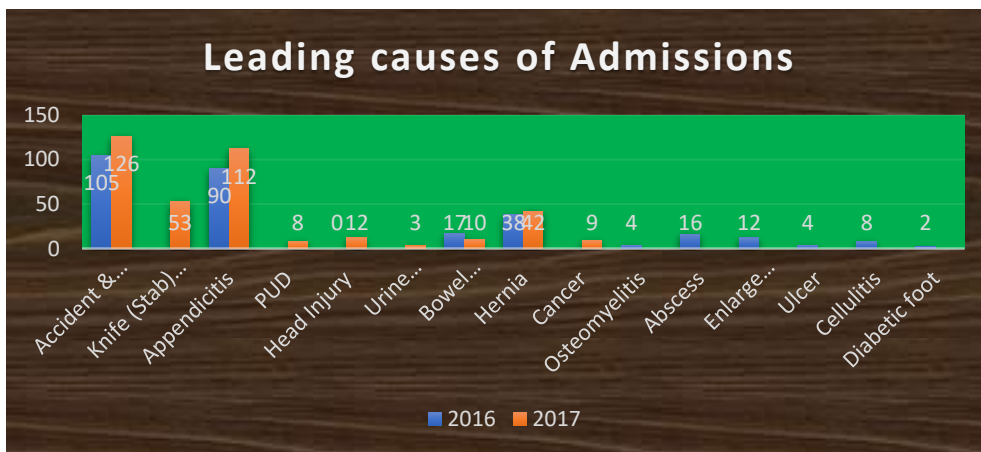
The surgery department cares for patients suffering from trauma (accident & injuries) and other surgical conditions that requires surgery. The unit is comprised;

- ❖ Nurse Unit Manager-Sr Rose Sege
- ❖ SMO-Dr Jackson Nuli
- ❖ MO- Dr James Apamumu & Dr Vanessa Anton
- ❖ Specialist Nurses/Nursing Officers/CHWs



2.4a Summary of core indicators

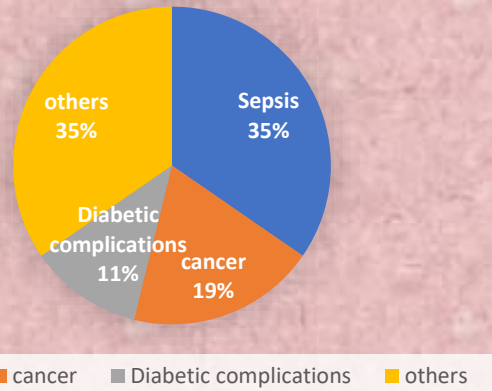
Figure 8 shows more admissions in 2017 than in 2016.



2.4b Leading causes of admissions.

Figure 9 shows trauma and appendicitis as the leading causes of admission.

Common cause of death in 2017



2.4c Common cause of death

Figure 10 shows that the leading cause of death is Sepsis and cancer.

2.5 OBSTETRICS (LABOUR WARD):

The Labor ward receives and admits laboring mothers from all health facilities in WNBP. Any pregnancy before 20 weeks gestation is seen at A&E and admitted to the ward.

The ward comprised;

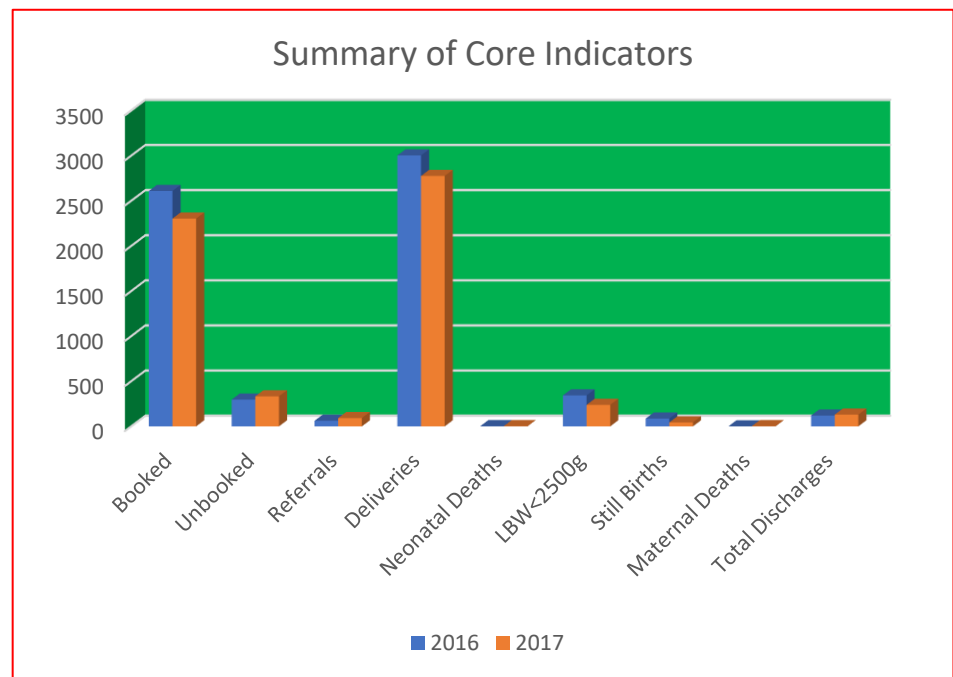
- ❖ Nurse Unit Manager-Sr Betty Kupirake
- ❖ SMO-Dr Alex Golpak
- ❖ MO-Dr Samson Vava
- ❖ HEO-Lucy Buru & Dennis Urimai
- ❖ Midwives/Nursing Officers/CHWs

2.5 a summary of core indicators

Figure: 11 shows that deliveries in 2017 has decreased, compared to 2016 due to effective methods of family planning in placed in the province.

Deliveries among multiparas Para five [5] and above slightly decreased from [204] 6.9% in 2016 and [186] 6.8% in 2017

Out of the total mothers delivered [92] 3.4% were referrals from other health facilities while [55] 1.9% in 2016

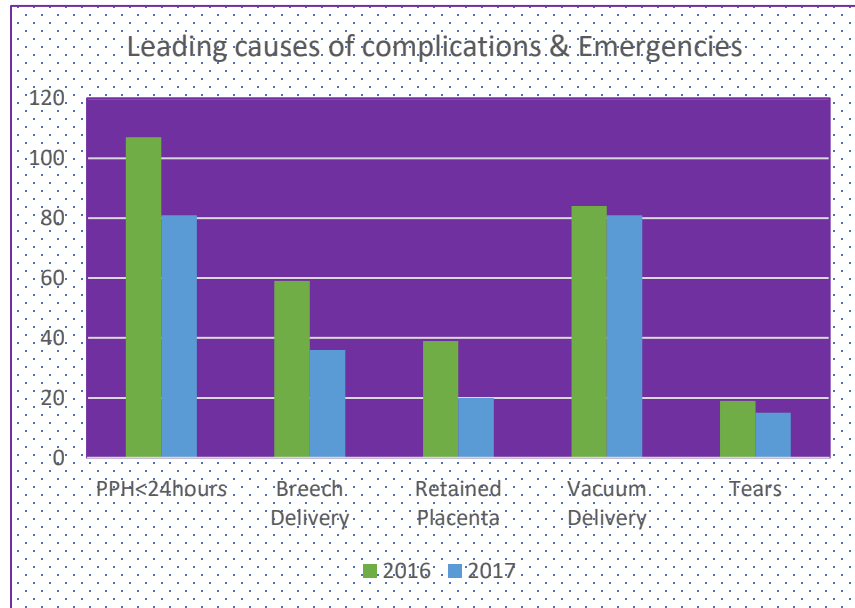


2.5b Leading causes of complications & emergencies

Figure:12

Premature delivery total is two hundred and thirty-eight [238], the causes of premature delivery was induced by misoprostol tablet, because of medical reasons, maternal fever, others illegal termination of pregnancy by mothers themselves.

Out of the total births, 2708 were live births while forty-four [44] fresh still birth and twenty-six [26] are macerated still births respectively. Despite having more booked mothers there is still no record results of VDRL, haemoglobin, Syphilis, and RVI on their antenatal books and as well as birth register book.

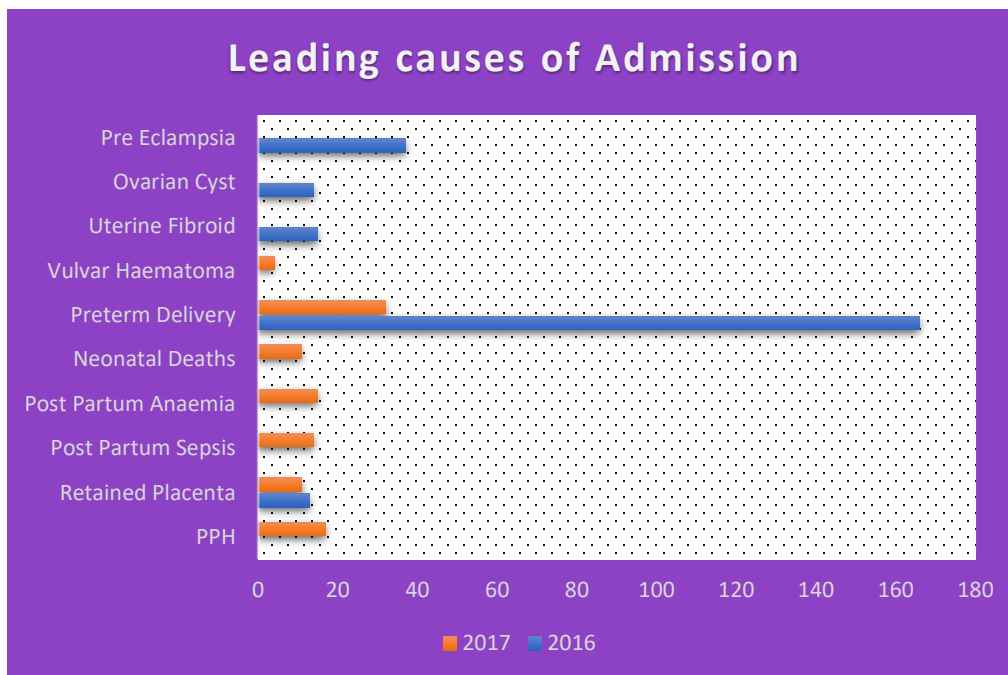


2.6 POST NATAL WARD:

The ward provides inpatients services to pregnant mothers, after delivery and those suffering after birth complications.

The unit is managed by;

- ❖ Nurse Unit Manager: Sr Patty Kawane Alo
- ❖ x 2 Medical officers (SMO & Registrar)
- ❖ Midwives /Nursing Officers/CHWs



2.6a Leading causes of admission.

Figure 13 shows preterm delivery as the leading cause of admissions. This is reflected in the SCN report as prematurity and Low Birth Weight is one of the leading causes of admission besides neonatal sepsis.

2.7 GYNAECOLOGY WARD

The ward provides inpatient services to girls and women suffering from conditions relating to females' reproductive system.

The ward is managed by;

- ❖ Nurse Unit Manager-Sr Salome Palos
- ❖ Medical officers
- ❖ HEOs
- ❖ Specialist Nurses/Nursing Officers/CHWs

2.7a Leading cause of admission

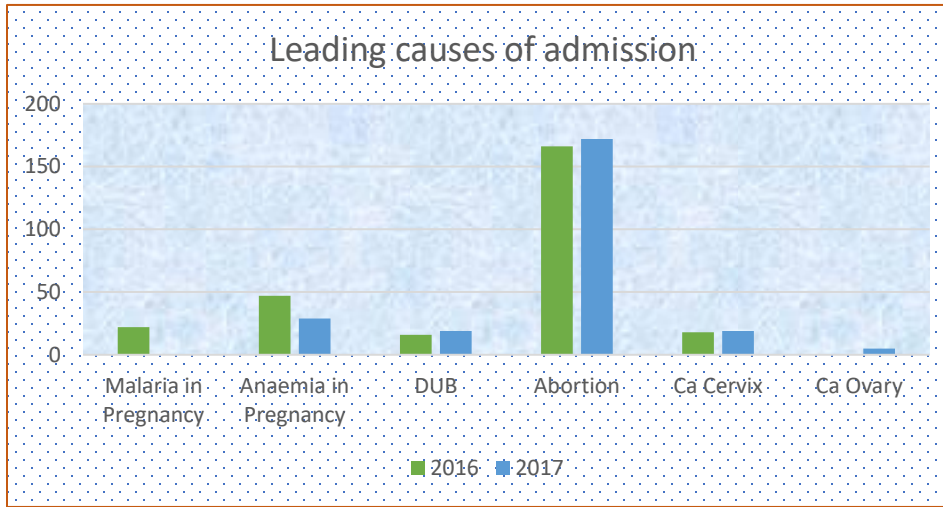


Figure 14 shows abortion as the leading cause of admission. There were more cases of abortion in 2017 than in 2016, followed with anemia in pregnancy.

2.8 OPERATING THEATER

The Unit provides the avenue for the Obstetrics & Surgery teams to perform surgery on patients that require elective and emergency operations to improve their health conditions.

The unit is comprised,

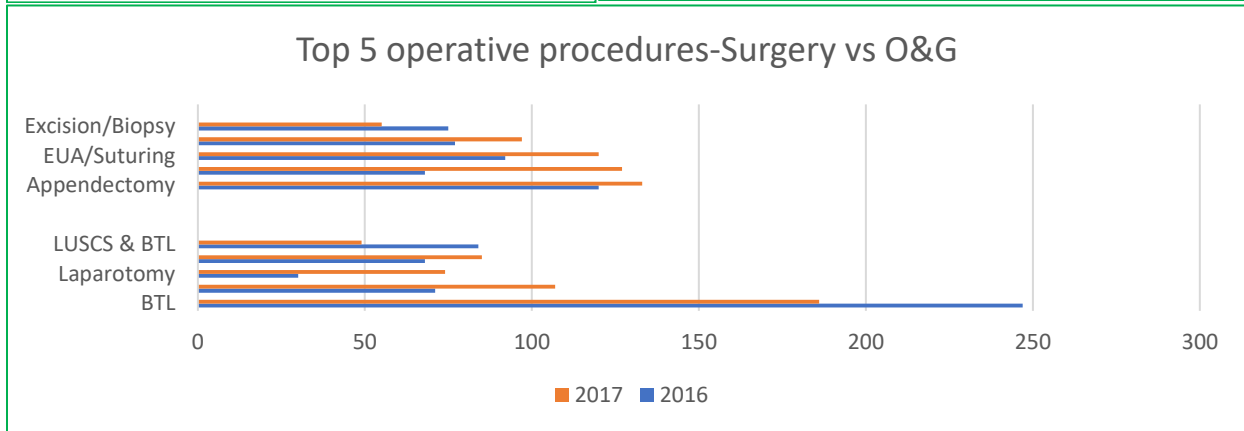
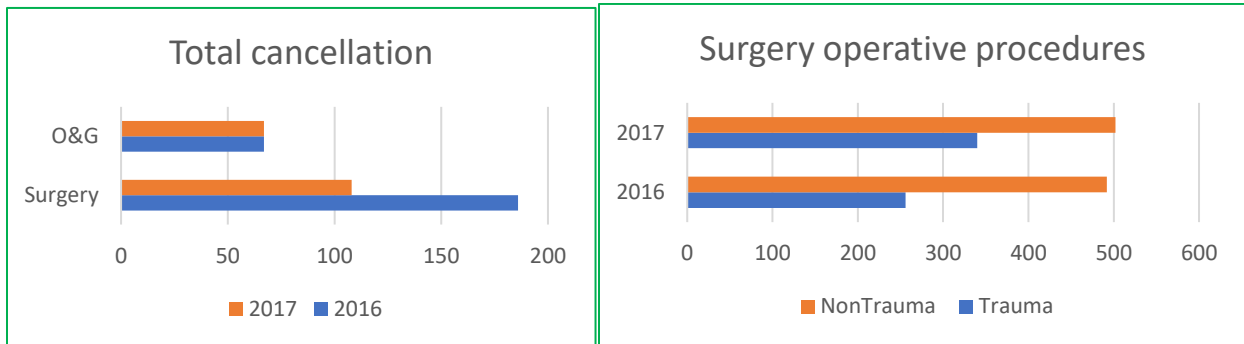
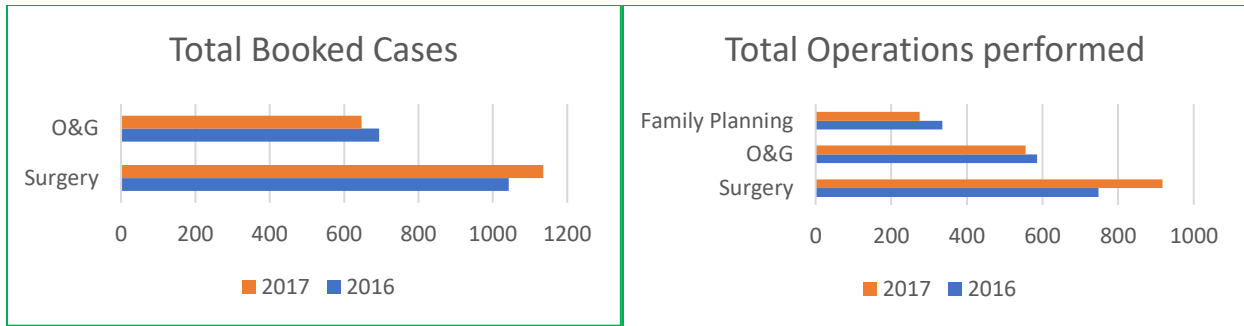
- ❖ Nurse Unit Manager-Sr Mayleen Leana
- ❖ Senior ASO-Mr. Thomas Pangan
- ❖ Specialist Nurses
- ❖ ASOs
- ❖ Nursing Officers/CHWs

The five graphs below showed the total booked cases, operations performed, cancellation and total operative procedures performed in 2016 & 2017. There were more surgery cases performed than O&G cases in both years. There were more cases cancelled or postponed by surgery team than O&G. Reasons for cancellation various between the two units, however the **No show cases or day cases** was the main factor for cancellation amongst the two units.

Below is a summary of 2017 cases in percentage.

There were 1472 cases done. 1157/1833(36.5%) of which are elective cases while 676/1833(63.5%) emergencies cases were booked. There were 1337 anesthetic procedures performed. 175/1833(10%) were cancellations. There were no deaths reported in 2017. The theater utilization time was 45%.

Figure 15 shows the core indicators for the Operating Theatre in 2016 & 2017. There were more operations performed in Surgery in 2016 & 2017, compared with O&G cases.

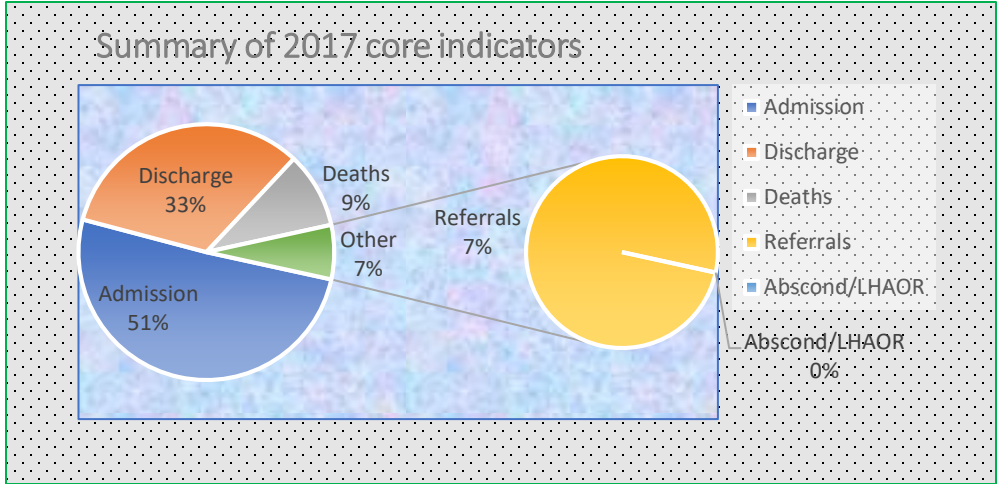


2.9 HDU/ICU



The High Dependency Unit was established in 2015 to cater for critically ill patients. It has a two-bed capacity and is managed by;

- ❖ Nurse Unit Manager-Sr Ambai Wakai
- ❖ HEO-Petronila Ruku
- ❖ Specialist Nurses/Nursing Officers/CHWs



i Summary of Core Indicators

Figure 16 shows total number of admissions and deaths in percentage. Admissions 74 (51%), Discharge 48 (33%), Deaths 14 (9%) Referral 10 (10%). 2016 statistics were not available.

3.0 ONCOLOGY UNIT

The unit has been recently established. Therefore, there was no report submitted for 2016 & 2017. The Unit comprised;

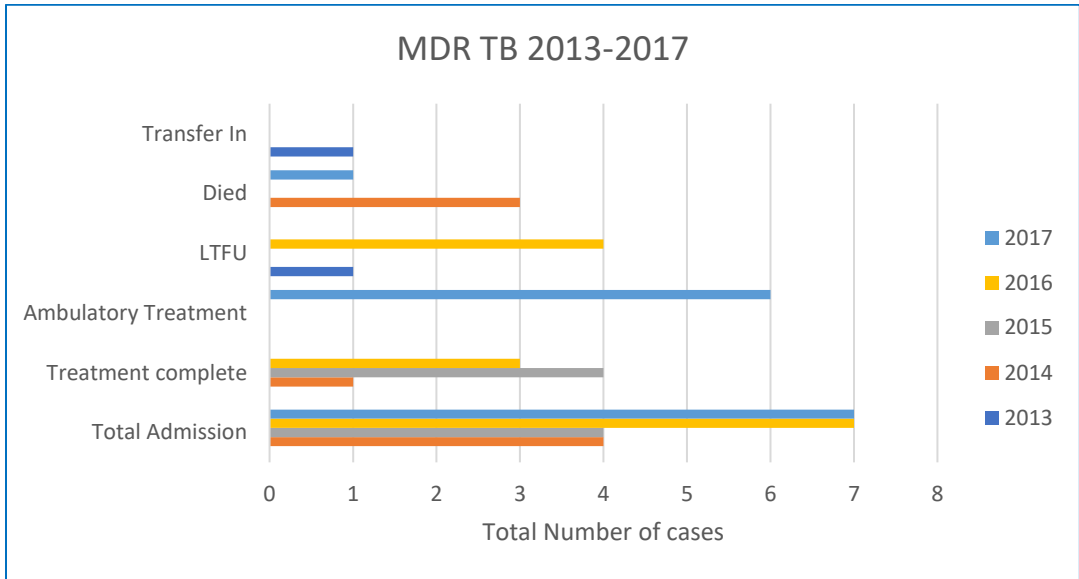
- ❖ Nurse Unit Manager: Sr Rhody Pei
- ❖ Medical Officer: Dr Yvonne Sapuri
- ❖ HEO: Wollyne Bawa
- ❖ CHWs

3.1 MDRTB WARD

The unit has been recently established due to the increase in the number of MDR TB cases in WNB. The ward comprised,

- ❖ Nurse Unit Manager- Mr. Johannes Walai
- ❖ Nursing Officers/CHWs

!) Summary report; 2013-2017



3.2 MORTUARY

The Mortuary has a total of 3 staff. With the limited number of freezers, the facility is unable to cater for more deaths at the same time.

The NEGLECTED!!

A total of 11 unclaimed deceased were buried in a mass burial ceremony in 2017. 3 were children while 8 were adults.

A very sad day for WNB.

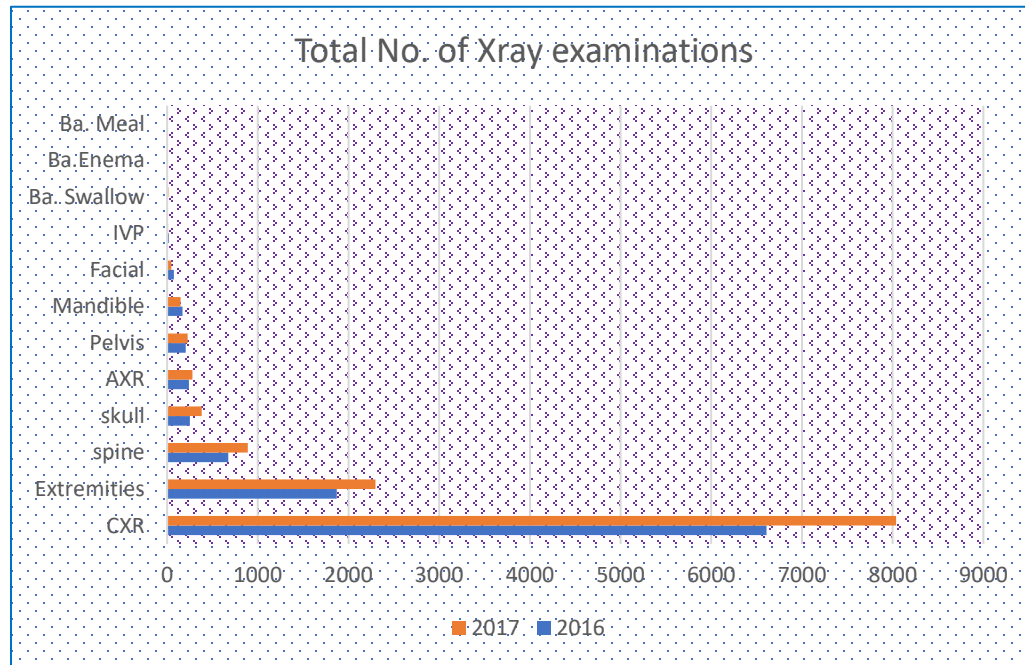


3.SUPPORT SEVICES

3.1 RADIOLOGY

The X-ray department as it was previously known provides x-ray services to both in patients and outpatients and referrals. The unit comprised the following;

- ✦ Officer in Charge- Mr. Robert Joe
- ✦ Radiographer-Mr. Thomas Inadu
- ✦ Technicians & Assistants



i Total Number of x-ray examinations

Figure 1 shows the different x-ray examinations done in 2016 & 2017, with more chest x-rays being done than others.

ii Summary of Referrals

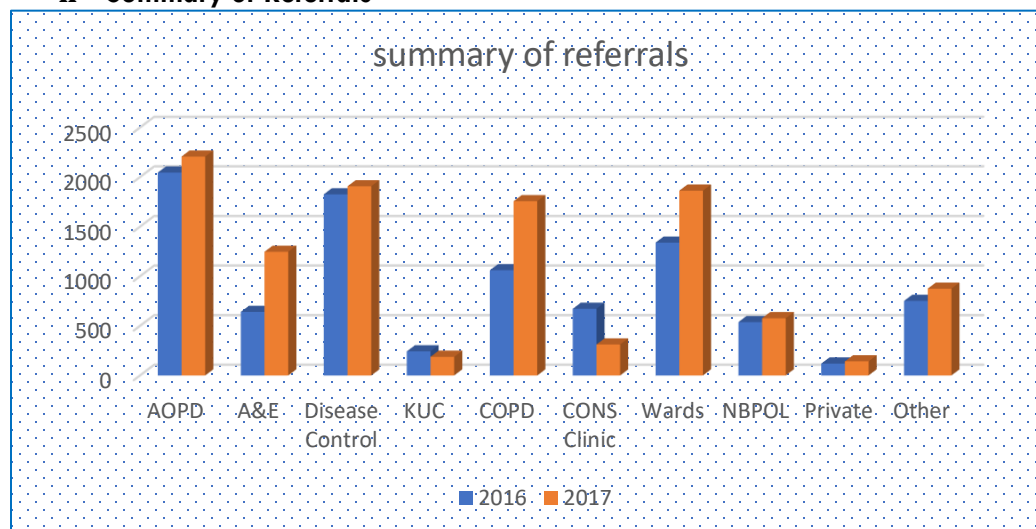


Figure 2 Shows more x-rays were referred from Adult Outpatient, Disease Control (TB Clinic), COPD and the wards in 2017 compared to 2016.

iii TB screening against Others

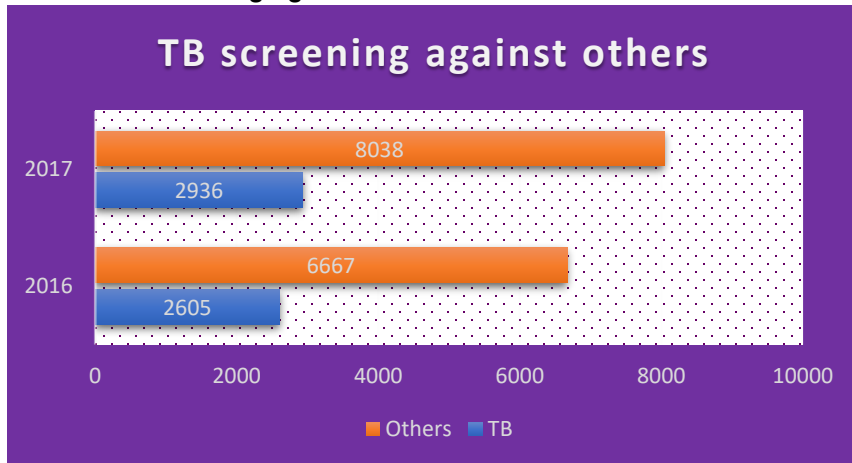
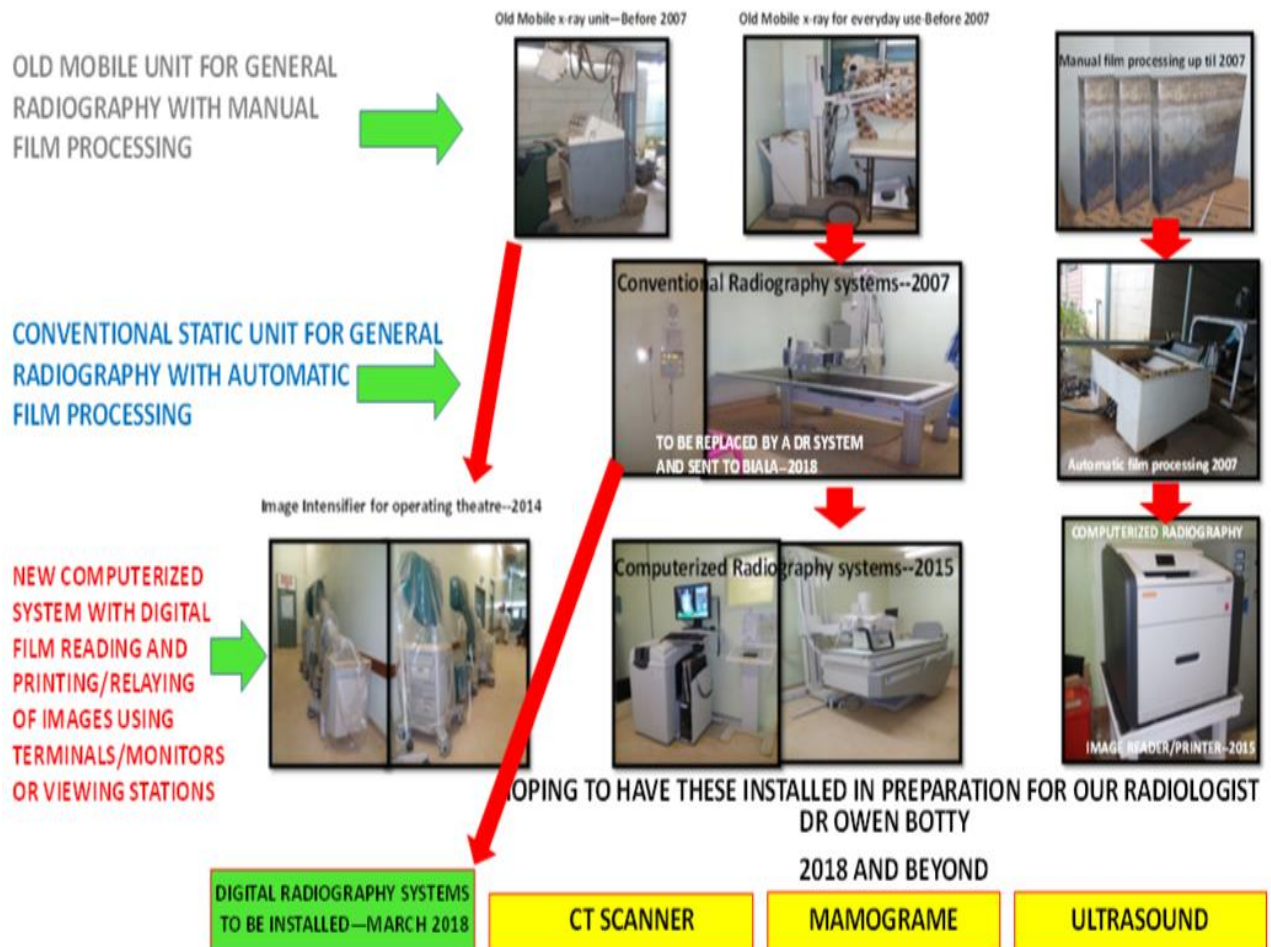


Figure 3 shows more chest x-rays were done in 2017 compared to 2016.

There were 12,329 examinations done in 2017 2936/10974 CXRs (26%) were for TB investigations.

PROGRESS OF XRAY SERVICES IN WNBPHA IN THE LAST 10 YEARS



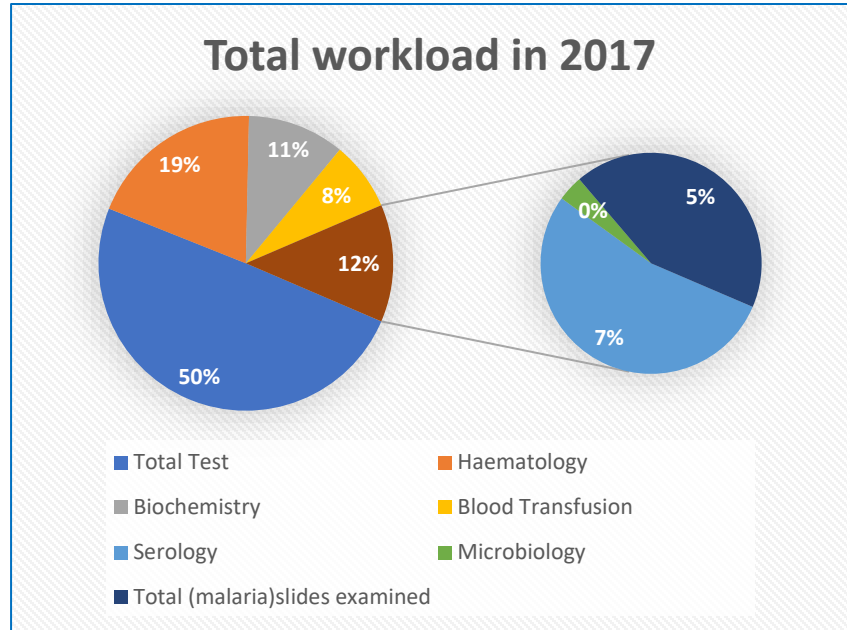
3.2 PATHOLOGY

The Pathology or the medical Laboratory, provides laboratory services to in patients, outpatients and referrals. The staff comprised the following;

- ❖ Acting OIC-Mr. Julius Lakamo
- ❖ Medical Lab Scientists
- ❖ Medical Lab Technicians
- ❖ MLA/RLA

i Total workload

Figure 4 shows total workload in 2017. There were 42,140 tests done. Hematology 16,394, biochemistry 9049, blood bank 6,418, serology 5,869, microbiology 412. 2016 statistics were not available.

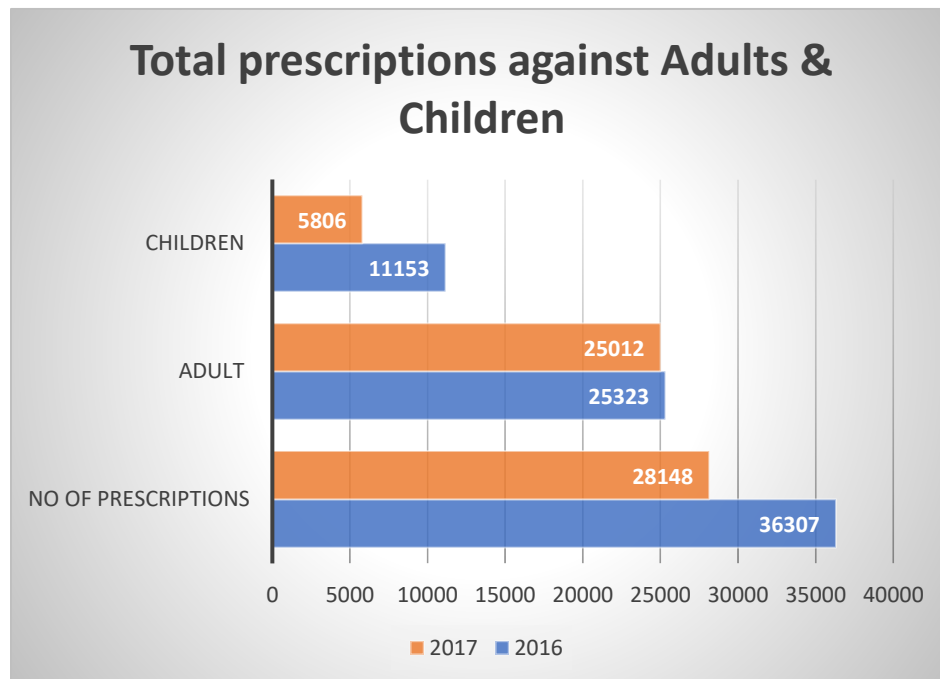


3.3 PHARMACY

The pharmacy Department provides pharmaceutical services with in the hospital for both inpatients and outpatients. The unit receives supplies from the regional area medical store in Rabaul, East New Britain Province and Lae, Morobe Province monthly. However, the process has its complications, hindering quality health service delivery to the people in West New Britain Province.

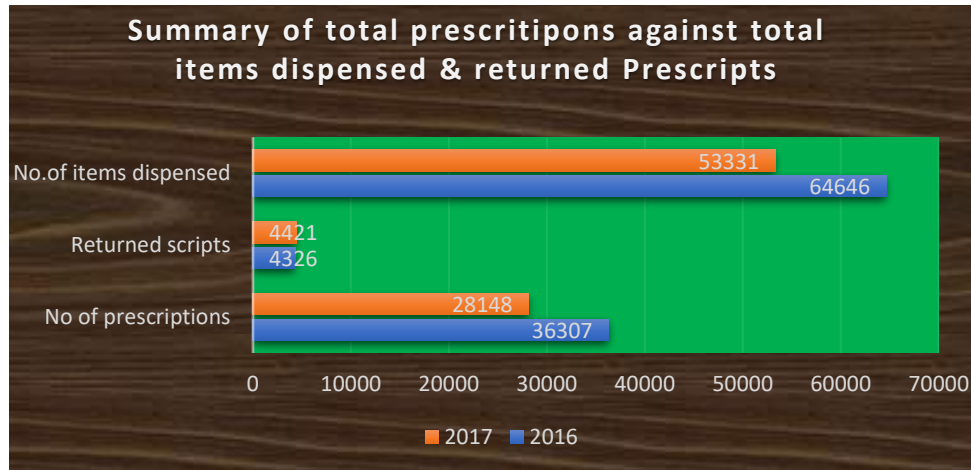
The unit comprised,

- ❖ OIC-Mr. Robert David
- ❖ Pharmacist-Miss Victoria Tatut
- ❖ Technician- Wendy Ovasui



i Total prescriptions; Adults vs Children

Figure 5 shows more adults needed prescription than children. There were more children seen and treated in 2017. An increase of over 200 adult patients in 2017 than 2016.



ii Summary of total prescriptions.

Figure 6 shows more prescriptions with items dispensed in 2016 compared to 2017.

3.4 **BLOODBANK.**

2709 clients screened. 1456(56%) rejected. 1163 units of blood collected of which 548(29%) were discarded due to infections. 379(85%) units were used.

3.5 **SOCIAL SERVICES**

A total of 73 clients seen. 30 for mentoring and guidance, child abuse 6, disabled persons 6, rape 6, others 25.

3.6 **FAMILY SUPPORT CENTRE**

a total of 86 clients were seen. 79/86 were family violence, 4/86 sexual violence and 3/86 pts d.

3.7 **BIOMED**

145 repairs done. average completion days of 3.5 days and equipment availability of 99%.

3.8 **CLINICAL OUTREACH**

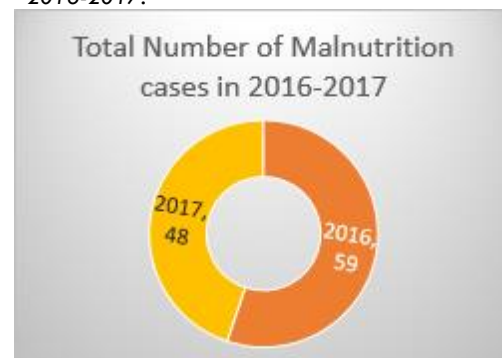
The report is covered under Public Health-Integrated Outreach. The report covers the YWAM outreach.

3.9 **NUTRITION**

The Nutrition unit has been operating under the Pediatric ward. The unit has two staff.

Total cases of malnutrition.

Figure:7 shows total number of malnutrition cases seen from 2016-2017.



4.0 **INFECTION CONTROL**

There were no reports submitted for 2016 & 2017

4.1 **QUALITY ASSURANCE**

There were no reports submitted for 2016 & 2017

4.2 **GRAND ROUNDS**

A total of 16 clinical grand rounds were conducted in 2017.



4. NURSING SERVICES



Deputy Director Nursing Services: Sr Rachel Kua Barkie.

The Nurses of Kimbe Provincial hospital under curative health services continue to provide health care Services to individuals, families and communities both inpatients and Outpatients (front line) despite constraints faced. The year 2016 & 2017 was very challenging year for both the Nursing Administration and the clinical patient care areas. There were shortages of supplies and medicines which made it more challenging for nurses to discharge their duties at the expected standard. For the betterment of improving patient care services, necessary requirements for patient care must be provided to meet WNBPHA objectives.

The 2016 & 2017 data, collected and compiled by Unit Nurse Managers, only covers the Kimbe Provincial hospital. These statistics have been reported above.

2 BACK GROUND

Nursing division functions within the Kimbe provincial hospital Curative Health services, within the WNBPHA. It functions under the leadership of the Director Curative Health Services and is headed by the Deputy Director Nursing Services, Manager Nursing and the clinical supervisors. It is responsible for 26 units and the largest division in the Hospital. The division has functions including Administration, Clinical Supervision, and Care of

patients and training of Nurses. The office of the nursing division is responsible for all Nursing Staff, Nursing units and all activities that are conducted in patient care areas.

Each Unit is managed by a unit nurse manager assisted by assistant nurse unit managers. The bed capacity of the hospital is 205 beds including day clinics. Nurses makeup 75% of the work force of Kimbe Provincial hospital. Nurses work together with diversity of health workers promoting team work for the benefit of patients.

Nursing involves prevention of disease and disability, treatment of illness, relieving of pain and discomfort or other unpleasant symptoms, helping people who cannot help themselves, educating people to live promoting healthy life styles and giving advice or counselling people when required. WNBPHA is a diverse organization, and all the functions are shared with the diversity of health workers thus encouraging team work for the benefit of patients/clients.

Leadership and management skills are lacking at the nurse unit managers level to perform effectively as most are not trained to be leaders and managers.

Disciplining of staff is still an issue as the disciplinary committee is not functional.

3 Our Goal and objective for 2016 and 17, Nursing in West New Britain Province is,

- a) To improve quality of patient care at the front line, inpatients both in the hospital and rural health care centres. (Yet to improve)
- (b) To provide and maintain safe and acceptable standard of patient care in the hospital and rural health centres. (Applying)
- © To improve our Management and operations of the Nursing division
- (d) To develop 5-year training plan for nurses (Done 2017)
- (e) To develop in service training program (Done)
- (f) To develop discipline pathway.

4 HUMAN RESOURCES AND - NURSING ESTABLISHMENT

The current Curative Nursing Structure has 257(100%) funded positions, three are non-

nursing, 2x Social workers and 1x DDNS personal assistant. Total of 213 (83 %) of the positions are filled and 44 positions (17%) is vacant. The division recruited 57 new nurses to alleviate the man power issues and to deliver efficient, effective health care. The division still require better trained nurses who are motivated to effectively deliver quality health care to meet the objectives of PHA, therefore training is required to become specialize in required fields of nursing. Below is the Establishment of the division

5 NURSES TRAINING

Nurses training and development plan is very vital in any organization. The WNBPHA requires nurses who are better trained and are motivated to meet the health demands of the growing population of West New Britain Province. Currently it is required that more Nurses must be trained in Paediatric Nursing, Peri operative care, Acute Nursing in ICU and accident and Emergency. This is important for effective supervision of trainee nurses and the provision of specialized care for individuals that require our health care services. The Nursing division has a five-year plan (2018-2022) for nurse's capacity building.

6. NURSING COMBINE ACTIVITIES

6.1 Meetings

Nurses In service



Nurse Midwives



Nurse Unit Managers



The Nursing Division has a structured Calendar that guides the Activities for the year. During the year, the division had meetings per the Nursing Calendar. The meetings were conducted monthly. Meetings held were Nursing Admin meetings, Unit Nurse Manager's meetings, Ward/Unit meetings and combine nurses' meetings.

6.2 In-service training

The Division had a weekly in-service programme that is conducted every Wednesdays on topics related to patient care as part of our clinical governance. A Clinical nurse supervisor is delegated the task to take the responsibility

6.3 International Nurses Day and midwives' day

Due to financial constrains the nurses did not celebrate the Nurses and Midwives day in 2017.

6.4 Annual PNG Nurses Symposium

Nurses Symposium in Kokopo, ENBP was attended by three of our nurses.

Peri-operative symposium was attended by a few nurses.

Midwifery was not attended due to financial constraints.

6.5 Quarterly Power Point Presentation of quarterly indicators

This is an ongoing activity where Nurse Unit managers meet with the present their core indicators on PowerPoint at the Nursing Office

LONGEST SERVING NURSING MODEL; WITH COMMITMENT & DEDICATION.



FEATURING SR. ANNA. N'DROU

“A role model to the younger generation of Nurses”.

Known by many in WNB Province as” **Mama Manus**”, especially the women folk who had passed through the Obstetrics & Gynaecology ward, during pregnancy, Labour and birth.

Sr. Anna N'drou hails from Manus Province. She graduated with a Certificate in Nursing at Rabaul (Nonga) School of Nursing in 1983 and later proceeded to study Midwifery Nursing, where she graduated with a Certificate in Midwifery at the University of PNG- CAHS in 1989.

Anna is a straight shooter and aims to achieve satisfaction in all that she does, when it comes to patient care. A keen learner, who always believes in evidence base practice. And no one will beat her in patient care management, unless there is prove of literatures. Despite her age and level of computer knowledge, she went on to improve her

managerial skills, through short course training at PNG Institute of Public Administration, where she obtained a certificate in Middle Management. And in 2017, she obtained a certificate in basic computing at TAFE college, Kimbe, WNB.

Sr. N'drou had performed in various leadership roles, from Nurse Unit Manager to Acting Manager- Nursing and currently as the clinical shift supervisor within the Nursing Division.

She is recognized by all nursing staff of her professional commitment, dedication and sub- ordinate mentoring in her level, as the clinical nurse Supervisor. She is “a friend to all and enemy to none”.

Sr. Anna N'drou joined Kimbe General Hospital on the 20th April 1993, as a young nurse and had served people of WNB with extreme loyalty for 25 years. She met and married a young mixed Manus and AROB, late Elvis Tatut and had two beautiful daughters, Victoria Tatut (Pharmacist) and Dorothy Tatut who is now pursuing further studies at Don Bosco Technical College in Port Moresby.



Now with grey hair, and after 24 years of serving Kimbe Hospital and the people of West New Britain Province; Sr Anna N'Drou still believes in on- going training, and is now studying, **Diploma in Public Administration**, a post graduate study program at the PNG Institute of Public Administration- Port Moresby, PNG.

She has called WNB Home!!! We wish you the best in your studies and success in your Nursing Profession, as you continue to serve the people of West New Britain Province.

LONGEST SERVING SURGEON- SERVING WITH PRIDE & COMMITMENT



Featuring Dr Lawrence Warangi

A reflection on his journey as a surgeon

Lawrence Chenambu Warangi – Senior Specialist Medical Officer, Lifetime Member – PNG Medical Society

Dr. Lawrence C. Warangi hails from Tring Village, Turubu in East Sepik Province. Known in the medical community as the Rural Surgeon, who has worked in all but two provinces; and recently decorated as a lifetime member of the PNG Medical Society, he is a Senior Specialist Surgeon at WNBPHA.

He completed his primary education in Kopiam, when his father was a policeman in Enga Province. He then continued to Hagen High School in 1968 and on to Brandi High School in 1969.

Dr Warangi has been in the public service for 36 years; and has pioneered day surgery in West New Britain Province.

He began his medical career as a resident medical officer in the years 1979 – 1981. He then became the Medical Officer and Director Medical Services at the Daru General Hospital in 1982. He completed his Masters in Medicine (Surgery) in 1988.

His career as a surgeon took him to all parts of PNG, except Manus and Simbu Province. He was in;

- Angau in 1988
- Wewak 1989 – 1990
- Mendi 1991
- Wewak 1992 – 1994
- Daru 1995
- Kimbe 1996 – 1997
- Mt Hagen 1998
- Kerema 1999 -2000 DMS/CEO
- Vanimo 2001 – 2003 DMS/CEO
- Wewak 2004 - 2007 DMS/ Surgeon
- Alotau – 2007
- Wewak – 2008-2009
- Wewak 2010 – 2014 Surgeon/CEO
- Kimbe 2015 to current

A very humble doctor and surgeon, who turns up to work as early as 7am, and drops by each weekend to see how his patients are doing. At 7am, he will start from one ward, to another checking in to ensure patients are stable, until he reaches the surgical ward. One finds him knowledgeable and highly skilled, and those who have gone under the knife, under his care have truly acknowledged this great surgeon.

He has no hesitation in imparting his knowledge to the younger generation of Doctors and HEOs. We are forever grateful to you.

CONGRATULATIONS, DR LAWRENCE CHENAMBU WARANGI ON YOUR ARCHCIEVEMNT AS A LIFE MEMBER OF THE PAPUA NEW GUINEA MEDICAL SOCIETY.

WNB is blessed to have you, the second time!

PUBLIC HEALTH SERVICE



Director Public Health Services: Dr Joseph Nale

Public Health Directorate is one of the directorates under the West New Britain Provincial Health Authority (WNB PHA); its main emphasis is on disease prevention and disaster preparedness. Sixty per cent of the public health agenda is delivered through the system of rural health facilities and the urban clinics (Level 3) that spans the entire West New Britain Province.

2. ADMINISTRATION-PHQ

The Public Health Management Team comprises the following;

1. Director Public Health – Dr Joseph Nale

2. Deputy Director Public Health – Standards and Programs – Mellys Paita
3. Deputy Director Public Health – Rural Health Facilities – HEO Althea Ningiura
4. Family Health Program Manager – Sr Jennifer Ravakai
5. Disease Control Program Manager – Andrew Kumogene
6. Environmental Health Program Manager – Andrew Kahfy
7. Health Promotion Program Manager, Sr Josephine Bogu

Support staff;

Administration Clerk
 Personal Assistants x 3
 Hygiene Officer x 1
 Divers x 4

The standard health programs in the health sector include;

1. General Administration
2. Urban Health Services
3. Rural Health Services
4. Family Health Services
5. Disease Control
6. Environment Health
7. Health Promotion
8. Medical Supply and Equipment (Curative and Corporate functions)
9. Human Resources (Corporate Directorate)
10. Support Services

3. GENERAL ADMINISTRATION

Table 1 shows the unspent health functional grants. The unspent was due to late funds release and compounded by claims being queried.

Funding Source	Amount Appropriated(K)	Amount Released (K)	Amount Expedited(K)	Funds carried to 2018
Unspent (WNBPA)	2,504,190.00	2,504,190.00	485,000.00(2,019,190.00
Recurrent –Admin (WNBPA)	538,500.00	538,500.00	219,400.00	319,100,00

Recurrent Program Funds(WNBPA)	1,366,000.00	1,366,000.00	678,400.00	687,600.00
Recurrent Health Facilities	1,290,000.00	1,290,000.00	1,106,000.00	184,000.00
Total (K)	5,698,670.00	5,698,670.00	2,003,800.00	3,199,890.00

4.HUMAN RESOURCE

Table 2 shows the distribution of staff employed under Public Health Directorate.

Total Positions	Position Occupied	Position Vacant	Current staff distribution/staff on Sites						
			PHQ	Program Officers	Health Centre				Aid post
					HEOS	NOS	CHWs	Allied Health Workers	CHWs
320	282	38	7	30	20	39	96	11	79

5.DEMOGRAPHY (TALASEA & KANDRIAN DISTRICT)

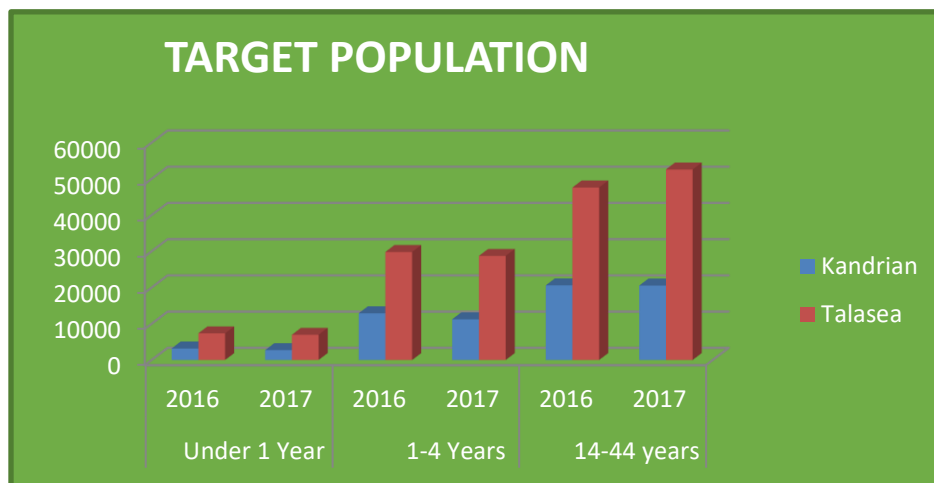


Figure 1: Shows the distribution of target population groups between the two districts. The Talasea district population is two times higher than the Kandrian district.

6.FAMILY HEALTH PROGRAM

The Family Health Program has four sub programs and they are Family Planning, Expanded Program on Immunizations, Safe Motherhood and Nutrition.

6.1. Maternal & Child Health

6.1.1 Safe Motherhood

There were nine supervisions conducted to nine health facilities in the province in partnership with the YWAM team. There were also three plantations that health promotion messages were delivered in collaboration with the Office of Sustainable Development of NBPOL.

A village Health Volunteer training on Vitu Island trained 56 participants and 12 leaders were trained on Community Action and Participation (CAP)

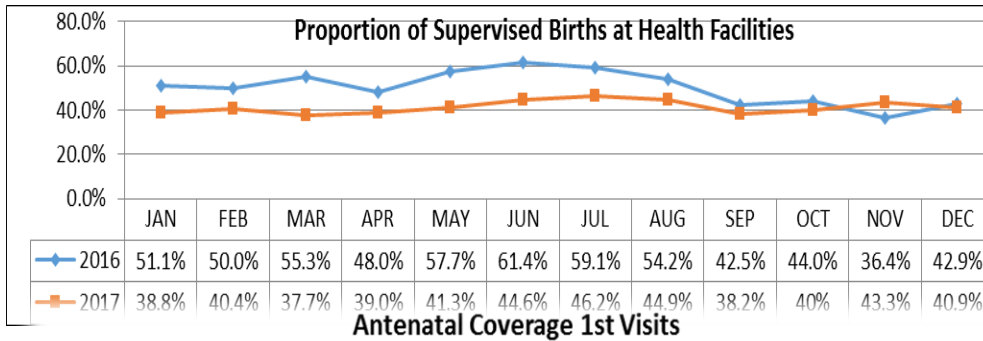


Figure 2 shows the proportion of supervised births at the health facilities in West New Britain Province. The supervised deliveries trend compared to 2016 has declined.

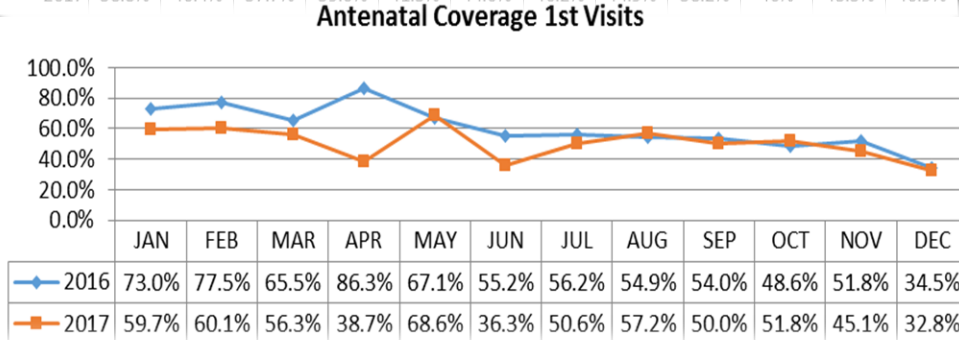
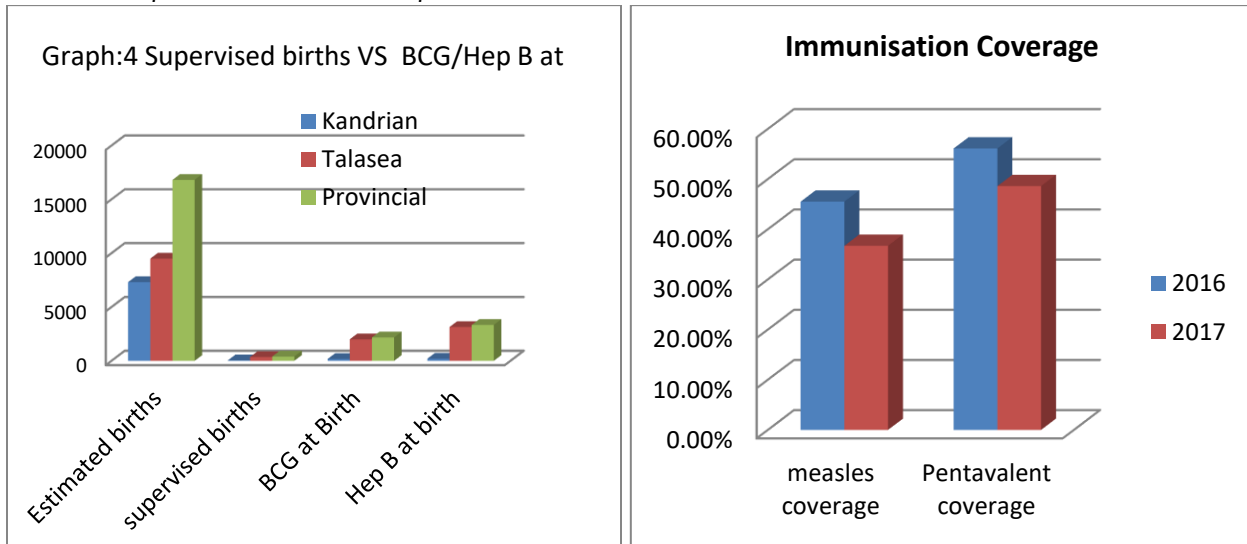


Figure 3 shows the proportion of antenatal coverage 1st Visit. The antenatal coverage for first visit has also declined in the last two years.

6.1.2 Child Health

There were more clinics planned but decline in number undertaken within the period. No significant changes except in May 2016. This has a great impact on the Province Immunization Coverage. There was decline in immunization coverage in the province between 2016 and 2017

Figure 4 shows supervised births at the birthing facilities and the Immunisation coverage in Kandrian, Talasea and the Provincial Hospital. There is decline in supervised births and immunization at birth in Kandrian District.



The percentage of children under one year immunized against various vaccines has remained below 80%, despite the number of vaccines given out to health facilities in the province.

There are many factors that contribute to this issue, due to staff shortages, transport logistics and faulty cold chain equipment among the many reasons.

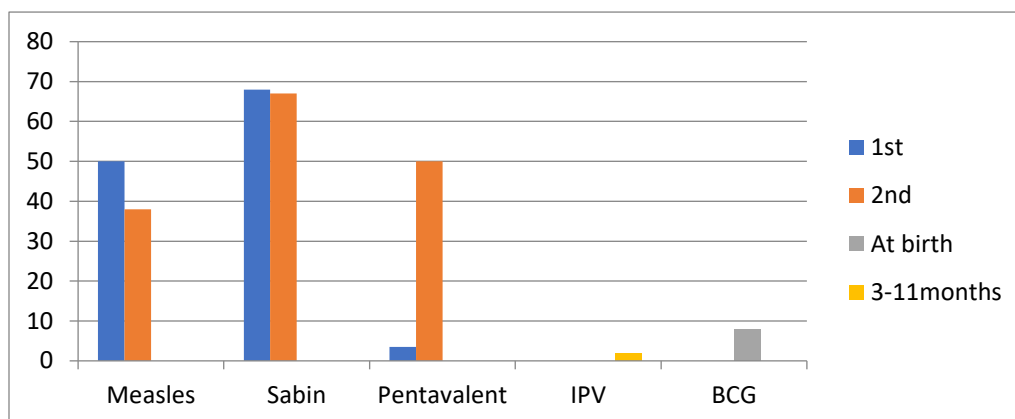
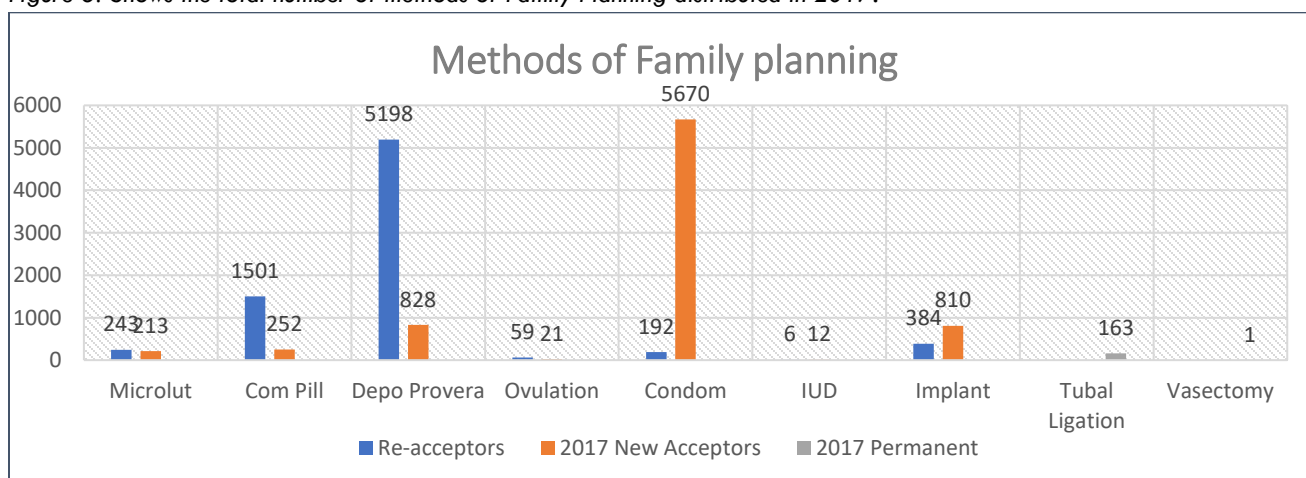


Figure 5 shows the different vaccines received. Not all vaccines have been administered to children in their first 5 years.

6.1.3 Family Planning

Figure 6: Shows the total number of methods of Family Planning distributed in 2017.



6.1.4 Expanded program on Immunization (EPI)

The table below states the number of antigens that were received from Base Medical Store in Badili and given out to health facilities across the province in 2017.

Antigen	Received from Base Medical Store (Vials)	Given to facilities (Vials)
BCG	1,620	1,268
Hepatitis B	1,285	876
Pentavalent	33,500	19,166
Sabin (BOPV)	1,800	1,327
PCV -13	29,000	24,413
IPV	2,004	1,458
Measles Rubella	3,314	2,740
Tetanus Toxoid	2,570	1,957
Total	75,093	53,205

Four Solar Direct Driven fridges were delivered to the province; Three are already shipped to Gloucester, Kilenge and Sagsag health centres and awaiting installation while arrangements are being made to ship one to Kandrian Health Centre.

6.1.5 Nutrition

The table below shows the following main activities that were done and the population covered.

Activities	Sites/Quantity	Population Covered
De-worming	15	9 827
Public Awareness	18	
Community Outreach	55	
In House Officers refresher		31 officers
Food Handlers Training	5	
Nutritional Health Advocacy	88	
Supervisory Visit	3	
Nutrition Radio Program	1	
Nutrition Counseling		68
Ready to use therapeutic Food	759	
IEC material distribution	606	

7. DISEASE CONTROL PROGRAM

The sub programs under disease control are Malaria, Tuberculosis, HIV, Neglected tropical disease, non-communicable disease.

7.1 Tuberculosis

The number of TB suspects examined for diagnosis by sputum smear microscopy was 1,637 and out of that 17% (278) turned out to be sputum smear positive. A total of 806 TB patients were referred to the VCT while 145 of them were tested for HIV in which one was positive.

Out of the nine Basic Management Units, two Management units have not reported in the last quarter and is not reflective of the real TB situation in the province

The table below shows registered Tuberculosis cases in the province after the collation of data from all Basic Management Units are shown in the matrix below.

Registered TB Cases in 2017

Pulmonary Sputum Smear Positive				New Pulmonary Smear Negative	Pulmonary Sputum Smear not done or not available	New Extra pulmonary	Other previously treated	Total
New Cases	Relapse	After Failure	After Default	161	1,846	580	198	3,043
231	14	0	13					

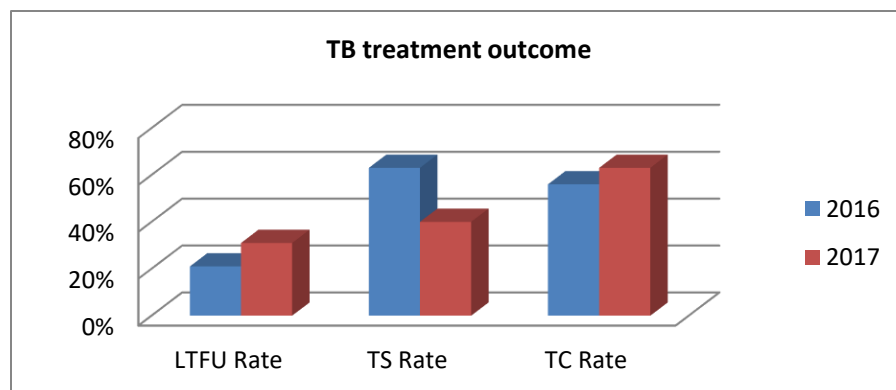


Figure 7. The graph shows TB Treatment outcome. Treatment completion rate improves in 2017 however treatment success rate is still below 50% in 2017 despite more than 50% completion rate.

7.2 Malaria

Malaria is a vector born disease transmitted by mosquitoes of all species. The incidence of malaria in the province had reduced mainly due to distribution of long lasting insecticide nets (LLINs). The number of cases attending outpatients and admissions also declined in 2017.

The total number of reported cases of malaria in 2017 was 70,811. Only 3% (n=2012) of them turned positive. Twenty-five (25) of them died. The case fatality rate in the province is low.

A monitoring and Evaluation visit was conducted in six health centres with two visits from Rotarians against Malaria (RAM) to the province to audit the mosquito nets supplied by them.

The number of antenatal nets distributed to health facilities in the province was 12,642 bed nets.

The reasons for the above achievements are attributed to the use of LLINs, effective treatment of cases and furthermore due to good weather-El Nino in 2017.

7.3 HIV/AIDS

The HIV/ AIDS is a Program under Disease Control within the Public Health Directorate. It is a coordinating office that coordinates all HIV related activities in the province with respective HIV Response Officers in six local level government areas.

The HIV/AIDS response activities are centered around three areas: -

1. Prevention
2. Counselling, Testing, Treatment, Care and Support
3. System Strengthening

The table below shows activities conducted in 2017. Activities conducted were, Condom distribution, advocacy, IEC materials distribution and awareness campaigns.

Activities performed	Number/Quantity
1. Condom Distribution-Routine and medical patrol	
Male condoms	43,739
Female Condoms	1,208
2. PNG National Elections	
Male Condoms	12,000
Female Condoms	200

3.PNG Games and World AIDS Day	
Male Condoms	69,387
Female Condoms	1,069
4.Health Awareness	
Schools	4
OPIC field days	6
Health Patrols	17 Villages
Individuals	776
Advocacy	1 At Mosa
Counseling and Testing for HIV	30 Antenatal mothers at Gloucester
Counseling and Testing for HIV	10 At VCT
Sexually Transmitted Infections	30 Antenatal mothers, 2 reactive and treated
Sexually Transmitted Infections	44 OPD, 3 reactive and treated

The development and economic activities in the province call for this Program to stand alone to actively reach out to a much wider community in order to address the HIV/AIDS issues in the province.

7.4 Communicable Disease Surveillance

This sub program deals with the surveillance of communicable disease outbreaks, and how to mitigate and respond to the outbreaks through public health interventions.

There were no major outbreaks during the year, except a Pertussis outbreak on Vitu Island towards the end of 2017, which was attended to by our Public Health team.

Twelve monthly reports were submitted to National Department of Health plus the fifty-two weekly reports on surveillance of selected communicable disease.

There was a Calcium Hydroxide outbreak at Lalopo, which was attended to and did education awareness to staff and gave out forms to report such cases. The officer conducted seven visits to seven health facilities in Talasea District.

An in-house training was conducted for the Public Health staff on a Friday on Dengue Fever, Zika Virus and Yaws with distribution of handouts.

This is an important program to monitor disease threats and outbreaks and respond within a certain time frame.

7.5. Neglected Tropical Disease Surveillance

This sub program deals with tropical diseases that were dormant but are popping up, causing public health concerns. Those diseases include Leprosy, Yaws, Yellow Fever and Filariasis.

Yaws is common in the province and more cases have been treated at aid posts and health centres with Benzathine Penicillin.

8. ENVIRONMENTAL HEALTH PROGRAM

Public Health Officers doing shop inspection



The programs under Environment include Waste Management, Water Supply and Sanitation, Occupational Health and Safety, Food Safety, Quarantine and Environment Impact assessment.

Almost all subprograms integrated their activities in performing the tasks required of the programs. The table below summarises the activities performed in 2017 at the back of two major events and financial shortcomings.

Activities performed	Quantity	Sub Program area
Shop Inspections done	45	Food Safety
Import Permit Issued	51	Food Safety
Container Inspections done	104	Food Safety
Condemnation Certificates issued	6	Food Safety
Shops penalised	5	Food Safety
Food Handlers Trainings done	9	All
Number of participants	844	Varies
Public Awareness	2	Water Supply and Sanitation
Water Sampling	23	Water Supply and Sanitation
Assessment of Games Villages	22	Water Supply and Sanitation
Waste Inspections	4	Waste Management
Environment Assessment	1	EHIA
Total Vessels cleared	53	Quarantine
Ship sanitation exemption certificates issued	12	Quarantine

9. HEALTH PROMOTION

This is an important program that all other Programs build on and integrate under Health Promotion.

This Program is a hub for Public Health Directorate.

In 2017, two officers were under the Program while two officers were on study leave.

The major activities these Program officers performed were:

- Participated in eight (8) Oil Palm Industry Corporation organized field days.
- Conducted twelve (12) Radio Awareness programs
- Conducted twenty awareness campaigns before and during the PNG Games and during the National Elections
- Integrated with other Programs to carry out awareness at Bereme, Mosa village, Togulo and Kumbango plantations
- participated in 5 Food Handlers Trainings

10. MEDICAL SUPPLIES AND DISTRIBUTION

In 2017, there were sixty-four orders sent to Area Medical Stores (AMS) in Kokopo from all health facilities and buffer stock at the provincial transit store.

Fifty percent (50%) of the orders were attended to without the basic commonly used drugs and commodities. The Provincial Transit Store did not receive any orders from the Area Medical Store thus no drugs on its shelves. The situation of drug shortage at all health facilities across the province was experienced last year.

There were no procurements of essential drugs and subsequent distribution due to financial constraints.

The Pharmacy Inspector conducted the following activities in 2017.

Activity	Number/Quantity	Location	Remarks
Pharmacy outlet Inspections	2	Kimbe Town	
Inspection and Confiscation	30	Town & Kisere	
Supervision to facilities	1	Rural facilities	8 facilities supervised
Spot Inspection	1	Main market	No funds for Police Officers
	34		

11. RURAL & URBAN HEALTH FACILITIES

The rural and urban health facilities consist of health facilities in the two districts of WNBP.

1: The Urban Health Facilities are in Talasea District and are easily accessible by Road.

2: The Rural health facilities are in the Kandrian/District

The services provided at these health facilities are Curative and Public Health Services.

11.1. Outpatient Services

The outpatient service is a function under curative services that provides clinical and nursing care to patients attending the health facility daily.

Patients were still seen and treated despite lack of medical supplies

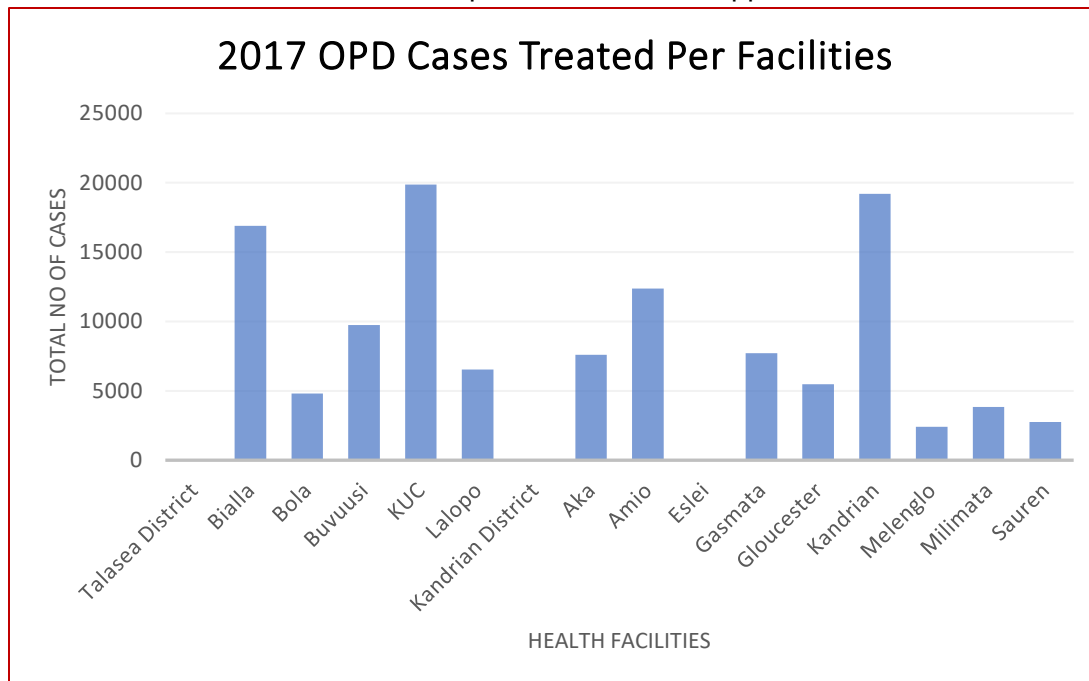


Figure 8. Bar Graph showing the total number of cases treated per facilities in 2017

Kimbe Urban Clinic had seen and treated more patients followed by Kandrian and Bialla Health Centres

Below also is an additional line graph comparing the last three years on how people accessed the OPD services by districts in the province.

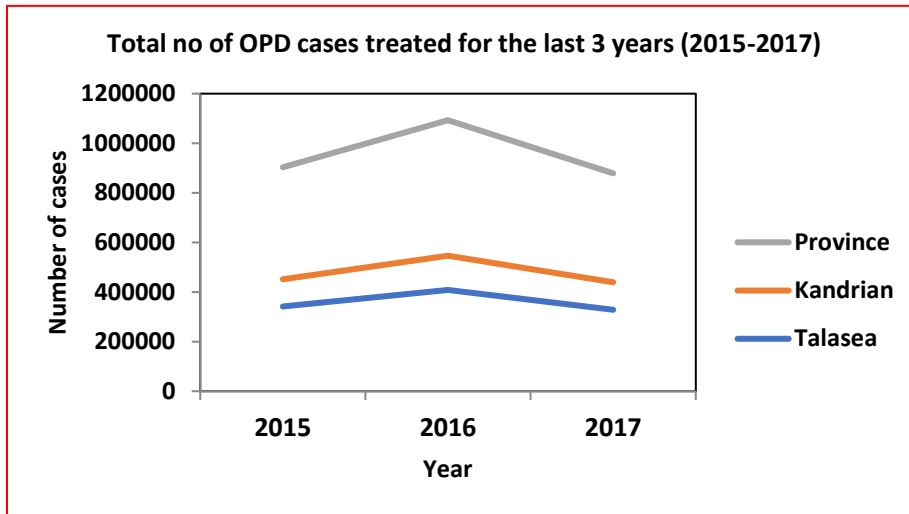


Figure 9. Comparison of total number of Outpatient Cases Seen and Treated in the Last 3Year (2015-2017)

The total outpatients seen and treated per District from 2015 to 2017, was extracted from the eNHIS and included the people who actually accessed the outpatient services from ALL the rural health facilities and the urban health facility in the province.

There was an increase in accessibility in 2016 for both districts compared to 2015 & 2017.

a. **Inpatients (Admissions and Discharges)**

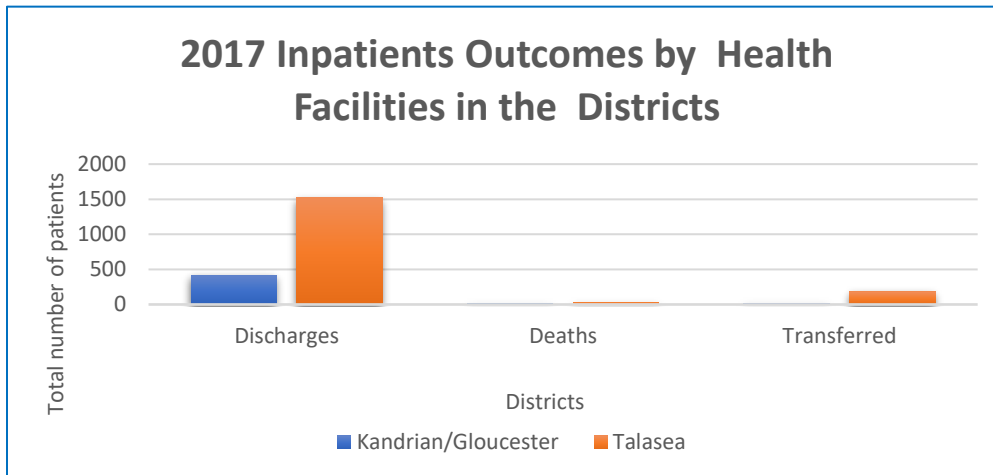


Figure 10: Number of Inpatients' outcomes by facilities in the districts in 2017

Inpatients for All the 13 reporting health facilities:

Total Discharges: 1935

Total Deaths: 39

Total Transfers: 198

Less number of patients accessed inpatient services in Kandrian District than in Talasea District

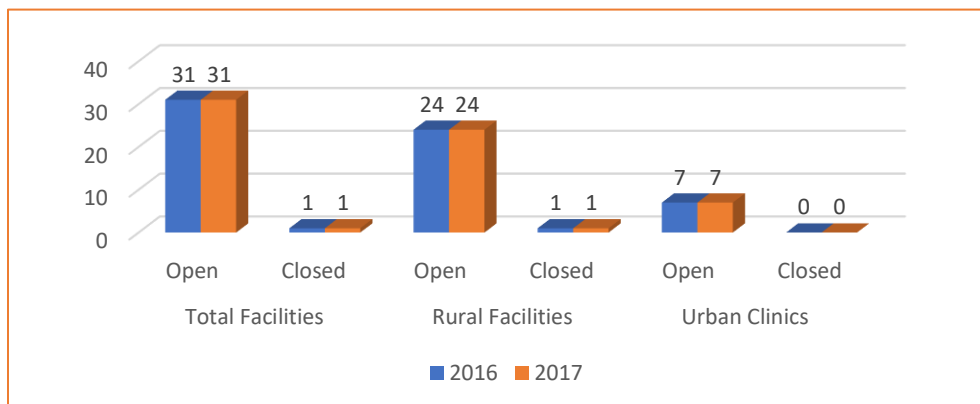


Figure 11. Shows Facilities in the urban and rural that are closed or open.

The urban clinics located in Talasea district, are Kimbe urban with other additional from the Oil Palm clinics.

In the last two years Eslei Health sub centre in Kandrian Health centre was closed.

11.3 Maternal & Child health

11.3.1 Antenatal Care

The table shows Antenatal Visit done by per Facilities in 2017. Kimbe Urban Clinic reported the highest antenatal visits followed by Bialla and Buvussi Health Centres.

Name of facility	1 ST Visit	4 TH Visit	Other Visits
Bialla Health Centre	212	112	555
Buvussi HC	271	165	608
Kimbe Urban Clinic	2146	987	4344
Kandrian HC	166	38	0
Gloucester HC	103	31	24
Gasmata HC	137	47	22

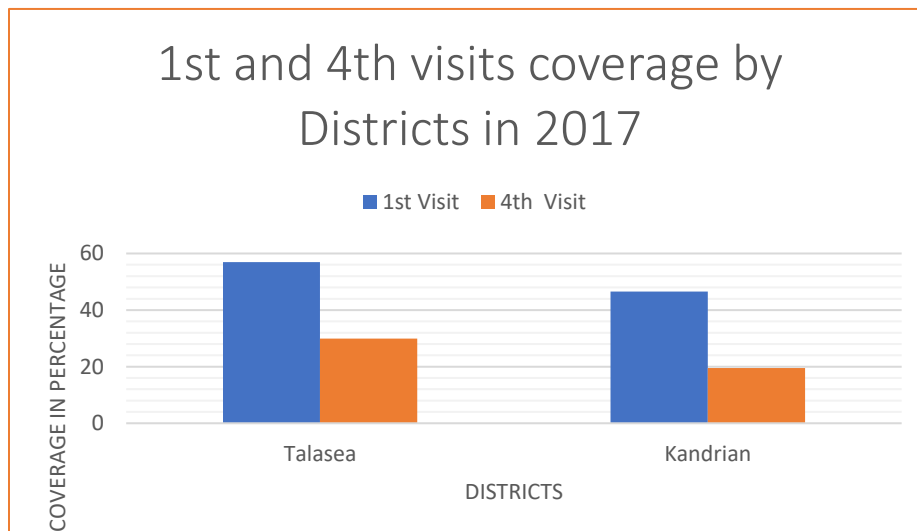


Figure 12. Comparison of Antenatal visits by District in 2017. 1st and 4th visits are usually the Key Indicators reported by year under maternal health program.

Kandrian district has less antenatal visits coverage than Talasea district

11.3.2. Deliveries

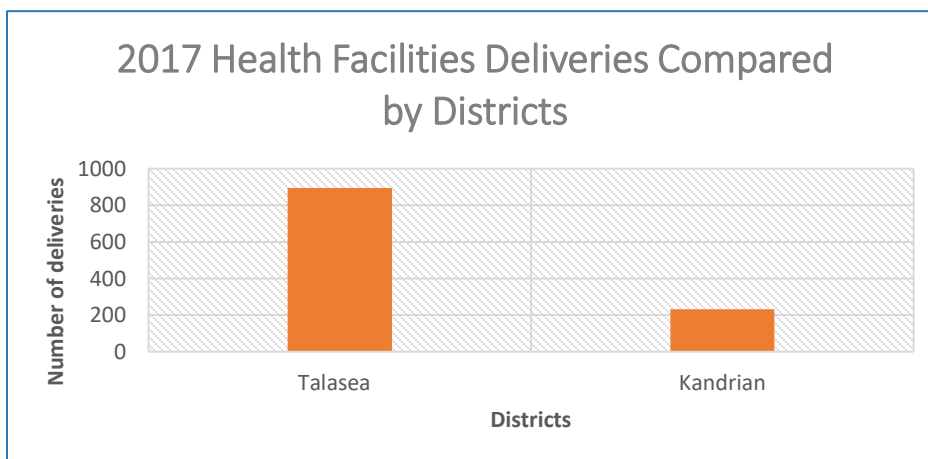


Figure 13: Number of supervised deliveries by districts in 2017

Total Deliveries:

Kandrian = 233

Talasea = 895

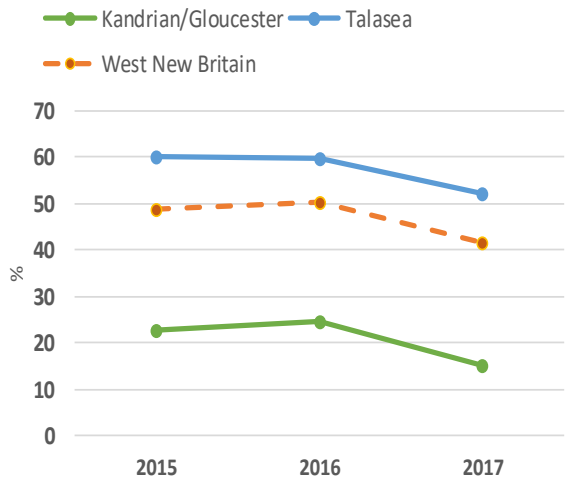
Talasea district had more supervised deliveries in 2017 than Kandrian district

Indicator 10a: Proportion of Supervised Births at Health Facilities

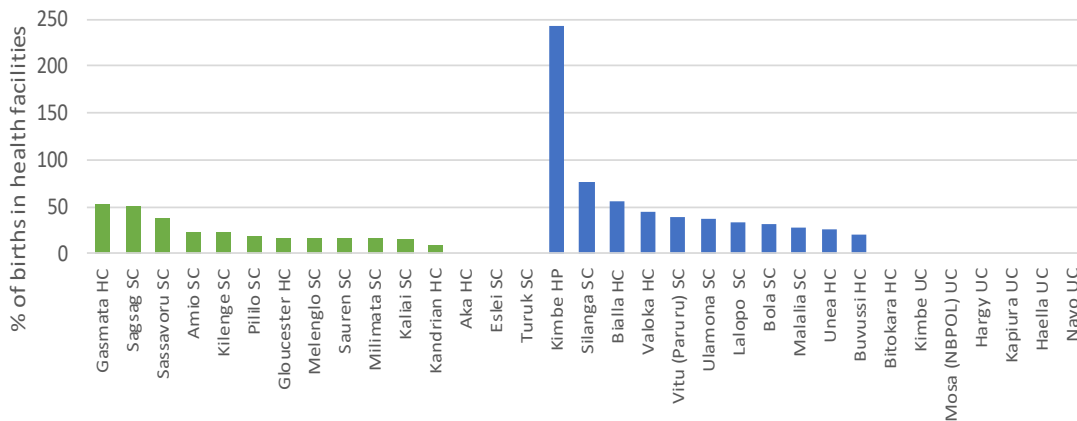
Definition: The percentage of births that occur in a hospital and health centres

% of supervised births by district			
	2015	2016	2017
Kandrian/Gloucestera	22.6	24.4	15.2
Talasea	60	59.8	52.1
West New Britain	48.7	50.2	41.7

Indicator: This indicator looks at the proportion of births at health facility attended by skilled health personnel [Supervised delivery]. Measuring maternal mortality is unusually difficult, and the current method (sisterhood method) cannot be used to provide short term trends. The supervision of delivery is hence used as a proxy for this purpose.



Supervised births by Health Facility, 2017



Key Findings:

Kandrian/Gloucestera District facilities are performing unacceptably low in this key indicator as the trend continues to plunge lower over the past 3 years and ending last year (2017) at 15% coverage rate of all the supervised births. The external factors contributing to this trend can always be easily reversed.

Silanga HSC is doing quite well in spite of its dilapidated state of the whole facility infrastructure. All other facilities are below the 50% line. More work is required to improve this key indicator.

11.3.3. Immunization

The table shows Immunizations coverage by district from 2015 to 2017

Districts	Immunisation (Vaccines) (Key Indicators)	Immunization Coverages (%)			Remarks
		2015	2016	2017	
		Years			
		2015	2016	2017	

Kandrian/Gloucest	Dtp/Hib 3 rd	20.5	17.3	17.2	Decrease
	Sabin 3 rd.	19.7	28	24.2	Decrease
	Measles 9-11 months	20.8	24.6	22.4	Decrease
Talasea	Dtp/Hib 3 rd	74.1	71,8	63.4	Decrease
	Sabin 3 rd.	77.7	83.5	85.5	Increase
	Measles 9-11 months	46	54	45.6	Decrease

- The child health services were a challenge for all the health facilities in 2017. Most of the facilities, in the Kandrian Gloucester District did not carry out the routine immunization activities due to lack of logistics support and the funding in 2017.
- Talasea District also didn't do well and had a lot of decreases in the immunization coverage rates compared to 2015 and 2016

12. KIMBE URBAN CLINIC

12.1. School Medical

Table 1. Table showing the school health activities done by Kimbe Urban Clinic in 2016 and 2017.

Year	School Health Activities			
	Total No of Schools Visited	Total No of Tetox given- School Entry	Total No of Tetox given -School Leaving	Total no of School health education and awareness given
2016	24	3200	2333	5533
2017	20	2300	2234,	4534

- School medical is also one of the programs under the Maternal child health however only Kimbe Urban clinic carried out school medical in 2017.
- Other health facilities to implement and report in 2018

12.2. Family Planning

The Table shows the total number of clients who accessed the modern family planning methods, with Depo-Provera as the highest compared to other modern methods of family planning.

Family Planning Methods	New acceptors	Re-acceptors	Total
BFP (Microlut)	161	199	360
Combine pills	155	2964	3119
Depo Provera Injection	650	5999	6649
Ovulation	6	40	46
Condom	1554	2817	4371
Implant	1195	44	1239
Referred for TLs	77	-	77
Vasectomy	11	-	11
Other referrals	72	-	72

13. SUPERVISION

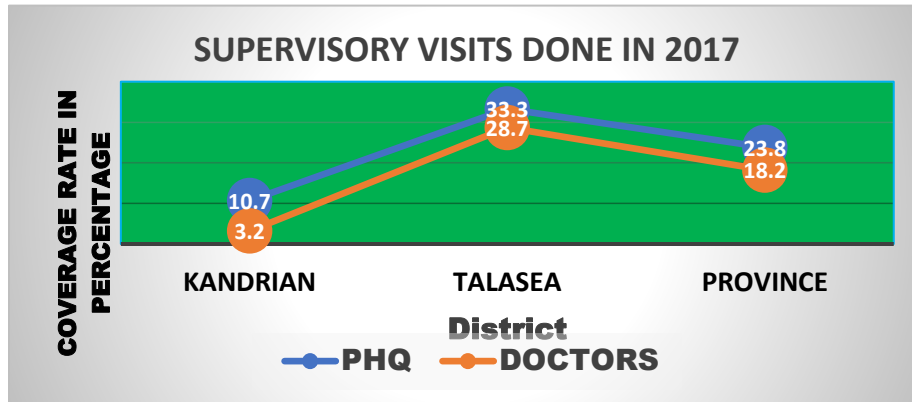


Figure 14 shows Supervisory visits were still less than 50 % by both the PHQ and the Doctors.

Most health facilities noticed, not reported supervisory visits done in 2017 through eNHIS reports

14. MEDICAL EVACUATION.

Almost all medical evacuations are from the Kandrian district, due to its geographical location. Kandrian is accessible by sea and air, therefore Medical, Surgical and Obstetrics emergencies, are retrieved by helicopter. Unfortunately, statistics for 2016 & 2017 are not available to be included in this report.

Photos courtesy of Dr Beatrice Solok, Sr Leonie Augam Paraka & Sr Gertrude Nambasai Pochie

Dr Beatrice Solok, on her way to Gloucester Health Centre

Sr Nambasai on her way to Unea Health Centre



15. INTERGRATED OUTREACH IN RURAL WEST NEW BRITAIN.

15.1. At Hargy Oil Palm Limited.

Photos Courtesy of Dr Beatrice Solok



15.2. Reaching the unreached. In Partner ship with YWAM:2017

Back ground



YWAM Medical ship is part of the World wide Christian movement that offers global opportunities for volunteers to care, connect, serve and build relationship with individuals and communities.

It develops communities by strengthening Health care Services and training in Papua New Guinea in line with the priorities of the PNG National Health Plan 2011-2020 and Australians Aid program's commitment to the United Nations millennium Development Goals.

In August 2016 an MOU was signed and established between wnbpha management

and the YWAM Executive Officer for this outreach to be implemented in six (6) different ports.

This partnership was targeted at providing much needed health care services to the remote rural majority and the urban disadvantaged of the West New Britain Province (WNB) through the initiative of the Governor of WNB, Right Honourable Sasindran Muthuel, the Executive Management of WNBPHA and YWAM in August 2016.

Locations for the outreaches via road access included within Kimbe and surrounding areas along the Talasea Highway to Bola HSC, Valoka HC, Gawaiwa Village, Malaria HSC, Gule Village, Galilo Village, to Silanga HSC, Lalopo HSC, Gigo Community Hall, Buluma Village, Aling, Ismin Oil Palm Aid-Post, Giriti and Tamba Oil Palm Settlement. Locations via sea access on the MV Pacific Link were to Amio, Gasmata, Kandrian, East Nakanai including Baia, Matanakunai across the bay from Baia, Ulamona and Hargy Oil Mill to Kilenge, Gloucester, Kaliai and Kove at Sassavoru HSC, to St Michaels in Vitu.

The outreach commenced on 9th April and ended on the 31st July 2017.

OUTREACH STATISTICS

1. Eye Care Services

Figure: 1 shows total eye patients seen in percentage.

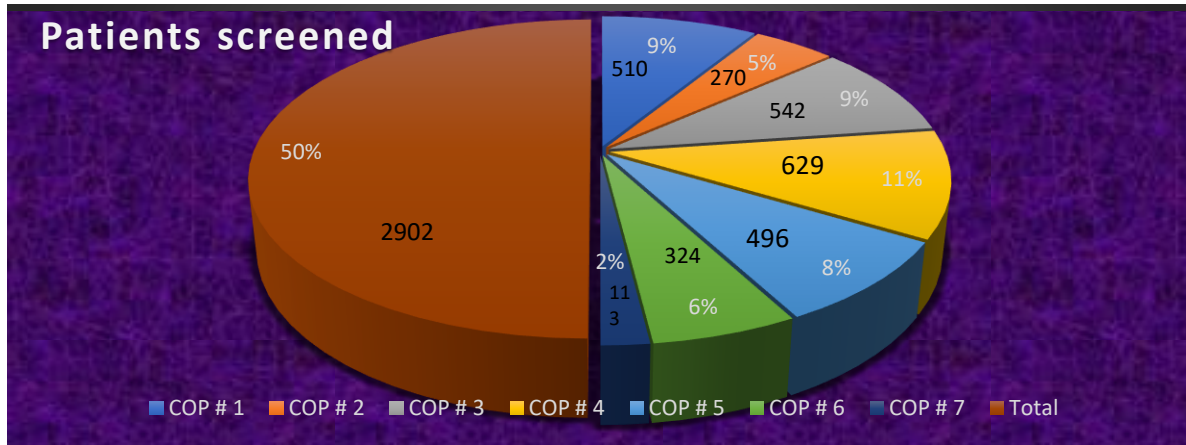
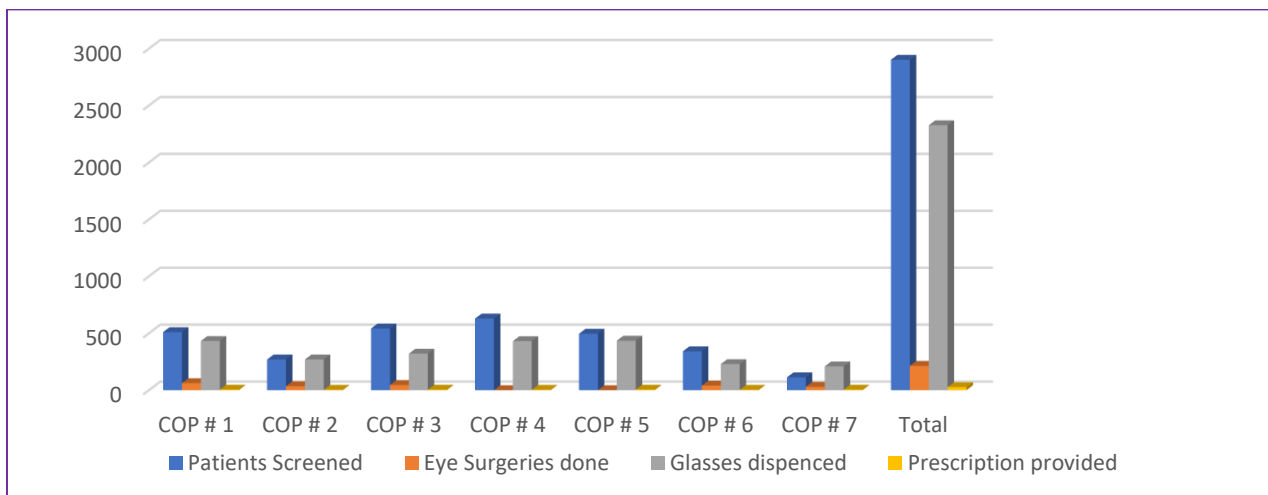


Figure: 2 shows total eye care services conducted in the seven (7) Clinical Outreach Program in 2017

COP #	1	2	3	4	5	6	7	TOTAL
Patients screened	510	270	542	629	496	342	113	2902
Eye Surgeries	62	35	46	0	0	41	30	214
Glasses Dispensed	432	270	321	431	435	229	209	2327
Glass Prescriptions	5	3	4	3	5	3	4	27

Figure 3: Shows the above statistics translated into a bar graph with a total of 2902 patients seen in 2017.



The outreach provided both the clinical and public health services to more than 15,000 people, who were seen and treated, in partnership with Youth With A Mission (YWAM) in 2017.

2. Dental services

Dental services were provided by our dental team from the KPH Dental Clinic with dental staff assistance from YWAM when available. Services provided included doing tooth extractions, minor restorations, school and general health education on oral hygiene and provision of free toothbrushes and toothpaste.

Statistics

Activity	COP 1	COP 2	COP 3	COP 4	COP 5	COP 6	COP 7	Total
Extractions, Restorations	163	96	85	186	76	89	0	695

The free toothpaste and toothbrushes were provided by the KPH Dental Clinic from their main stock.

3. Primary Health Care (PHC)

The provision of primary health care (PHC) services on these outreaches included general outpatient services, gynaecological, paediatric, general medicine, surgical ENT patient reviews, review of patients kept in the rural health facilities, referral services and family planning services.

Statistics

ACTIVITY	COP 1	COP 2	COP 3	COP 4	COP 5	COP 6	COP 7
PHC	402	290	468	914	653	836	3563
Cough triage	55	-	78 (2 detected)	111 (24 detected)	51	112	407
Extrapulm. TB	-	-	-	7	4	6	17
Family Planning, Antenatal,	104 Implant:45	142 Implant:113	198 Implants:0	-	-	248	692
Gynae	Others:9 Gynae:39 Implant removal:11 (referred)	Others:2, Delivery Cx:2, Gynae:16, Referral:9	others:62 Antenatal:38, Gynae:98			Implants: 248	
Total	561	432	744	1032	708	1202	4679

4. Immunization Services

Immunization services including the provision of immunization for all relevant age groups;

Statistics:

VACCINES	COP 1	COP 2	COP 3	COP 4	COP 5	COP 6	Total
BCG	0	69	14	63	0	159	305
HBV	2	7	6	13	0	4	32
OPV	14	302	18	144	9	200	687
Penta Valent	15	313	21	141	8	203	701
PCV	15	332	22	156	25	230	780
Measles	6	243	15	117	10	148	539
Vit A	7	245	16	122	11	146	547
Tetanus	29	09	188	130	3	266	437
Total	57	354	222	306	62	510	1511

Immunization was carried out on all children below one (1) year of age and older for those who had missed out on all vital vaccines due to inability of their nearest health facilities to maintain the cold chain, issues with vaccines procurement and the inability of the rural health facility staff to carry out their own vaccine patrols for various reasons.

5. Physiotherapy Services

Physiotherapy services included health education on the causes of chronic joint complaints and general advise on avoidance of activities causing these joint issues.

The team were also able to provide free assistance devices including walking canes and crutches which were very useful for the elderly, the patients who couldn't walk unassisted including a diabetic patient with diabetic feet.

Analgesics were prescribed for these patients.

ACTIVITY	COP 1	COP 2	COP 3	COP 4	COP 5	COP 6	Total
Total pts screened	-	-	251	223	162	240	876
Assistive devices	-	-	0	0	Cane:3 Waterbed:1	Crutch:2 Cane:2	8

The main problems noted were chronic joints, backaches, sprains and strains.

There were 24 patients needing assistive devices (crutches, wheelchairs, splints etc), four (4) patients for prosthetic limb fitting (artificial limbs), five (5) patients with congenital talipes Equino varus (CTEV) for club foot management and one (1) registered person with disability.

6. Mental Health Services

There is a substance abuse (home-brew / marijuana / alcohol) issue particularly among the males that needs to be properly looked into and addressed. This leads to issues of violence and abuse of people in close proximity to those affected and must be addressed as a social security issue.

There is also a domestic violence problem that unfortunately does not seem to get the attention it should be getting, particularly among the women who are too afraid to seek professional help. There must be venues provided for this service to be accessed without fear.

7. Surgical services

Surgical services were covered in outreaches 3, 4 and 6 and included specialist consultations and reviews, the performance of minor surgical procedures including the removal of lipomas, small breast lumps, minor wound debridement and referrals services. In COP # 3 – 60 patients in total were seen with 35 patients booked and referred for surgical procedures.

Photos courtesy of Dr Beatrice Solok of health care provided at various locations

Locum Ophthalmologist; Dr Wahamu during the partmnership outreach program.



Our very own Dentist: Dr Beatrice Solok doing what she is good at-Going rural



The highlights - YWAM outreach in Partnership with WNBPHA:201, with more than 15,000 patients seen across the province.



PLANNING, INFORMATION & COORDINATION



INTRODUCTION

Planning, Information & Coordination (PIC) is the fourth Directorate in WNBPHA's organizational structure. The implementation process began in 2016, through advertisement, selection and recruitment. The Directorate has a total of nineteen staff; of which 42% are new recruits.

2017 has been a tough year for my Directorate in fully implementing all our planned activities as per our Annual Implementation Plan (AIP). There have been multiple external and internal factors that contributed to the challenges faced, and of course, the achievements despite the limitations experienced. The most recurring challenge was the funding issue that limited the implementation of nearly all our planned activities. This detailed report covers the four main areas under this new directorate – Administration, Planning, Information and Coordination.

ADMINISTRATION

Office of Director Planning, Information and Coordination was established, and the PIC team was then organized in spite of funding challenge.

The Directorate occupies a new stand-alone office building with 50% furniture and equipment available.

The Administration comprised;



Mr. Dennis Parisan
Director-Dennis Parisan



Mrs. Theresa Tokavai
Personal Assistant



Archie
Admin Driver

PLANNING

Planning Unit is responsible for all the work related to health planning, under our Provincial Health Authority implementation and development plans formulation, in alignment with other existing provincial and national development plans, that are linked to achieving the PNG Vision 2050 – for PNG citizens to be *Healthy, Wealthy and Wise!*

The Planning Unit comprised;



Paul Tokavai
Health Planner



Martin Tauvasa
Architect



Kevin Manas
Draftsman



Douglas Givolo
M&E Officer-Projects

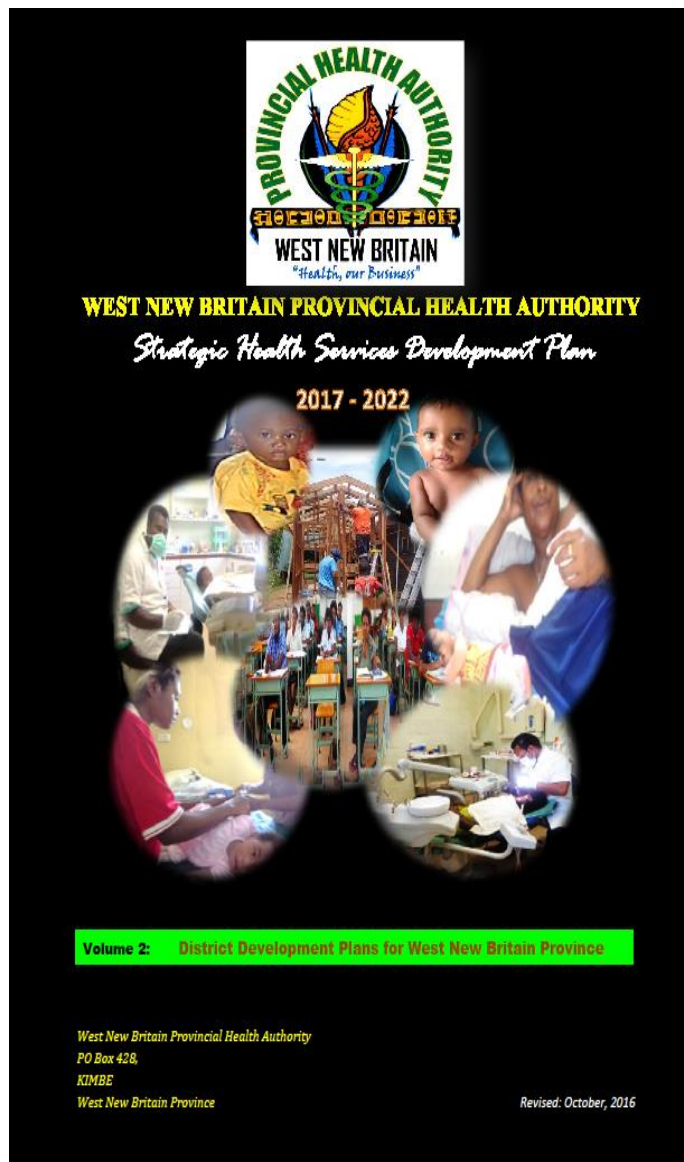
1. WNBPHA Strategic Health Services Development Plan 2017-2022

The Plan comes in two volumes;

Volume 1



- Documents current service activity and demographic trends in order to predict future demand for health services in West New Britain
- Describes the current profile of health service delivery in West New Britain
- Notes the challenges and issues that underpin service and facility planning in West New Britain as observed by health workers and by community members
- Identifies future service delivery priorities for health services in West New Britain
- Documents the resources that will be needed to implement the plan, including the financial resources, the human resources, and the infrastructure requirements.

Volume 2:

- Highlights the current status of every health service in the Province and reviews the capacity of each service to meet the key health service needs for its catchment population
- Considers the implications of these gaps in service provision for future service planning
- Provides strategies for future development of health facilities in all twelve LLGs in West New Britain

This important document captures WNBPHA Corporate business and the implementation frameworks over a 5-year period. An implementation schedule is yet to be drawn up which will be the leeway for the compilation of Annual Implementation Plans for the duration of the planned time-frame.

The Plan is aligned to WNB Provincial Integrated Development Plan and link with the National Health Plan 2011-2020, despite the variation noted in the expiry date of this implementation plan. The Plan was approved and endorsed by the WNBPHA Board of Governance for implementation, on the 21/08/2017.

2. Kimbe Provincial Hospital Re-Development Plan

A concept design is being done by the Health Facilities & Standards Branch with technical assistance from RPHSDP based on the 2010 Design Brief, NHSS Assessment of 2014, latest Site Survey Map done in 2016 and the most recent Kimbe Provincial Hospital Health Services Plan done by Mr. Trevor Gowland (of RPHSDP) on the existing facilities and service levels. The first new structures to go up are the Maternity Ward and the

Mortuary with the required amendments consistent with the "service plan". In the meantime, **CAO No. 172(1)** for hospital land has been located and secured.

Kimbe Provincial Hospital Re-Development Site Plan.



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KIMBE PROVINCIAL HOSPITAL MASTERPLAN
STAGE 2 - DEVELOPMENT PLAN



KIM-P2-G
SCALE 1:1250 @ A3
ISSUE 2 5 September 2018

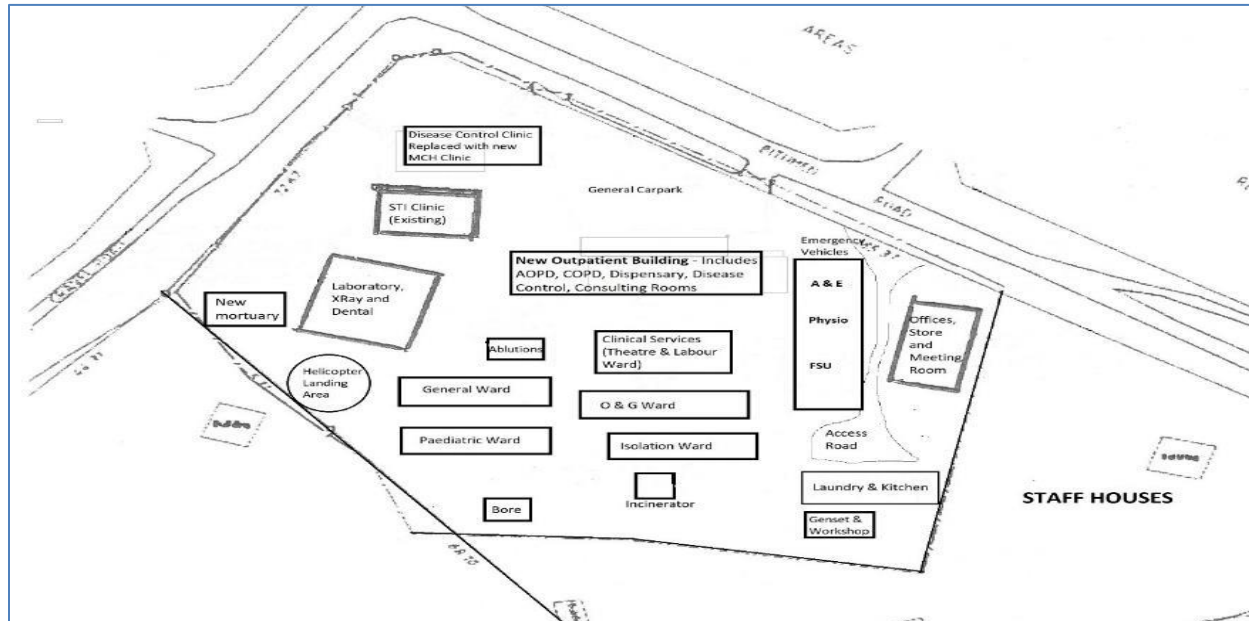
3. Bialla Health Centre Upgrade

The ground-breaking ceremony took place on the 19/04/2017 by the Governor, Hon. Sasindran Muthuvel. Bialla Health Centre will be upgraded to a L4 District Hospital. Plans are progressing well in partnership with Hargy Oil Palms Limited (HOPL) and Rural Primary Health Services Delivery Project.

The concept designs are being completed in Port Moresby by RPHSDP and HFSB team of NDoH, based on the land survey.

Certificate Authorizing Occupancy [CAO No. 011/2017(IR)] has been secured for the new extension towards the back of the existing facility, which will be used for staff housing project.

Bialla District Hospital Re-Development Site Plan Footprint



The site plans shown in this section are indicative only and intended to show how the site could be developed with an approximate footprint provided for any new buildings. These building footprints are not to scale, and their precise location on the site is still to be determined.



Bialla District Hospital, ground breaking ceremony, by the Governor, Hon Sasindran Muthuvel MP.



4. Silanga Health Sub Centre

Silanga will be rehabilitated in line with the L3 NHSS concept design and relocated to a new site, under the NBPOL Tax Credit Scheme. WNBPHA is working closely with Catholic Health Services and NBPOL to ensure the project gets off the ground.

5. Kandrian District Hospital

The NHSS assessment was carried out in February, 2016 and several “service gaps” were identified that are yet to be addressed. K2 million variation work is pending, including a reticulated water supply to the facility before this important strategic District Hospital facility opens to serve our disadvantaged population who occupy the southern coastline of this province.

Here are some photographs of this facility, though impressive but, lacks NHSS specifications.

Photo 1: Ariel view of new KDH infrastructure



Photo 3: Covered walkway connecting buildings



Photo 2: Side view of the clinical services buildings



Photo 4: Ward interior with patients' beds



6. Bitokara Health Centre

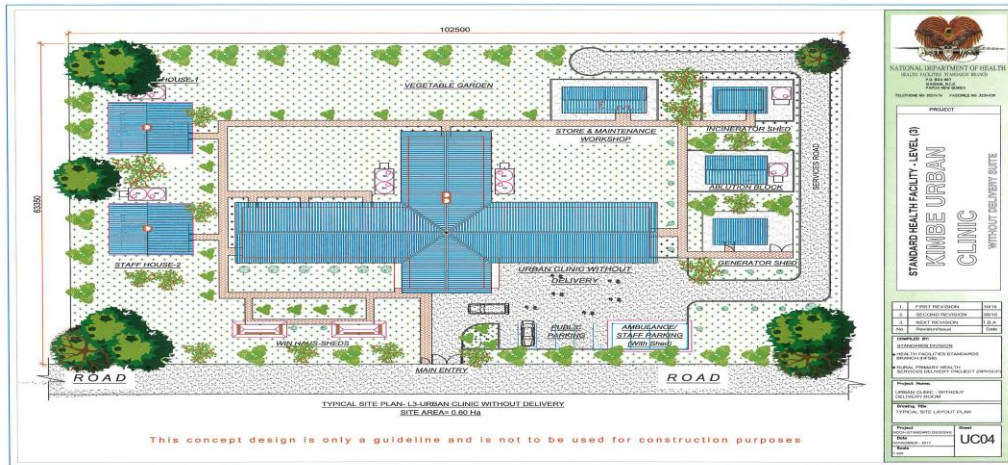
The standardized CHP designs are ready and awaiting funding confirmation prior to tendering for work to begin on this 6-bed new look CHP project for Bitokara. The [CAO No. 012/2017 \(IR\)](#) for the portion of land where Bitokara HC is located has been secured.

7. Kimbe Urban Clinic Re-development

KUC will be developed into a Day hospital to relief the work load at the Kimbe Provincial hospital. The facility land survey has been completed and is awaiting its “Service Plan” prior to coming up with its concept design, consistent with NHSS of a L3 Urban Clinic. This will be brought forward to 2018.

The land outside of the KUC perimeter will to make room for future expansion of this urban facility so that it will deal with nearly all frontline services while the provincial hospital will step up to providing more specialist care.

Floor plan for Kimbe Urban Clinic L3 Facility Re-development



8. Community Health Posts Construction Up-date

The Asian Development Bank (ADB), Australian Government, and Government of Papua New Guinea (GoPNG) funded project, aimed at transforming our points of primary health care provision, has catered for four (4) Community Health Posts (CHP) in WNB, specifically located at very strategic locations – Baea CHP in East Nakanai LLG, Vatukele CHP in Bali/Vitu LLG, Akonga CHP in Gloucester LLG and Wako LLG in Kandrian Coastal LLG.

Valuation Certificates for 4 CHPs; Baea, Vatukele, Akonga & Wako done and CAOs were secured and land payments were made under WNB Provincial Government PSIP support by the Governor, Hon. Sasindran Muthuvel. Baea & Vatukele tendered in September 2016 and Tender Opening done 21 October 2016 while Akonga and Wako CHPs went out in mid-December 2016.

The progress of all four Community Health Posts is on schedule, however, due to the delay in the shipment of building materials from Australia, the anticipated completion by December of 2017 will not be possible until the end of first quarter of 2018.

Baea CHP

This new CHP is in the East Nakanai LLG and is situated at the inter-provincial border of WNB and ENB in Talasea District. At the time of the visit, it was completing milestone # 3 of the construction phase while materials for # 4 were shipped over. Baea CHP will continue to serve the population of both provinces. ENB Administration will fund the water supply for the CHP, as their contribution towards this vital health care facility. Baea CHP Management Committee members were identified and inducted.

Baea CHP taking shape with excellent progress



Staff Houses 48% complete. The metal framework of the CHP facility is at the back ground ready for walling and roofing to go up.



Project team members use our Project boat with ease to do site visits.

Vatukele CHP

Vatukele is in the Bali Witu LLG, and is on Unea Island in Talasea District. This CHP has progressed rapidly ahead of Baea. By now it should be in its final completion stage (milestone 4). CHP Management team members were identified and inducted.

Progress is excellent. Contractor waiting for materials for roofing and wall claddings



Remaining existing ground at north side of CHP cut 42 deg. for natural soil retention



Forming and setting 20mm dia. HD bolts for the water tank pedestals at Staff House #3

Akonga CHP

Akonga is in Ward 8 of the Gloucester LLG and situated in the Kandrian/Gloucester District. When visited, this CHP construction was at milestone # 1. By now the work could be in its 3rd & 4th milestone. The Contractor is targeting end of December 2017 to complete all CHPs.

The CHP Management Committee members were identified and inducted.

Akonga CHP with rapid progressive works going on



Main CHP building, installation of trusses and overhangs



Welding and fabricating of the 125PFC veranda floor joist of a Staff House

Wako CHP

Wako is situated in the Kandrian Coastal LLG in Kandrian/Gloucester District. This CHP is the only one to be built on stilts (posts). The progress is as scheduled and on target.

Pictorial Evidence of Works at Wako CHP



Laying of 200mm thick masonry blocks at Generator Shed



Laying of 200mm thick masonry blocks at Ablution Block



9. 2018 Year Planner

WNBPHA 2017- & 2018-Year Planner was developed with contributions from Public Health, Corporate Services and Curative Health teams. This is a management tool that assist in advance planning.

The year planner was presented to the WNBPHA Board of Governance and was endorsed for implementation. (Annex 1).

3. INFORMATION



Pauline Panauwe
ICT Manager



Wendel Taroa
IT Technician



Charles Mone
Statistician



Philomena Julius
Data Entry Clerk



Lyndsay Pumpara
OIC M/Records



Sharon
Admission Clerk



Jeffery Apamumu
Archive Officer



Leo Ganza Jr
Discharge Clerk



Regina Bongolo
OIC Switch Board

3.1 ICT Progressive Up-date

Information Communication Technology continues to be a challenge, to set up an effective and efficient system for WNBPHA to use, to progress WNBPHA developmental agendas going forward.

Niucom ICT Company was initially engaged after a quotation was paid, to procure and install the latest state of the art ICT dual system - Voice over Internet Protocol [VoIP] and the Private Internet X- Change [PIBX] which is the telephone system and the Internet online access systems such as email and other services. Unfortunately, Niucom failed to deliver the ICT set-up within the given timeframe.

ICT in WNBPHA has progressed since the disengagement of NIUCOM.Telikom PNG Engineers have partnered with WNBPHA to complete the project. WNBPHA ICT system was officially launched by the WNBPHA Board Chairman on Friday, 08th December 2017. Funding limitation has slowed down our progress in rolling out data and voice access points to all our hospital and management offices. Wi-Fi equipment paid for is yet to be sent by NDoH ICT Manager to connect hospital frontline units, all 4 wards and provincial medical transit store and WNB School of Nursing Quarters. Otherwise, full telephone connectivity remains a challenge due to the old VoIP PaBX damage caused by lightning earlier in the year.

3.2 2-Ways Radio

The demand for more hand-held sets (walkie-talkie radios) is high. Unfortunately, the financial inadequacy cannot make it possible for us to buy more. We have budgeted for this expenditure item in our 2018 budget and hope to purchase these important tools to improve communication in WNBPHA.

3.3 Strategic Information Working Group (SITWG)

SITWG is a Technical Team that meets regularly as per its 'Terms of Reference' to review the data being generated through our National Health Information System (NHIS) and other information/data generating sources. The SWITG was endorsed by the Executive Management Team (EMT) on Monday, 13/11/2017. The need for such a team to be established, arose from the PHA Board Members, CEO and EMT Development Workshop on "Data for Decision-Making" that was held at Liamu Reef Resort from the 6th – 7th February 2017, facilitated by RPHSDP.

Data for Health Initiative Bloomberg Philanthropies is providing this technical support to Milne Bay, Autonomous Region of Bougainville and West New Britain Provinces. This D4H-Vital Strategies piloted training from August 21st – 22nd for MBP, then from 24th – 25th for AROB and 28th – 29th for WNBPH on:

- Use of Dashboard in the eNHIS
- Create a standard Provincial Monthly Reporting Profile

3.4 WNB Provincial Health Profile on Core Performance Indicators

Selected core clinical and public health performance indicators have been captured through the electronic National Health Information System (eNHIS) reporting by all health facilities in the province.

This health Information 2017 annual Report has been sub-divided into four (4) sub headings: -

General Information Report, General Indicators Reports, Child Health Report, and Maternal Health Report.

Previously reported Diarrhea data from General Indicators and Low Birth Weight statistics under Maternal Health have been moved to Child Health Indicators Report. Data on Maternal Deaths have been included in the Maternal Health Report.

3.5 Electronic Database for Kimbe Provincial Hospital Medical Records Unit

An electronic database is being created by [Archives section](#). Scanning and e-File of medical records dating back to 1998 & 1999 for all ages and cases have been successfully done. The team also managed to complete all Pediatric files for the year 2016.

Work done so far

	1998	1999	2016
Medical	709	798	1088
Surgical	794	762	792
Pediatric	873	1012	1044
O&G	1443	3252	1372
<i>Total files scanned:</i>	3,819	5,824	4,296

Upon completion of this scanning process, all electronic data/information will be uploaded onto WNBPHA Server (ICT System), for easy access through hyperlinking by authorized officers as all these files are property, of WNBPHA and the Independent State of Papua New Guinea.

In the meantime, data on hospital Admissions and Discharges are being manually done. A separate dashboard for hospital eNHIS access is pending. Hospital database will be standardized with clearly defined protocols to be strictly adhered to.

4. COORDINATION

4.1 Partnerships Agreements.

WNBPHA is yet to formally sign Partnership/Service Agreement with the following health service providers in 2018:

- New Britain Palm Oil Limited (NBPOL)
- Hargy Oil Palms Limited (HOPL)
- Seventh Day Adventist Church
- Pacific Adventist University (PAU) – MoU pending for training purposes
- Sopas School of Nursing, Enga PHA – MoU pending
- St. Mary's School of Nursing, Vunapope

Service Agreements of all existing partners who signed our “Partnership Charter” will be seriously re-visited next year and our role delineations re-defined for better outcomes.

A Memorandum of Understanding (MoU) was also signed mid this year (29/06/2017) with Water PNG for Bialla Water Supply. To-date, there is nothing evident progressing on-site yet.

4.2 Infrastructural Planning Support

The Project Team will support Church partners to work on Silanga HSC relocation and Bitokara CHP projects under Catholic Church, and Bereme CHP project with SDA Mission.

4.3 HINARI Training

The training was conducted from the 16th – 20th October 2017. This Health Inter-Net Access Research Initiative is an integral part of our work in managing health data, particularly in health research.

HINARI Access to Research for Health Programme provides free or low-cost online access to the major journals in biomedical and related social sciences to local, not-for-profit institutions in developing countries such as Papua New Guinea.

4.4 Rural Primary Health Services Delivery Project (RPHSDP)

All Community Health Posts projects under RPHSDP are on schedule and will be fully operational by first quarter of 2019.

Photo: The staff with the New look Accident & Emergency Department



COMPLETED PROJECTS: 2016-2017

Emi Kaptigau Apartment



MDR TB Ward



Children's Outpatient (COPD)



Pediatric Ward



High Dependency Unit (HDU)



Nurses' Quarters



Emergency Department (A&E)



Adult Outpatient (AOPD)



CORPORATE SERVICES



Director Corporate Services: Mr Voghi Mota

Since the establishment of PHA Reform in 2014, merging of Public Health Directorate and the Hospital has brought tremendous changes and effects. Challenges in the role of corporate operational and functional areas. Alignment of Organizational Structure, the administrative and functions and the overall objectives of the National Health Plan and Vision 2050 strategic direction. Creating a pool of relevant highly skill work force well versed with the development. Managing, maintaining budgets and evaluating financial performance, operational and capital expenditures for the five (5) directorates of West New Britain Provincial Health Authority in the province.

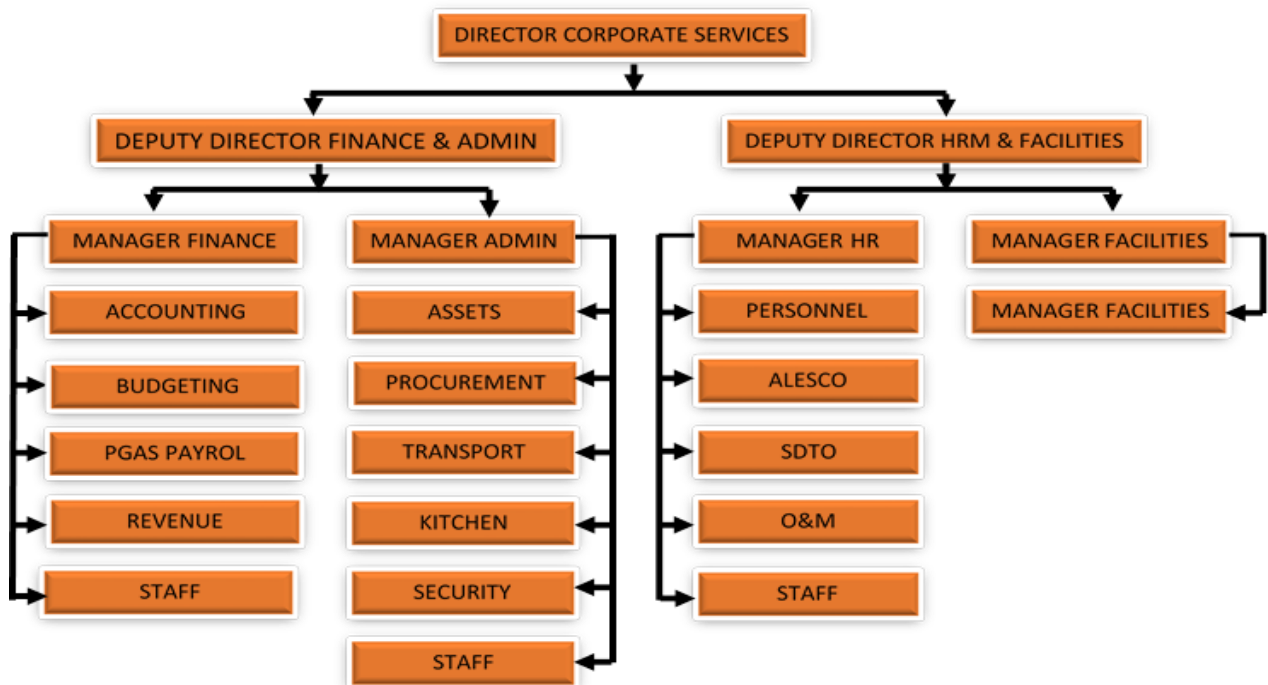
This Directorate Corporate Services comprise of four (4) Sections/ Unit under the Directorate as follows:

1. Administration
2. Human Resource Management
3. Facilities
4. Finance & Accounting

1.0 OFFICE OF THE DIRECTOR

Mr. Voghi Mota	Director Corporate Services
Mr. Daniel Augustine	Deputy Director Corporate Services – Finance/Admin
Mr. Bundu Daungak	Deputy Director Corporate Services – Human Resource/Facilities

CORPORATE SERVICES STRUCTURE



2.0 ADMINISTRATION

Mr. Linus Kuravi Administration Manager

The Administration section performance report, mainly emphasis on the activities of four units/sections providing essential service required by the PHA management. Maintaining the inventory of all West

New Britain Provincial Health Authority assets, properties, hygiene, security, rentals for Doctors and the Executive Management.

2.1 ASSETS

Mr. Sylvester Umil Acting Assets Coordinator

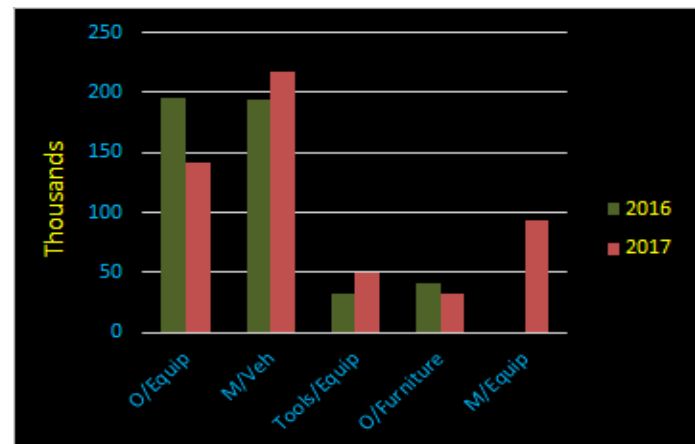
Mrs. Aloisia Dhannay Asset Officer Public Health

Mr. Patrick Wawake Assets Officer Hospital

Ensures all physical assets are corresponding with the records kept through assets audit process and responsible for the procurement of new assets. This report covers the following areas are rental properties for medical Doctors and Senior Officers, Institutional Houses, WNBPHA Vehicle fleet and Motorbikes and Assets Audit.

Figure 2: Shows the different categories of assets purchased during 2016 and 2017. The bar graph is a comparison of asset categories in the last two years.

SUMMARY OF ASSETS PURCHASED		
ASSET CATEGORY	2016	2017
Office Equipment	195,485.45	142,034.78
Motor Vehicles	194,349.37	217,763.82
Tools & Equipment	32,791.05	49,309.87
Office Furniture	41,086.58	31,707.92
Medical Equipments	0	93,373.50
Total	269,363.08	534,189.89



2.2 PROCUREMENT

Mr. Alphonse Kumboli OIC Procurement

Mr. Norbert Mondo Procurement Officer

Upon requisitions this section procures goods and services for the hospital wards, patient care and administration sites. The followings areas to be reported are expenditures, purchasing of items and outstanding credits.

The attached picture is an example of items purchased for patient care.



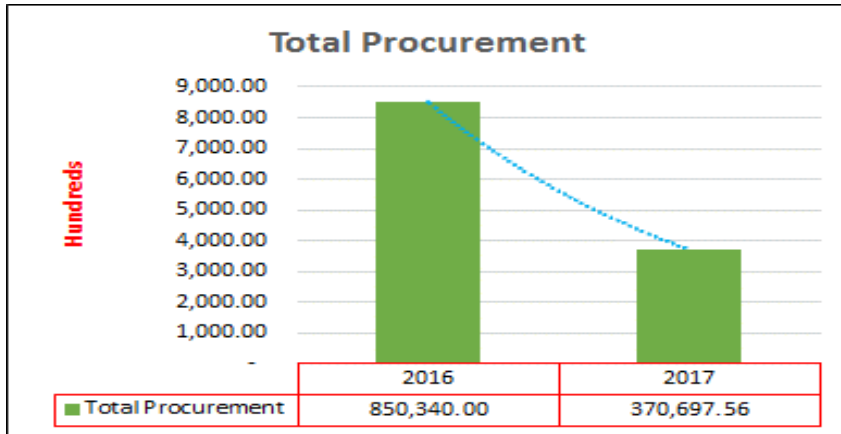


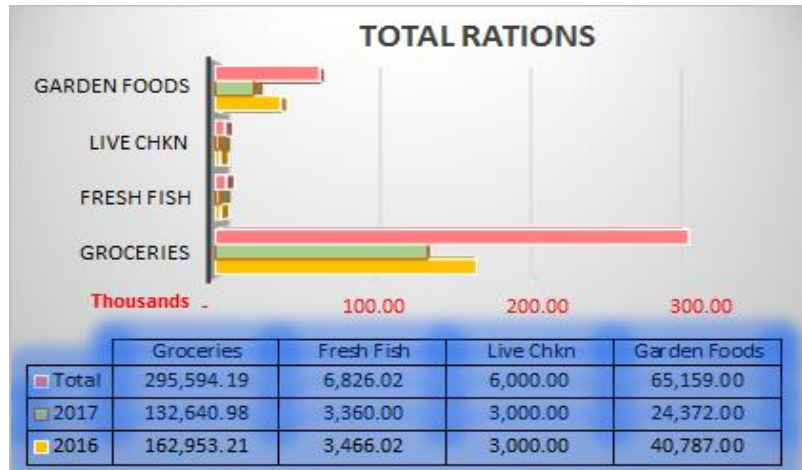
Figure 3: Shows the expenditure incurred in the last two years as illustrated in the graph determined by the exponential trend is from the high expenditure raising from the top in 2016 to 2017. The trend showing minimal expenditure in 2017 due to insufficient funding under the appropriate item for purchases of items/goods.

2.3 CATERING

Mrs. Ruth Taboro Catering Supervisor
 Mr. Cedrick Bakam Chef
 Cooks: 4

Figure 4: Shows the total number of ration purchased for the patients

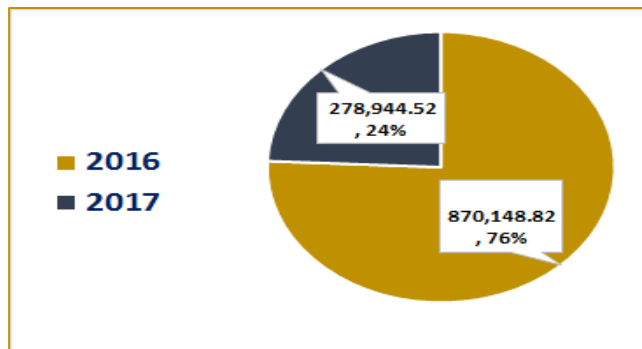
The Hospital mess provides meals three times daily to patients and guardians for all the wards including in-patient of AOPD, A&E and West New Britain School of Nursing. This report covers expenditures which includes patient rations, garden foods and vegetables, gas, protein and others



2.4 TRANSPORT

Mr. Michael Peni Transport Coordinator
 Mr. Jeremiah Yokombu Assistant Transport Coordinator

Total Drivers = 19



Total transport & Fuel

Figure:5 Shows the total expenditure for transport and fuel.

Transport is one of the vital tool for the transportation services within the operation of WNBPHA especially the hospital and other health facilities taking shift duties. It caters for staff shifts & on-calls, administration duties, transports and repatriation of patients and other emergency and urgent operations within WNBPHA.

2.5 SECURITY

Mr. Gabriel Lamboku Acting Security Supervisor
Total Securities: 12

The WNBPHA has engaged Kaula Security Services with 14 guards providing security services at Kimbe Provincial Hospital, Security Shield Services providing services to CEO and the Principal of WNBSON.

WNBPHA Security

The security unit have five guards consist of Chief Guard as Supervisor, four guards working at night only. Two guard guarding the Gigo Clinic and the other two escorting night shift staffs during pickups and drop off.

2.6 LAUNDRY

Ms. Norah Tarihun Laundry Supervisor
Mrs. Mary Pala Seamstress
Laundry Assistants: 2

The Laundry Unit is responsible for the cleanness of all the linens and other washable stuffs brought into the unit from the operating theatre and the wards must be washed, dried and returned.

2.7 HYGIENE

Mr. Moses Paponurea Supervisor
Hygiene Support Staff: 23

The hygiene and general cleanliness of the hospital environment is of utmost importance. The role Cleaners play in the cleanliness in the wards, in and around the hospital is very vital for the general safety of the working staff, the public and the patients. This is done to minimize the health risks of transmitting diseases.

2.8 WASTE MANAGEMENT

General waste/rubbish disposal is on hire basis which has been done weekly on every Tuesdays and Fridays. A local contractor has been engaged to provide this service which has brought some relief and improvement.

General waste/rubbish disposal is on hire basis which has been done weekly on every Tuesdays and Fridays. A local contractor has been engaged to provide this service which has brought some relief and improvement. Waste burning continues to be a problem as the hospital incinerator is still having problems.

Rabaul Metal Industry Company has been assisting in repairing and is still ongoing. Temporary arrangement was made in which a pit was dug with septic tank inserted for time being use while waiting for the building of a portable incinerator also to take place.

3.HUMAN RESOURCE MANAGEMENT

Mr. James Kapet Acting HR Manager
Mrs. Delta Bailey Personnel Officer
Joyce Kambu Senior Alesco Officer
Ms. Esther Apamumu Staff Development Training Officer
Ms. Edwina Kamilus Organization & Methods Officer
HR Staff 12

The performance report highlights the Short-term and Long-term planning of the 5 Directorates of West New Britain Provincial Health Authority.

The four (4) Sub – sections

- ✚ Payroll Section (Alesco)
- ✚ Personnel Section
- ✚ Organization & Methods
- ✚ Staff Development and Training

3.1 ALESCO PAYROLL

ALESCO Payroll office achieved a lot and had gone through challenges that had managed and overcome with the help of the HR team and the WNBPHA management which outlines in the summary.

The Unit comprised,

- ❖ Senior ALESCO Officer-Joyce Kembu
- ❖ Payroll officer/Data Entry clerk

Alesco Payroll Office is a complex office that requires a lot of attention and dedication. The office has accomplished a lot of things with the help of the WNBPHA management and staff.

The report outlines the achievements, challenges, and plans or way forward for the Alesco payroll office, recommendation and conclusion.

Year 2016 highlights

In 2016, significant undertakings were worked on by Alesco payroll office and received a good feedback from all concerned.

a) Completion of promotions from July 11th selection recruitment.

All promotions for July selection and recruitment were completed and officers of WNBPHA who won promotions were placed on their positions and back paid accordingly on their new salary grading.

b) Re-appointments and demotions.

Re-appointment of officers who applied to their substantive positions were diligently taken care of to avoid any unnecessary paper work or hiccups.

A complete list of officers who won positions lower than their substantive positions in the new PHA structure was given to the management for deliberation so they could be compensated accordingly, it is an issue yet to be settled as some officers are still unattached due to the demotions.

c) Recruitment of new hires on July 11th selection recruitment.

One hundred and twelve (112) selection appointments were taken to DPM MIS for upload onto the ALESCO system of which, one hundred and one (101) were new hires and eleven (11) were re-hires who already had existing file numbers. All were successfully uploaded, and file numbers were given to new officers.

d) Higher duty allowances (H.D.A)

Higher duty allowance (H.D.A) from 01st Jan2016 to 10th July 2016 offered by the WNBPHA management to all old staff of the agency was paid accordingly.

e) Adjustments to nursing allowances as per approved increment in Nurses Award by Department of Personnel Management (Circular Instructions No.26 of 2016).

All nursing officers' allowances on DMA, OT/ONCALL, RADIATION and SDMA were successfully implemented and awarded to nurses of WNBPHA per circular instructions from Department of Personnel Management (Circular Instructions No.26 of 2016).

f) Delivery of new computer desktops.

Three new desktops were delivered by Mr. John Mondo (IT Manager- NDoH) to the Alesco office, purchased by WNBPHA.

Year 2017 highlights

ALESCO payroll office achieved a lot in 2017 and had gone through challenges that we managed to overcome with the help of the HR team and the WNBPHA management.

a) Completion of promotion from June 26th selection recruitment.

All promotions and re-appointments for June 26th selection recruitment completed on time with no major hassles from concerned officers.

b) Recruitment of new hires on June 26th selection recruitment

A total of one hundred and nineteen (119) selection appointments were taken to DPM MIS for upload onto the ALESCO system of which one hundred and thirteen (113) news hire, six (6) transfers who already had existing file numbers. All of them were successfully uploaded and file numbers were given to new officers.

c) Successful transfer of Medical Officers from other Agencies to WNBPHA

Pay 20 and 21 saw our Medical Officers transferred from other agencies to WNBPHA payroll successfully coming on pay.

d) Casual transfer from Item 112 to item 111

Positions for one hundred and twelve (112) casuals were created by DPM/WNBPHA payroll, awaiting funding transfer from Treasury.

e) Ascender Pay (ALESCO) forum

Payroll officers of WNBPHA were fortunate to attend this one (1) day forum held on the 21st June 2017 by Department of Personnel Management in collaboration with Department of Finance & Treasury, Concept Group and other stakeholders under the theme, "Developing Smarter Human Resource Strategies". Important issues were highlighted which our payroll officers implement in our daily day to day payroll updates.

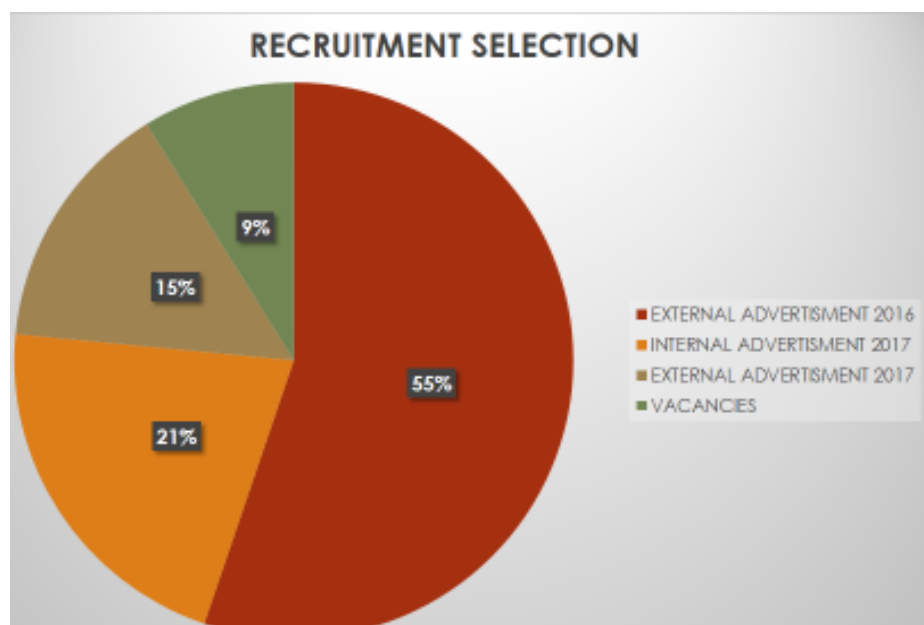
3.2 ORGANIZATION & METHODS

This section covers recruitment, management and maintaining of Staffing and Establishment of the PHA, to ensure that the WNBPHA structures is upheld and implemented within the organizational frame work.

The unit comprised;

- ❖ O&M Officer-Edwina Kamilus
- ❖ Establishment clerk-Jonathan Eka

Figure 6.1: shows the total number of Advertisement in percentage.



The progressive report of the last 3 advertisements has really boost the work force of the WNBPHA with the outcome result of 122 vacancies which will be advertise as soon as the 71 New Hires are commenced on payroll.

Figure 6.2 shows the total staff on strength

Directorate	Establishment	Occupancy	Vacancy	Total
Executive	9	6	3	9
PIC	19	19	NIL	19
Corporate	65	64	1	65
Medical Services	117	97	20	117
Nursing Services	257	218	39	257
Public Health	320	300	20	320
Unattached	28			
Total	787	704	83	787

3.2.1 STAFF ESTABLISHMENT

Figure 7: Shows Staff on Strength by Directorates.

UPDATED ESTABLISHMENT STATUS 2017									
DIRECTORATE	TOTAL POSITION	PROMOTION	TRANSFER	NEW HIRES	RE-APPOINTMENT	RE - HIRE	ACTING	VACANCY	TOTAL
EXECUTIVE SERVICES	09	04	0	01	0	01	0	03	09
PLANNING INFORMATION	19	7	0	11	01	0	0	NIL	19

CORPORATE SERVICES	65	29	01	30	04	0	0	01	65
MEDICAL SERVICES	117	37	10	28	08	0	0	20	117
NURSING SERVICES	257	111	06	70	21	01	02	39	257
PUBLIC HEALTH SERVICES	320	80	03	132	60	0	04	20	320
TOTAL WNBPHA POSITIONS	787	266	20	273	90	05	07	83	787

3.3 STAFF DEVELOPMENT AND TRAINING

The unit comprise the SDTO & the Training Officer. The report produced was not sufficient to be included in this report. However, below are total staff inducted in the last 2 years with staff who recently graduated with certificates in basic computing.

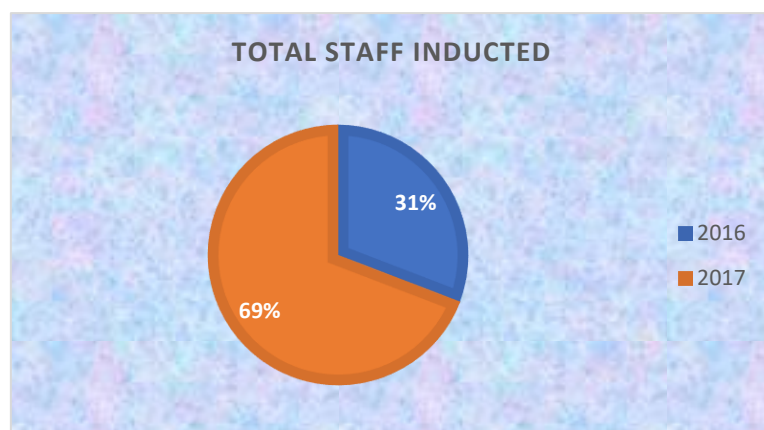


Figure 8: shows the total number of officers inducted.

36 (31%) in 2016

83(69%) in 2017

Summary of staff trained in various courses in the last 2 years is not available.



Sr Lorraine Suwi & Sr Anna N'Drou

More than 30 WNBPHA staff graduated in 2017 with certificate in Basic Computing at TAFE campus, Kimbe, WNBPH.

3.4 PERSONNEL SECTION

The purpose of the personal office is to maintain records of all WNBPHA employees.

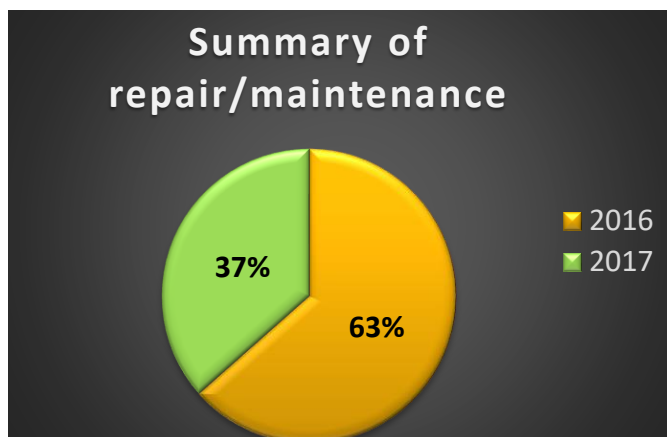
The report produced for 2016 & 2017 has been covered by O&M and ALESCO.

4.0 FACILITIES

Figure 9: Shows Summary report on repairs and maintenance of facilities in 2016 & 2017

Ms. Stella Mone	Manager Facilities
Mr. Tau Kolowa	Building Supervisor
Noel Koroi	Electrician
Robert Gala	Plumber/Artisan

Provide for and continuously improve the process for the delivery of building maintenance, utility services, and skilled trades to meet the facility needs of West New Britain Provincial Health Authority.



5.0 FINANCE & ACCOUNTING

Ms. Julie Mitiel	Finance Manager
Ms. Maggie Mota	Accountant
Mr. Brian Apamumu	Budget Officer
Mrs. Mina Palemon	Examiner
Ms. Ruth Kamo	System Manager (PGAS)
Mrs. Doreen Haputo	Payroll Officer
Accounts staff:	3
Mrs. Clare Orié	Revenue Supervisor
Revenue Clerks:	4

Finance main focus is to ensure governance at all level must be applied and upheld to the policies/procedures of Acts, Financial Instructions and Circulars to correctly discharge with fairness and truth in disbursing funds. Patient Care is our priority and our business.



ACCOUNTING SYSTEM

The establishment of Papua New Guinea Accounting System (PGAS) with WNBPHA came into effective in February 2015. Department of Finance-ICTD Unit, National Department of Health, particularly Corporate/Finance and West New Britain Provincial Treasury have fully supported us through with creation of chart of accounts, month-end and year-end-rolled over, monthly reconciliations and day-to-day providences of troubleshooting tips on operations of PGAS. Negotiation is underway for Integrated Finance Management System (IFMS) to replace PGAS hopefully in 2018.

ACHIEVEMENTS

1. Finance Audit conducted in November 2016 and February 2017 to all rural health facilities in Talasea and Kandrian District. Audit report presented before WNBPHA Board of Governance as awareness on how funds have been received at the health facility level and expedited. Whether or not the health services delivered in the rural areas equivalent to the amount of monies spent is the concern.

2. Finance Committee formed in May 2017 with the important role it plays in helping to maintain a strong, effective entity financial control environment which all claims are screened and approved. This is to reduce the risk of errors, misappropriations and fraud in entity financial processes. Committee temporarily chaired by the CEO of WNBPHA.

WNBPHA in partnership with Burnette Institute in reducing the TB burden in WNB



Rural outreach in partnership with YWAM



WEST NEW BRITAIN PROVINCIAL HEALTH AUTHORITY



2016 - 2017 Financial Report



WEST NEW BRITAIN PROVINCIAL HEALTH AUTHORITY

OFFICE OF THE CHIEF EXECUTIVE OFFICER

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West New Britain Province
PAPUA NEW GUINEA



FINANCIAL STATEMENTS FOR THE YEAR ENDING 31ST DECEMBER 2016 & 31ST DECEMBER 2017.

UNAUDITED FINANCIAL STATEMENTS

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Board of Governance Declaration

The Board of WNB Provincial Health Authority, (WNBPHA) being responsible for the annual Financial Statements and having reviewed the Financial Statements for the year ended 31 December 2016 to year ended 31st December 2017, make the following declarations:

- (a) Board Members at the time of this Declaration
1. Dr Mathias Sapuri OL, CSM – Chairman
 2. Mr Teup Goledu – Deputy Chairman
 3. Bishop William Fey – Member
 4. Mrs Catherine Reimann – Member (has retired)
 5. Mrs Alice Matthies – Member
 6. Mrs Ceilie Benjamin – Member
 7. Mr Williamson Hosea – Member
 8. Dr Paison Dakulala – Member
 9. Mr Robert Dau – Member
- (b) The accompanying Financial Statements of WNB PHA have been drawn up to give a true and fair view of the receipts and payments and the general operations of the WNBPHA for the year ended 31 December 2016 to year ended 31st December, 2017.
- (c) The Financial Statements have been prepared in accordance with Finance Instruction 2/2004 issued under *Section 117 of the Public Finance (Management) Act, 1995 (as amended.)*
- (d) The Board declares that all records and books of accounts have been properly maintained.
- (e) The Board declares that the Statement of Receipts and Payments stated in these Financial Statements are fair and correct.
- (f) As at the date of this declaration there are reasonable grounds to believe that the WNBPHA will be able to pay its debts as and when they become due and payable.
- (g) Reporting Period- the WNBPHA Fiscal Year runs from 01st January 2016 to 31st December 2017. The Financial Statements are for the year ended 31st December 2016 to year ended 31st December 2017.

For and on behalf of the Board

Signed in accordance with a resolution of the Board



DR MATHIAS SAPURI OL, CSM

WNBPHA Board Chairman

Signed at: Kimbe, WNB, this 03rd day of May 2019.

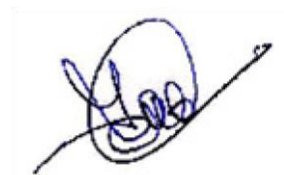
Management's Declaration

The Management of WNB Provincial Health Authority, (WNBPHA) being responsible for the day to day operations of the WNBPHA and in preparing these Financial Statements for the year ended 31 December 2016 to year ended 31 December 2017 states that:

- (a) The accompanying Financial Statements for the WNBPHA have been drawn up so as to give a fair view of the receipts and payments of the WNBPHA for the year ended 31 December 2016 to year ended 31 December,2017.
- (b) The Financial Statements have been prepared in accordance with the Financial Instructions 2/2004 and under *Section 117 of the Public Finance Management Act (1995) (as amended)*.
- (c) We certify that all records and books of accounts have been properly maintained.
- (d) We certify that the Statements of Receipts and Payments for the year ended 31 December 2016 to year ended 31 December, 2017 are correct.
- (e) As at the date of these Financial Statements there are reasonable grounds to believe that the WNBPHA will be able to pay its debts as and when they become due and payable.
- (f) Reporting Period- the WNBPHA Fiscal Year runs from 01st January 2016 to 31st December 2017. The Financial Statements are for the year ended 31st December 2016 to year ended 31st December 2017.

On behalf of the Management

Signed in Kimbe this 03rd day of May 2019



STANISLAW STEVENS TAO

Chief Executive Officer

**Statement of Accumulated funds
As at 31st December 2017**

	<u>NOTE</u>	<u>2017</u> <u>K</u>	<u>2016</u> <u>K</u>
Accumulated Funds as at 1 st January 2017	1.9	4,660,224.02	4,315,604.48
Operating Surplus / (Deficit)		<u>1,813,343.53</u>	<u>344,619.54</u>
Accumulated Funds as at 31st December 2017	1.9	<u>2,846,880.49</u>	<u>4,660,224.02</u>
This is represented by:			
WNBPHA Operating Bank Account	1.9	2,730,240.06	2,377,842.18
WNBPHA Trust Account	1.9	-	2,072,653.46
HSIP Trust Account	1.9	<u>116,640.43</u>	<u>209,728.38</u>
Net Cash/Funds available as at 31st December 2017	1.9	<u>2,846,880.49</u>	<u>4,660,224.02</u>

**Consolidated Statement of Receipts and Payments
for the year ended 31st December 2017**

	Notes	Total K 2017	Total K 2016	Receipts/Payments Controlled by Entity 2017	Receipts/Payments by Other Gov't Entity 2017	Receipts/Payments from External Parties 2017	Receipts/Payments Controlled by Entity 2016	Receipts/Payments by Other Gov't Entity 2016	Receipts/Payments from External Parties 2016
RECEIPTS									
Nat. Gov't Grants to WNBPHA	1.11.1a,b	31,796,426.00	34,181,090.00	9,229,630.00	22,566,796.00	-	12,342,474.00	21,838,616.00	-
WNB Prov. Gov't Support Grant	1.11.1c	100,000.00	483,032.62	100,000.00	-	-	483,032.62	-	-
Nat. Department of Health	1.11.1d	2,000,000.00	1,500,000.00	2,000,000.00	-	-	1,500,000.00	-	-
Grants within Entity & External Parties	1.11.1e	2,456,925.51	507,130.93	2,315,471.57	-	141,453.94	207,555.00	-	299,575.93
Internal Receipts	1.11.2	327,071.66	154,536.44	327,071.66	-	-	154,536.44	-	-
Capital Receipts	1.11.3	89,100.00	4,800.00	89,100.00	-	-	4,800.00	-	-
Other Receipts	1.11.4	150,425.29	1,091,406.28	150,425.29	-	-	1,091,406.28	-	-
TOTAL RECEIPTS FOR THE YEAR		36,919,948.46	37,921,996.27	14,211,698.52	22,566,796.00	141,453.94	15,783,804.34	21,838,616.00	299,575.93
PAYMENTS									
Salaries, Wages and employees benefits	1.12.1a,b	26,450,787.70	26,297,687.45	3,883,991.70	22,566,796.00	-	4,459,071.45	21,838,616.00	-
Supplies and Consumables	1.12.2	1,716,091.98	2,350,889.69	1,686,663.92	-	29,428.06	2,329,683.38	-	21,206.31
Utilities	1.12.3	81,393.14	1,048,376.02	79,963.16	-	1,429.98	1,042,339.80	-	6,036.22
Administration Expenses	1.12.4	2,236,940.12	3,604,522.62	2,083,593.67	-	153,346.45	3,342,904.16	-	261,618.46
Grants/Transfers	1.12.5	2,323,935.91	1,625,282.24	2,323,935.91	-	-	1,625,282.24	-	-
Other Expenses (includes bank charges)	1.12.6	2,449,927.85	2,019,017.91	2,405,775.45	-	44,152.40	2,018,857.91	-	160.00
Capital Expenditure	1.12.7	3,474,215.29	631,600.80	3,468,030.29	-	6,185.00	631,600.80	-	-
TOTAL PAYMENTS FOR THE YEAR		38,733,291.99	37,577,376.73	15,931,954.10	22,566,796.00	234,541.89	15,449,739.74	21,838,616.00	289,020.99
NET SURPLUS/(DEFICIT) IN CASH		-1,813,343.53	344,619.54	-1,720,255.58	0.00	-93,087.95	334,064.60	0.00	10,554.94
Balance b/f as of 1 January 2017	1.9	4,660,224.02	4,315,604.48	4,450,495.64		209,728.38	4,116,431.04		199,173.44
Surplus/(Deficit)	1.9	2,846,880.49	4,660,224.02	2,730,240.06		116,640.43	4,450,495.64		209,728.38
This financial statement should be read in conjunction with the accompanying notes									

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

	2017 K	2016 K
Balance brought forward prior years	2,377,842.18	896,061.72
Receipts		
Nat. Gov't Grants CFC	9,229,630.00	12,342,474.00
WNB Prov.Admin Grants	100,000.00	483,032.62
Nat. Department of Health	2,000,000.00	1,500,000.00
Internal Receipts	269,598.85	-
Capital Receipts	89,100.00	1,000.00
Grants/Transfers	2,315,471.57	207,555.00
Other Deposits	54,433.59	633,961.83
TOTAL RECEIPTS	14,058,234.01	15,168,023.45
Expenditure		
112 Wages	1,690,106.52	1,937,194.54
113 Overtime	744,111.18	867,090.36
114 Leave Fares	1,245,539.36	1,427,559.95
121 Travel & Subsistence	310,646.45	174,040.20
122 Utilities	79,963.16	1,042,339.98
123 Office Mat & Supplies	134,274.57	167,260.21
124 Operational Mat & Supplies	1,552,389.35	2,121,854.11
125 Transport & Fuel	278,944.52	870,148.82
127 Rental of Properties	830,606.70	1,178,729.35
128 Routine Maintenance	545,848.29	822,038.68
135 Other Operational Expenses	2,404,629.05	1,973,288.21
136 Training	117,547.71	240,080.93
141 Retirement Benefits/Pensions	204,234.64	144,937.87
143 Grant Transfer	98,964.34	344,012.82
221 Office Furniture & Equipment	114,803.10	156,074.59
222 Purchase of Vehicle	30,222.33	219,592.37
225 Const, Renov & Improve	3,323,004.86	-
Total Expenditure	13,237,468.05	13,686,242.99
Surplus/(Deficit)	2,730,240.06	2,377,842.18

Statement of Receipts and Payments
Trust Account
For the year ended 31st December 2017

	2017 K	2016 K
<i>Balance brought forward prior years</i>	<i>2,072,653.46</i>	<i>3,220,369.32</i>
Receipts		
Nat.Gov't Grants	-	-
WNB Prov.Gov't Support Grants	-	80,000.00
Internal Receipts	146,572.79	158,336.44
Other Deposits	<u>6,891.72</u>	<u>377,444.45</u>
TOTAL RECEIPTS	153,464.51	615,780.89
Expenditure		
111 Salaries	0	0
112 Wages	0	82,288.73
113 Overtime	0	0
114 Leave Fares	0	0
121 Travel & Subsistence	0	38,390.80
122 Utilities	0	0
123 Office Mat & Supplies	0	0
124 Operational Mat & Supplies	0	40,569.06
125 Transport & Fuel	0	13,398.43
127 Rental of Properties	0	0
128 Routine Maintenance	0	6,076.95
135 Other Operational Expenses	1,146.40	45,569.52
136 Training	0	0
141 Retirement Benefits/Pensions	0	0
143 Grant Transfer	2,224,971.57	1,281,269.42
221 Office Furniture & Equipment	0	10,258.00
222 Purchase of Vehicle	0	245,581.99
225 Const, Renov & Improve	<u>0</u>	<u>93.85</u>
TOTAL EXPENDITURE	2,226,117.97	1,763,496.75
Surplus/(Deficit)	0.00	2,072,653.46

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

	Note	2017 K	2016 K
<u>Receipts</u>			
Funds paid by other gov't agencies	1.11.1b	<u>22,566,796.00</u>	<u>21,838,616.00</u>
TOTAL RECEIPTS		<u>22,566,796.00</u>	<u>21,838,616.00</u>
<u>Expenditure</u>			
111 Salaries	1.12.1a	22,566,796.00	21,838,616.00
112 Wages		-	-
113 Overtime		-	-
114 Leave Fares		-	-
121 Travel & Subsistence		-	-
122 Utilities		-	-
123 Office Mat & Supplies		-	-
124 Operational Mat & Supplies		-	-
125 Transport & Fuel		-	-
127 Rental of Properties		-	-
128 Routine Maintenance		-	-
135 Other Operational Expenses		-	-
136 Training		-	-
141 Retirement Benefits/Pensions		-	-
143 Grant Transfer		-	-
221 Office Furniture & Equipment		-	-
222 Purchase of Vehicle		-	-
225 Const, Renov & Improve		-	-
TOTAL EXPENDITURE		<u>22,566,796.00</u>	<u>21,838,616.00</u>
SURPLUS/(DEFICIT)		-	-

Statement of Receipts and Payments
HSIP Trust Account (External Parties)
For the year ended 31st December 2017

	2017 K	2016 K
<i>Balance brought forward prior years</i>	<i>209,728.38</i>	<i>199,173.44</i>
Receipts		
DEFAT (2015 Tranchee)	-	108,873.33
W.H.O for EPI	77,880.00	159,564.60
Others	63,573.94	31,138.00
TOTAL RECEIPTS	141,453.94	299,575.93
Expenditure		
Program 1 General Administration	51,767.60	-
Program 2 Urban Health Facilities	-	-
Program 3 Rural Health Facilities	-	-
Program 4 Family Health Services	182,774.29	-
Program 5 Disease Control	-	-
Program 6 Environmental Health	-	-
Program 7 Health Promotion & Education	-	-
Program 8 Medical Stores & Supplies	-	-
Program 9 Human Resource Development	-	-
Program 10 Support Services	-	-
TOTAL EXPENDITURE	234,541.89	289,020.99
Surplus/(Deficit)	116,640.43	209,728.38

Notes to and forming parts of the Financial Statements

1. Summary of Accounting Policies

1.1 Statement of Compliance

The financial statements have been prepared in accordance with the finance instruction No.02/2004 issued under Section 117 of the Public Finance (Management) Act 1995, states the prescribed format for the presentation of financial statements for public entities which includes the relevant PHA Boards.

1.2 Basis of Preparation

The financial statements have been prepared on the basis of historical costs unless otherwise stated. The specific accounting basis for major items of the financial statements are provided.

1.3 Reporting Periods

The West New Britain Provincial Health Authority Fiscal Year runs from 1st January 2016 to 31st December 2017. These financial statements cover the period 1st January 2016 to 31st December 2017. The comparative figures reflect the 12 months ended 31st December 2016.

1.4 Significant Accounting Policies

The accounting policies set out in this section have been consistently applied by the entity and for all the years presented.

1.5 Basis of Consolidation

The financial statements incorporates the Operating Account and the HSIP Trust Account held with Bank South Pacific for the purpose of receiving government grants on a line basis with transactions of revenues and expenditures including donor grants, and thirdly, WNBPHA Trust Account held with Westpac Bank been established for the purpose of receiving development grants and hospital revenue through user fees collection. The PHA Trust account has been closed in 20th July 2017, in line with an instrument signed in 2006 by Minister for Finance on Revocation of Hospital Trusts, and in accordance with Section 21 of the Public Finance (Management) Act 1995, direct that the 21 Hospital Trusts be closed.

1.6 Disclosure of accounts included in consolidation

The consolidation includes a total of 3 accounts, 1. PHA Operating Account and 2 Trusts Accounts namely, WNBPHA Trust Account and Health Sector Improvement Program (HSIP) Trust Account as specified in the consolidated statement. HSIP account classified under

receipts/payments received from external parties, as funds received are from WHO, UNFPA, UNICEF, GAVI, NZ Aid and ADB.

1.7 Assets

After the merge in 2014, WNBPHA Asset team had commenced asset inventory in 2016 to update asset registers to include all assets in hospital and all rural health facilities. This task is still in working progress to merge all assets purchased by HSIP, political leaders and other donated assets to give full asset value in the next financial statement.

1.8 Liabilities

PHA liabilities on Tax and Nambawan Super for ancillary staff had accrued annually, doctor's outstanding rentals, private security outstanding and outstanding awards/entitlements for public health which had been transferred from West New Britain Provincial Administration after the merge of PHA and were thrown to PHA for settlement including hospital awards/entitlements, all as a result of in-sufficient fund.

Description	FY 2017	FY 2016
Tax on Wages and other allowances	385,600.40	225,870.35
Nambawan Super – Ancillary Staff	476,900.00	340,769.00
Awards/Entitlements	1,300,000.00	1,500,000.00
Private Security Firm	65,000.00	10,387.00
Total	2,227,500.40	2,077,026.35

1.9 Cash Balances

These comprise of cashbook cash balances as at 31st December 2017 and comparatives for financial year to 31st December 2016 represented by cash balances held by the Agency;

Description	FY 2017	FY 2016
PHA Operating Account	2,730,240.06	2,377,842.18
PHA Trust Account	-	2,072,653.46
PHA HSIP Account	116,640.43	209,728.38
Total	2,846,880.49	4,660,224.02

1.10 Statement of Accumulated Fund

This measure accumulated surplus funds where revenues are greater than the expenditures in the financial year period 1st January to 31st December. These funds have become rolled-over and used in the beginning of each financial year.

1.11 REVENUE

1.11.1 Grants and transfers

This include sums that are appropriated through Annual Budgets of the National Government and are payable through grant transfers to Provincial Health Authority Operating Account and Trust Account. It also includes transfers between the Agency Trust Account at Westpac Bank to Operating Account at Bank South Pacific. Transfers within the entity does not relate to the current fiscal year budget and are treated as inter-entity transfers.

a) Grants from National Government

These are actual annual budget appropriations for goods and services plus ancillary staff wages, overtime, leave fares and retirement/benefits, pensions and gratuities as well as Free Health Care received through direct grant cash transfer from Waigani Public Account to WNBPHA Operating Account. As required by the PNG government through Department of Finance, PGAS have been fully utilized for effective management control of disbursing public funds as specified under *Public Finances (Management) Act 1995, Part VIII – Public Bodies.*

Description	FY 2017	FY 2016
National Government Grants - CFCs	8,716,630.98	11,829,474.00
Free Health Care	513,000.00	513,000.00
Total	9,229,630.98	12,342,474.00

b) Grants Received by Other Government Entity

This include Public Servants' salaries and allowances paid through ALESCO as specified in the statement of receipts/payments by other government Entity. These funds have been appropriated through the National Budget and are released through monthly Warrants.

Cash are administered by Department of Finance in collaboration with Department of Personnel Management.

Description	FY 2017	FY 2016
Funds Paid by Other Gov't Entities	22,566,796.00	21,838,616.00
Total	22,566,796.00	21,838,616.00

c) **Grants Support from Provincial Administration**

After the transition period in 2015, WNBPHA was fully resourced with funds for personnel emoluments including salaries and allowances, wages, overtime, leave fares and retirement benefits/pensions.

WNBPHA at that time had supplementary budget under WNB Provincial Administration specifically for Public Health CHW Wages that were released as grants transfers to WNBPHA. PHA Grant as supplementary to operational funds.

Description	FY 2017	FY 2016
CHW Wages	-	483,032.62
PHA Grant	100,000.00	-
Total	100,000.00	483,032.62

d) **Grants from National Department of Health**

Capital Investment funds appropriated through National Government annual budget and administered by Department of National Planning.

Funds were released to National Department of Health and disbursed by NDOH to WNBPHA Operating Account.

Description	FY 2017	FY 2016
National Department of Health	2,000,000.00	1,500,000.00
Total	2,000,000.00	1,500,000.00

e) **Grants/Transfers within the Entity**

Refers to monies transferred in from WNBPHA Trust Account at Westpac bank to WNBPHA Operating Account at Bank South Pacific for infrastructure works. These are recognized as revenue when cash is received in the operating account.

Description	FY 2017	FY 2016
Grants received from Trust Account	2,315,471.57	207,555.00
Total	2,315,471.57	207,555.00

f) *Grants from External Parties*

These are grants received from development partners through direct transfers from HSIP Parent Account or direct deposits into Health Sector Improvement Program (HSIP) Trust account.

Description	FY 2017	FY 2016
DFAT (2015 Tranche)	-	108,873.33
WHO	77,880.00	159,564.60
Others	63,573.94	31,138.00
Total	141,453.94	299,575.93

1.11.2 *Internal Receipts*

The hospital continues to charge user fees which have been reduced by half according to the approved free primary health care and subsidized specialist services policy. Cash is considered as received when a receipt is issued. The internal receipts also include kiosk and BSP ATM rental, cash advance reimbursements received as Kimbe Rent. These are receipts recognized as revenue when cash is received and deposited in the bank accounts.

Description	FY 2017	FY 2016
BSP ATM Rental	7,150.00	7,800.00
Kimbe Rent	235,625.84	100,604.84
User Fees	60,095.82	20,231.60
Kiosk Rental	24,200.00	25,900.00
Total	327,071.66	154,536.44

1.11.3 *Capital Receipts*

Entity receives revenue from sale of government properties through normal process of tendering. Revenue is recognized in the books of accounts when the sale occurs regardless of the time the consideration is received.

Description	FY 2017	FY 2016
Tender Fees for disposal of Assets	-	4,800.00
Sales of Assets (vehicles)	89,100.00	-
Total	89,100.00	4,800.00

1.11.4 *Other Receipts*

Entity charge and collect other revenue fees including bank fees and are recognized in the books of accounts when cash is received and deposited in the bank accounts.

Description	FY 2017	FY 2016
Interest Earned (Trust Account)	6,817.36	19,003.52
Transfer returned by BSP	-	167,355.00
Reimbursements	56,758.36	56,142.10
Cancelled/Returned Cheques	11,919.09	112,212.60
Fees received by EHOs	54,020.00	-
Others	20,909.50	736,693.06
Total	150,424.31	1,091,406.28

1.12 EXPENDITURE

1.12.1 Salaries and Allowances, Wages and Employees Benefits

Expenditure relating to personnel emoluments from funds appropriated through the National Government Budget and is controlled by the entity and other government entity as specified in the financial statements of receipts/payments.

a) Salaries and Allowances – controlled by other government entities

Expenditure on Public Servants salaries and allowances incurred under expenditure item 111 through ALESCO payroll as specified in the Statement of receipts/payments by *other government entities*, Department of Finance and Department of Personnel Management.

Description	FY 2017	FY 2016
Salaries and Allowance	22,566,796.00	21,838,616.00
Total	22,566,796.00	21,838,616.00

b) Wages and Employees benefits – controlled by the entity

This include expenditure on personnel emoluments paid through PGAS.

Description	FY 2017	FY 2016
Wages	1,690,106.52	2,019,483.27
Overtime	744,111.18	867,090.36
Leave Fares	1,245,539.36	1,427,559.95
Retirements, Benefits/Pensions	204,234.64	144,937.87
Total	3,883,991.70	4,459,071.45

1.12.2 Supplies and Consumables

These are expenses on clinical office materials and supplies for administrative use, and the operational materials and supplies which relate to purchases of hospital consumables, drugs,

reagents as supplementary to the normal drug orders due to the delay in receiving the normal orders in time to support the day-to-day clinical operations.

Description	FY 2017	FY 2016
Office Materials and Supplies	136,586.41	172,729.22
Operational Materials and Supplies	1,579,505.57	2,178,160.47
Total	1,716,091.98	2,350,889.69

1.12.3 Utilities

WNBPHA in the financial year of 2016 have been receiving utility funds to pay the entity's outstanding bills. Utility expenses in 2016 was K1,048,376.02. In the financial year of 2017, utility funds have been withheld by Finance. Expense in 2017 from the rolled-over funds

1.12.4 Administration Expenses

Description	FY 2017	FY 2016
Travel and Subsistence	423,385.25	381,416.04
Transport and Fuel	319,552.17	951,493.57
Routine Maintenance	545,848.29	852,802.73
Training	117,547.71	240,080.93
Rental of Properties	830,606.70	1,178,729.35
Total	2,236,940.12	3,604,522.62

1.12.5 Grants/Transfers

Refers to transfers within entity from Trust Account at Westpac bank into Operating Account at BSP, and transfers from the Trust Account to a company overseas for purchase equipment of hospital eye operation. Two reasons for transfer funds out of the Trust Account was that Department of Treasury could not issue the Trust Code for the Trust Account to be configured into PGAS in order to use the printed cheques ordered from Moore Printing, another reason was that Westpac Bank had refused to issue WNBPHA Manual Cheque book as they had wanted us to use the printed Cheque leaves received from Moore Printing which was beyond our control.

Description	FY 2017	FY 2016
Transfers to Operating Account	2,224,971.57	1,264,136.31
Grants for Public Health	98,964.34	344,012.82
Transfers overseas - Eye Equipment	-	17,133.11
Total	2,323,935.91	1,625,282.24

1.12.6 Other Expenses

These comprises of other operational expenses including bank fees/charges and miscellaneous expenses.

1.12.7 Capital Expenditure

These are expenditures relating to office furniture and Equipment, purchase of Vehicle, construction renovation and improvements.

Description	FY 2017	FY 2016
Office Furniture and Equipment	120,988.10	166,332.59
Purchase of Vehicle	30,222.33	465,174.36
Construction, Renovation & Improvement	3,323,004.86	93.85
Total	3,474,215.29	631,600.80

FINANCIAL STATEMENTS AND REPORT

The Financial statements included in this report are unaudited at the time, this report was written.

Steps are now taken to have these statements audited including that of previous years.

OUR FOCUS (STRATEGIES) GOING FORWARD

1. Redevelopment Master Plans (Kimbe Provincial Hospital, Bialla & Kandrian District hospitals)
2. Fully establish WNB School of Nursing
3. Appropriate funding for SON.
4. Fully develop and establish Bialla and Kandrian District Hospital
5. TB Response Strategy Submission.
6. Establish a task force to address TB/MDR TB - DOTS; Mental Health and HIV/AIDS.
7. Fully Implement the NHSS to improve quality of health care to our people.
8. Adequate funding to address recommendations of the 2014 and 2016 NHSS reports
9. Effective implementation of the Health Service Plan
10. Develop a Staff development and training plan for our health work force
11. Healthy village concept and health promotion. integrated sector approach and public private partnership approach.
12. Fully establish WNBPHA ICT System.
13. Improve information and data management
14. Health Facility Rehabilitations including; - Water supply to labour wards - lighting (Solar powered)- staff accommodation



Reopening of Buvussi Health Centre - Partnership with the Community

From L to R Chairman Buvussi Health Management Committee, Director Public Health Services: Dr Joseph Nale, CEO: Stanislaw S Tao and the Legal Officer: Vincent Bailey

CONCLUSION

The appointment of the CEO, the Board of Governance and the support from the WNBPG have brought stability to the Management and the Staff of WNBPHA. These positive changes at the management level have been the force behind the establishment of plans and policies aimed at achieving quality health care for the people of West New Britain Province, as seen in this report.

There are some areas which we have done well, for example, the zero maternal deaths in 2016, which is a great achievement for maternal health services in the Province. While in some areas in curative and public health, we have not performed well, due to many contributing factors such as lack of funds and shortage of medical supplies. However, despite these challenges the staff continued to serve with diligence; providing the best health care to the people of West New Britain Province. The accomplishments seen in this report superseded the challenges faced.

As a critical service provider, our purpose is to provide relief to the sick and injured persons, through the provision of care and treatment, promote, protect and maintain the health of the community and be accountable to the community. Therefore, it is the WNBPHA's prime responsibility to ensure basic health services in curative and primary health care, reach the urban and rural disadvantage of our populace. Hence the ongoing rural outreaches that brings services like eye care, dental, family health and clinical services to the rural people of West New Britain Province. WNBPHA in partnership with YWAM has delivered these services to more than 15,000 people and will continue to do so in years to come.

We will continue to align our plans, policies and programmes to the national and international acts and policies to ensure quality health care is made accessible to the people, through effective collaboration with our partners and stakeholders, as we strategically move forward, to fully realise the PHA reform in the Province.

The strengthening of our human resource through training and upskilling is made possible through our human resource staff development and training plan, 2018-2022. The plan has been developed to ensure our staff fully maximise their potential in their various speciality, therefore, WNBPHA will continue to support on going training and workshops to enable its human resource to continue to produce results as indicated in this report.

It is our vision and mission to provide effective and efficient quality health services that are accessible to the people of West New Britain Province, through effective collaboration with all stakeholders. We would like to acknowledge our partners and stakeholders for making 2016 and 2017 a success in health service delivery, in West New Britain Province, despite the challenges faced.

To conclude, we acknowledged the partnership we have with our many health partners and stakeholders both local, national and at the international level. The performance highlighted in this report has been made possible through these partnerships and through a committed, dedicated and hardworking workforce.

Together we strive to achieve excellence in health services delivery in West New Britain Province.



Work force upskilling



Back to basics-Prevention is better than cure



Training of human resource



Partnership



The Eye & Dental team, going rural



Dedicated to the 49 couples who took time out to tie the knot in December, 2017: CONGRATULATIONS TO YOU ALL!!



Mass Marriage Ceremony 2017

