



MOROBE PROVINCIAL HEALTH AUTHORITY

ANNUAL REPORT 2019

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Overview

Morobe Provincial Health Authority is located at the ANGAU Memorial Provincial Hospital in the city of Lae, Papua New Guinea. Lae is both a city and a district within the Morobe Province and is part of four provinces that make up the Momase region.

Morobe Province is a province on the northern coast of Papua New Guinea (PNG). The provincial capital is Lae city. The province covers 33,705km², with a population of 903,484 (2019 projection), and it is the most populous province in PNG. Morobe Province has 53 reporting health facilities which include hospitals and small health centres with 342 Aid posts scattered across nine districts and 33 Local Level Governments (LLGs) in the province. Morobe Province has been ranked as the third worst performing province in 2018 out of 22 Provinces and has been in the bottom five worst performers over the past 5 years (National Department of Health Report 2014 – 2018). Healthcare services in the province are provided through the combined actions of the government, non Government Organizations (NGOs), Faith Based

ANGAU Memorial Provincial Hospital, the 2nd largest referral Hospital in the country where it is easily accessible to 85% of Papua New Guineans by road, sea and air transport. As a result of its accessibility there has been a high influx of patient attendance at ANGAU Hospital.

Organizations (FBOs) and private clinics that vary in their missions, resource allocations and operations. However, the overall goal of the health service providers is to provide effective and evidence-based health interventions to improve the health status of the population in Morobe province.

According to the 2011 census, the population of Morobe Province was 674,810 and has an annual average growth rate of 2.1% and contributes 9.3% to the PNG total population. The population has increased rapidly in the last nine (9) years with the demand for quality health care services growing especially in the rural areas.

Our Vision, Mission Statement, Values and Strategy

Our Vision:

To develop the MoPHA into a centre of excellence for the provision of quality tertiary health services and meeting the national and international standards

Our Values:

- Access in delivery of caring services
 - Responsible management of resources
 - Community participation

Mission Statement

CLIENT FIRST

To strive for excellence in the provision of caring for the wellness of the community.

STAFF DEVELOPMENT

Participation in professional and development training of health staff.

RESULT BASED

To improve and maintain the health and well being of all who access our services



EXCELLENCE IN DELIVERY OF CARING SERVICES

Support staff professional development. Empower our health staff with skills, authority and responsibility to deliver the services in an efficient and effective way. That we offer our health staff with adequate opportunity and support to enhance their skills and recognition of the fact that motivated and skilled staff are the organizations greatest asset.

RESPONSIBLE MANAGEMENT OF RESOURCES

Ensure that there is a balance for the needs of our clients and the organization's needs to remain economically viable without compromising the Public Hospital Standards.

COMMUNITY PARTICIPATION

Encourage local community participation in planning and in decision-making process in and feedback to the hospital in relation to hospital services.

GOALS

• Improving Health

Achieve the best possible health results with available resources. Improve the level of the hospital's hygiene and cleanliness to the highest standard possible.

• Improving Quality and Clients Focus

Build a Management and Facilities Environment, which promotes and supports continuous quality improvements and is customer focused. Ensure community participation in planning, development and evaluation of hospital services. Develop greater linkages and effective partnerships between the Hospital and Provincial Health Services and other service providers. Establish mechanisms to identify issues for joint attention and explore ways to strengthen primary

care services and facilities.

• Improving Resource Management

Develop workforce planning and other human resource initiative to ensure a well-trained flexible and motivated workforce. Apply workforce planning at all levels and enhance performance through development of managers and staff. Develop and implement a hospital facilities master plan including achievements of a new hospital.

ANNUAL PUBLIC MEETING AND ANNUAL REPORT

The annual public meeting is held once each calendar year in accordance with provisions of the hospital's By Laws and the Act. Notice is publicly advertised a month prior to the meeting. Provincial Health Authorities Act 2007 requires that the MoPHA furnish to the Minister for Health an annual report on the progress and performance of the Board of Management including audited financial statements.

This Annual Report for 2019 is presented in compliance with this statute requirements. Financial statements of receipts and payments for 2019 presented in this report are yet to be audited by the Auditor General's Office.

2019 Chairman's Message

David Wissink

Chairman, Morobe Provincial Health Authority

A health transition in Morobe has commenced this year with the creation of the Morobe Provincial Health Authority (MoPHA) in June 2019 which now brings together all health resources – ANGAU Memorial Provincial Hospital and Public Health across the province – all under one Board of Governance and management structure reporting to a Chief Executive Officer.

The ANGAU redevelopment project, a signature partnership project between the PNG and Australian Governments which commenced in 2015, continued to progress during the year.

We are grateful to the people of Australia for the wonderful partnership with ANGAU which will see the best hospital in PNG being completed by the end of 2020.

We are grateful to the Government of PNG through the NDOH leadership in this redevelopment project for funding for the top town housing staff housing project and the funds recently given for cancer treatment.

With cancer, we are in the process of developing a new cancer services plan in conjunction with NDOH. This would see the old cancer unit rehabilitated in before the end of the year, the current cobalt 60 machine started up once the regulations are in place and a new cobalt source acquired, a medical and radiation oncologist recruited, and providing chemotherapy treatment.

We are planning that all this will be in place by the end of this year – this is a frustrating process as ANGAU is not totally in control and the wheels of

bureaucracy turn very slowly.

Cancer like many other diseases needs more focus on prevention and early diagnosis – this can be done in every hospital in PNG and not wait until it's in advanced stages and then it's very hard to treat.

While we appreciate the funds provided by the government to date, a new facility will cost in the vicinity of K75 million.

As the MoPHA now, to realise the Government's objective of "Taking Back PNG", we need a healthy population – not just in the urban areas but in the rural areas as well. One of our passions in Morobe is agriculture but to maximize agricultural production we need a healthy population in the rural areas. This means that cocoa farmers in Kabwum or coffee farmers from Boana shouldn't have to travel to Lae to visit a clinic – they should be accessible in their areas.

Morobe's 1 million plus population needs to have access to basic primary health care – so whether you're from Deyamos, Siassi, Pindu, Menyamyra, Kaiapit, or Morobe Patrol Post, our people deserve the same level of basic primary health care – Community Health Posts, Urban Clinics, District hospitals, - otherwise all that is being done at ANGAU will be for nothing.

As we move this year from an ANGAU-centric focus to the MoPHA we are beginning to tackle the wider-provincial health issues head on but we will need continued commitment from the Governor, all nine Members of Parliament from Morobe, the NDOH, the Health Minister, and the Prime Minister to work with the MoPHA as a team and find the funds either through our own resources, donors (conventional or unconventional) or Public-Private Partnerships to realise better health for Morobe.

Thank you to the new members of the Board of Governance, our Management and staff of ANGAU and Public Health for their hard work and dedication during this first year of transition to the MoPHA structure.

I also express our sincere appreciation and gratitude to other partners – NGOs, development aid organisations, private sector, and individuals – for your continued generosity during the year.

MANAGEMENT



Acting Chief Executive Officer
Mr Grant Muddle



Director, Public Health
Mr Micah Yawin



A/Director Medical Services
Dr Lincoln Menda



Acting Director Coporate Services
Mr. Aung Kumal



Director Nursing Services
Sr Concilia Amol

BOARD & Management

Morobe Provincial Health Authority Board Members and the Management are from a wide sector of the community with a lot of experience put together. They represent different sectors in Morobe for the interest of the people to ensure services are delivered.

BOARD



Morobe Provincial Health
Authority Board Chairman
David Wissink



General Community
Representative
Nelly Mclay



Womens Representative
Carol Yawing



General Community
Representative
Father Arnold Schmitt



Local Businesses Representative
George Gware



Local Business Representative
Sarah Haoda Todd



Religious Representative
Bishop Lucas Kedabing



Morobe Provincial Health
Authority Deputy Board Chairman
Ken Wai



Morobe Provincial Government
Representative
Robin Bazzinu

NURSING SERVICES REPORT

FORWARD

The Nursing Services is no different to the other Services within the hospital which have the same or similar objective of patient care. We are working on ensuring the implementation of new changes and that the transition involving the new redevelopment taking place is smooth and welcomed by all nursing staff in the hospital. The NDoH Health Plan and the Health Strategic Priorities will be achieved through set targets and objectives that are currently in place. The Nursing Services will do its part in this plan to help our people achieving proper and better health care for the next generation from 2020 and beyond to be Smart, Wise, Fair, Healthy and Happy.



The Nursing Services through its four units aim to deliver the optimum health care that the hospital deserves and especially patients in each service sections to be cared for. Furthermore the increase in manpower as proposed will ease the burden being faced in the recent past by these sections and also due to influx of patients to the hospital as drawn from everyday city migration from rural areas and from other Provinces.

ANGAU is a level six hospital and a major referral hospital within the region and as such the clinical services provided must be very specialized. These include Obstetrics and Gynecology, Pediatric, ENT, Eye Care, Emergency Medicine, Surgical amongst many more. We do provide diagnostic services such as Oncology, Radiology and Medical Laboratory services. With this in mind we must now focus on the MOPHA to ensure these Health Care services are delivered to encompass the whole Province.

The Nursing Directorate will help uphold our mission and vision. The total number of staff on establishment is 406. Out of these 331 are filled as indicated below including the Directorate office staff resulting in 75 more positions to be filled. The selection process has begun on these to be filled positions late 2019 and by second quarter of 2020 we should have all established positions filled. The current manpower strength for each unit is tabled as below;



Unit One (1)		
Ward	N/O	CHW
ICU	14	6
O/Th	11	8
Ward 1B	8	6
Ward 7D	8	5
Orthopaedic	7	5
Consultation Clinic	7	5
CSSD	2	2
Total	57	37

Unit Two (2)		
Ward	N/O	CHW
COPD	8	5
SCN	8	6
Wards 4B&C	10	8
Blood Bank	4	3
Total	30	22

Unit Three (3)		
Ward	N/O	CHW
A&E	17	12
AMDCC	3	3
Friends Clinic	3	2
Medical Acute	11	8
Medical General	7	3
TB Wards 2C&D	3	6
FSC	6	1
TB Dots	2	3
Mental Health	3	1
Total	55	39

Unit Four (4)		
Ward	N/O	CHW
Ward 3A	8	7
Ward 3B	13	8
Ward 3C	8	5
Ante Natal	7	3
Cancer Ward	8	4
WWC	1	1
Total	45	28

Sr. Imgard Munaup – Mental Health
 Sr. Mary Kuroi – Critical Care
 Sr. Dorothy Wangihomie – Child Health
 Sr. Venita Loras – Midwifery (is sponsored by AusAid)

Externally two (2) staff were awarded AUSAID scholarships to study in Queensland University of Technology in Brisbane. One took up training on Planning and Management of Family Child Health Child, whilst the other took up training in Counseling of HIV/ AIDS. The counseling course has proven a real bonus in the counseling of HIV/ AIDS patients within the Anua Moriri Day Care Centre. We will continue these external training programs where available and applicable to help senior staff to be up skilled.

Our in-house training in wards and sections will continue. We hope that NGO's will come to join teams like RACS to deliver specialist in-house trainings where applicable.

For 2020 seven (7) nursing staff have been confirmed in 2019 to take up training at the School of Medicine in Port Moresby in various programs as approved by the Training Committee.

Malaria is a common tropical disease and is here to stay despite many claims of total eradication. Like all other hospitals and clinics and aid posts, we all must do our part to reduce the effect of malaria. Therefore we see the importance of training to combat malaria. Our in-house trainings to combat this will continue and in June 2019 the RDT training was scheduled that was wholly attended by our staff.

The Community Health Workers six months attachment for up-skilling of Obstetric Procedures started in June and completed in December of 2019. The selected participants are from the rural facilities which perform deliveries. We also had in-house training for all staff with case presentations on weekly and monthly perinatal death audits by O&G Doctors and the early Neonatal death by the Paediatric team. A further training was conducted on Essential Newborn Care and Perinatal Trauma Suturing.

The following Short Courses were attended by the O&G staff in 2019;

- TOT Provincial Training on Essential Newborn Care

NURSING RESEARCH

Kundiawa Hospital was the port of call for 2019 Nurse's Symposium. The national symposium committee was blessed with funding to be able to host this event successfully far away in the highlands. Our Angau Hospital Symposium committee was not so cashed up and so it was a low key event. Nevertheless our staff did attend supported by the RACS team who paid for the travelling costs whilst staff took care of their accommodation and meal costs.

Nursing research will remain an integral part of our profession in nursing practices. Such low key result as shown above is a lesson to learn and we hope to do better as a hospital in the future. We will continue to encourage staff to attend and present at these meetings as it is at these meetings that research is acknowledged and can lead to further education and accomplishment as a nursing officer.

TRAINING

The Nursing Directorate of Angau General Hospital will continue to support nursing staff training through 2020 and beyond with internal or external training programs to enable up skilling and to be informed of new and improved versions of emerging nursing care.

In 2019 we had six nursing staff enrolled at the School of Medicine to take up various nursing related programs. Early in 2019 our six staff returning from their studies undertook eight weeks of practicum on location here at the hospital as a requirement. We acknowledge the following nursing officers who have now returned to take up their posts and implement their new skills and knowledge;

Mr. Norman Atam – Peri Operative
 Sr. Belindinah Jim – Nursing Education and Management

- TOT Provincial Training on Helping Mother and Baby Survive
- Pacific Society of Reproductive Health and
- Family Planning

NURSING STANDARDS

With much delight the Nursing Standards Procedure manual that had taken all these past three years to put together is now finally in its end stage. The final review was carried out on the 8th October 2019. It is now anticipated that the final copy will be published in 2020. We look forward to its launch.

A survey of bed occupancy and nursing manpower for the hospital was requested and was carried out in May 2019. Part of this report as statistics is shown below. This is done in anticipation and allowing for the introduction of the Morobe Provincial Health Authority to take place beginning 2020. The Nursing Services proposed establishment report will confirm this manpower report.

HEALTH EDUCATION

The Nursing Directorate encourages Health Education and Promotions to enable the surrounding population especially around Lae City to be educated about good health care and improved hygiene.

The Training in 2019 conducted by the Training Section was focused on three main areas including In-Reach Education, Out-Reach Education and Health Day Events.

Our In-Reach Health Education conducted in areas including Hospital Wards and Urban Clinics in 2019 throughout the first, second, third and fourth quarter reached out to the wider community with a total of 4100 participations. The data as shown below illustrates the campaign process as coordinated by our Health Educator with the support of some staff.

Date/Time	Activities	Total awareness	No. of Materials	Target Groups	Facilitators
First Quarter	All hospital Wards, Urban Clinics & Hot Spots within City limits	A total of 108 awareness campaigns carried out	Over 1000 brochures & materials were disseminated	1000 participants attended these programs	Sr. Kai-vavore & Sr. Timi

Second Quarter	All hospital Wards, Urban Clinics & Hot Spots within City limits	A total of 145 awareness campaigns carried out	Over 700 brochures & materials were disseminated	1500 participants attended these programs	Nrs Ip-mawara
Third Quarter	All hospital Wards, Urban Clinics & Hot Spots within City limits	A total of 228 awareness campaigns carried out	Over 1000 brochures & materials were disseminated	1000 participants attended these programs	Nrs Gau
Fourth Quarter	All hospital Wards, Urban Clinics & Hot Spots within City limits	Only 7 Awareness campaigns were carried out	Over 800 brochures & materials were disseminated	600 participants attended these programs	Health Educators Link Nurses

The Out-Reach Health Education targeted public/private sectors, NGO's, Churches and surrounding Communities and Settlements. These programs saw 4880 participations.

The Activities conducted were focused specifically in Health Talks, Health Care Training, Carried out Health Checks and Health Awareness. Presentations included giving out posters and brochures on the day as illustrated below on the chart.

Date/Time	Stakeholders	Total awareness	No. of Materials	Target Groups
First Quarter	UMW Ltd, Churches, Communities & Settlements	A total of 55 campaigns including trainings and health checks carried out	500 brochures & 50 posters were given out	300 participants attended these training programs
Second Quarter	UMW Limited, Nestle PNG Ltd, Dulux Group of Companies, Churches, Communities & Settlements	50 awareness campaigns on general health care were carried out	2000 brochures and 50 poster were given out to the participants	2500 participants attended these training programs
Third Quarter	UMW Ltd, Churches, Communities & Settlements	60 campaigns including health training and health checks carried out	300 brochures and 30 posters were given to participants	400 participants attended these programs



Fourth Quarter	UMW Ltd, Churches, Communities, Settlements & the Morobe Show	45 campaigns including health trainings and health checks carried out	1200 brochures and 100 poster given out to attendees	1680 participants attended these programs
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The Health Day Events were celebrated in phase with the global community and hosted by the events committee. These campaigns and awareness were carried out by our staff in collaboration with Lae District Health team and were either held within the hospital or on locations within the city and other places like the Eriku oval. The Health Education program was also broadcast through the local Catholic 103.7 FM Radio who have been helping in this area for the past three years.

The notable World Health Events included;

- World TB Day; Campaigns and Awareness carried out with private companies on location and also at main market area, top town and at the Eriku oval
- World Malaria Day; Awareness carried out in all hospital wards and urban clinics on prevention of malaria and correct medication
- World No-Tobacco Day; Health awareness talks at hospital educating the public on effects of smoking
- World Blood Donor Day; Staff went out on blood donation drive
- National Health week; A chance for staff to check on their health on location at the chapel. Following the theme 'Healthy Workforce Increases Productivity' the Health Educator used the opportunity to enforce and promote rule-of-care to Angau employees. It was a success as 393 participants attended.
- World Sight Day; Patients at the main lab given eye care and health talks
- World Mental Day; Use of the Catholic FM 103.7 broadcasting health message on mental health care

In 2019 the Coordinator of Infection Control together with the Link Nurses were very instrumental in the training of over 200 staff of the hospital. The training was specifically localized to the spill-over of the sewer system which affected few sections resulting in staff and patients relocated to different areas. We commend Sr. Mundua, the Clinical Support Staff Services in controlling the problem.

CLINICAL SERVICES

As contained in the Nursing Services Establishment the current four units share the nursing workload and experience. Each unit will be coordinated by

a Clinical Nurse Supervisor specialist in each area. These are as arranged below;

Unit 1 Supervisor Coordinates	Unit 2 Supervisor Coordinates	Unit 3 Supervisor Coordinates	Unit 4 Supervisor Coordinates
Intensive Care Unit, Orthopaedics, Operating Theatre, Consultation Clinic, ENT Clinic and CSSD	Ophthalmology Services, COPD, Blood Bank, Special Care Nursery and Paediatric Ward	Accident & Emergency, AMDCC, TB, TB Dot Services, Friends Clinic, FSC, Acute Medical, General Medical and Psychiatric	Oncology, Labour Ward, Ante Natal Ward, Post Natal Ward, Gynaecology Ward, Physiotherapy and WWC

This year had many good things happening in the Directorate. Outline below are some of these achievements.

The Hospital Management donated 40 bed sheets and 400 disposable gowns to the **Operating Theatre**. The unit continued to outsource operations from private hospitals this year due to various reasons. This partnership has helped in bringing good health to the patients.

Consultation, Acute Surgical and ICU were temporarily closed due to sewer spillage problem for almost two months. Patients and staff were relocated temporarily elsewhere but have been returned after the problem was rectified and fumigation was carried out. No health issues were experienced during this situation.

In 2019 Angau Hospital was blessed to have the newly built world class **Family Support Centre (FSC)** which now help solve issues relating to violence against women and children including people with special needs. These are based on gender health response and Human Rights Based Approaches in violations of human rights.

Paediatric Units have been under undue stress affecting performance by staff due to limited specialist nursing staff. The 51 strong staff currently performing is not enough. There is need for 5 more Specialist Paediatric nurses to alleviate the burden. The management is aware of this and has taken steps to send staff on short course trainings on family and child health planning and management at the QUT for 6 months under the AUSAID scholarship. Seven staff undertook in-house training on Advance Paediatric Life Support also in 2019.

Blood Bank conducted 24 mobile clinics to collect

blood within Lae City and surrounding communities. Ramu Agri Industries (RAI) helped in accommodating staff during mobile clinic out of Lae and onsite in Ramu. Over 3000 blood bags were collected and helped in the overall patient care at the hospital.

Unit Two team identified some grey areas in relation to Child Birth Vaccination. With the knowledge and team work between the Gynaecology and Obstetrics team this birth immunization rate was improved from a 50% level up to 80% rate in June 2019. An achievement we acknowledge those involved in carrying out the immunization program.

A&E Triage Deck recently completed in the Accident and Emergency and handed over and is now in use is a big help especially in alleviating the problem of overcrowding of patients coming to A&E that needed attention with many thanks to the Johnstaff partners. A new patient registration form introduced through the RACS program is now being trialed and will also go a long way in helping the smooth transition through this stage of patient care.

The Friends Clinic at the hospital serves as the main Referral Centre for the Province and the region. The Centre is also the Training Venue for Voluntary Counseling & Testing (VCT) and Provider Initiate Counseling & Testing (PICT). As a referral center the hospital takes care of patients from many parts of the country especially the Momase, Islands and the Highlands. It is this fact that whatever the statistics that show situations from the section it must be clear that not all is bad or worse in the Morobe Province. The statistics show what and how the hospital manages the situation and or attend to situations. Therefore the data as shown below for the number of STI reported and cared for is not for Morobe or Angau alone. In this case a total of 4199 clients were attended to and treated or otherwise. It is still high a number and more is needed especially awareness programs to alleviate the trend.

Anua Moriri Day Care Centre (AMDCC) At ANGAU is the Regional Referral and Coordinating Centre for the Momase region. The center had done exceptionally well in 2019. The reduced attendance figures at the clinic indicate that patients are compliant to the treatment of ART. It's also because of continued counseling and teaching by staff of the clinic conducting related programs throughout the year.

Tuberculosis (TB) is a concern disease in the country. This needs everyone and most importantly the health

workers working together to fight it and eradicate it in every Provinces in order to build a strong and healthy Papua New Guinea.

At Angau Hospital PHA through the local TB DOTS Clinic, we are doing our part though in a small way, and to get ratings of 97% in treatment success rate from evaluation carried out by World Health Organization (WHO) goes a long way to achieving the result for the whole country. It also means we are doing something right in helping to eradicate TB. In 2019 the hospital attended to a very low number of cases of TB Patients at the clinic.

Medical General Ward receives critically ill patients who are then stabilized here before they are relocated to other relevant wards. In adapting and implementing the 5S policy, the general ward environment is improved for the patients especially. This can also be witnessed in other wards too.

Oncology sections had achievements that have actually helped in their everyday performance in patient care. They finally were able to call their ward a cancer ward after the Johnstaff completed the renovation work in 2019 having started it in November 2018. The Nursing Directorate sincerely thanked Johnstaff for the new ward the staff and patients are very happy with this new environment.

O&G ward staff working in conjunction with Paediatric staff initiated a committee that oversee the 24hr immunization of babies before they are discharged. The Paediatric team and the O&G team will ensure all new born babies should be immunized before they are discharged within 24 hrs.

- Family planning is also a program now conducted in the labour ward by a staff after her training in Family Planning Implant. The procedure is only conducted on a patient after having consent from the patient.

Infection Control section of the hospital has carried out many safety aspects of the hospital and has ensured staff are aware of the different aspects of hygiene. But the very important hygiene that even patients and guardians or even make the public aware of also is the hand washing. This particular method





of hand washing as approved by health authorities must be encouraged. A simple but very effective movements during washing as shown below must be made know to every citizen to help improve the general lifestyles and health of every one.

Paediatric Units also had a significant increase in patient coming in for various reasons. It is these visitations that provided data to enable the unit supervisors to conclude a specific change. From previous reports between 2017 and 2018 the leading disease of admission to the Paediatric ward had been severe pneumonia. However in 2019 the paediatric staff have established that the leading disease of admission is now Severe Acute Malnutrition (SAM) and Neonatal Sepsis at the Special Care Nursery. This increase in the number of admissions though small is worth looking into. We may not be able to look into this soon but the data will remain to be compared in future.

PRIVATE / PUBLIC PARTNERSHIP

Partnership is one of the Hospital Board and Management goals to work together with stakeholders. Current redevelopment is one example. We also had NGO's, Church Groups, Sporting Groups, Government and Private Agencies, Schools and Families visited the different sections of the hospital.

In the Pediatric section were fortunate in 2019 with over 100 visitations with donations of all sorts, They brought gifts, clothes, food, toiletries and most of all their hearts to the sick. And yes the guardians and parents also benefited but most of all the sick patients lives were uplifted with all these gestures including singing and praises and sharing the Word.

TRIBUTE

The Nursing Directorate and all Nursing staff of ANGAU pay our respects to our colleagues Sr Pessie Kereng and Nrs Ellaine Makala who both passed on in 2019. They have been are friend, sister, colleague and mentor during their employ in this hospital with us. We will remember them.

ACKNOWLEDGMENT

We wish to acknowledge the following organizations and groups for their support and care giving to various wards and sections;

1. St. Mary's Catholic Women's club for cooking food for patients
2. All Devotional Groups that donated gifts and

visited patients to uplift in their Spiritual needs

3. Ramu Agri Industries Ltd for accommodating the mobile clinic staff whilst at Ramu
4. WHO Officers in Launching of the Polio Vaccination
5. RACS Team who run several courses and Margaret Havens and Beverly Halls from Freda who came onboard to train our staff in the Hygiene Audits including the 5 moments and Hand Hygiene
6. The many private companies that have helped and contributed in 2019 towards patient's need
7. Johnstaff who have completed various services to the delight of staff and patients
8. Finally the MoPHA Management and the MPA Board – Thank you for the continuous support

CONCLUSION

In 2018 we looked forward to the Redevelopment taking shape come 2019. These have now taken place through continued believe and support from the Australian Government and the John staff who are the Developers and Project Managers. Already the John staff is predicting completion in 2020 and this we now anticipate as we all want to be part of this change. The new look hospital infrastructure is already looking great and this can only get better when the proposed Nursing Service changes as suggested and our strategies are implemented to coincide and strengthen our mission through uplifting of staff performance and enhance life styles as a whole.

The Morobe Provincial Health Authority will be implemented. Quality Nursing Care and Patient Care will always continue to be a nurse's mission and vision. This will not change. We will continue to provide the quality Nursing Care to all patients. Apart from the proposed changes in Establishment and Structure, our training of staff will be supported to compliment these changes. We will support staff training for staff in specialist areas to cater for the targeted areas of service.

Thank you all in the Nursing Services and other services of the hospital. Let us all look forward to the upcoming changes with open mind and renewed energy in 2020. Best to you all.

SR CONCILIA AMOL - Director Nursing Services

Corporate Services

The Director Corporate Services is responsible to the Chief Executive Officer (CEO) for all administration staff and services. Main responsibilities of Corporate Services include providing and ensuring efficient delivery of essential services in the following functional areas: Finance, Human Resource, Supply Services, Catering Services, Transport Services, Security Services, Technical Services, Domestic Services and Staff Accommodation

Below are brief descriptions, achievements and future plans for the following functional areas:-

Finance Section

The Finance Section is managed by the Hospital Accountant. There are three main sections in Finance: (a) Revenue Section (b) Accounts Payable (c) Budget. There are seven Revenue staff including the Revenue Accountant and eight Accounts staff totaling fifteen staff all reporting to the Hospital Accountant. The Accountant is responsible for the efficient management of finance and budgeting as per the Public Finance Management Act, Public Service General Order, Audit Act 1989 and other relevant Financial Procedures and Legislative Requirements. The task also includes sourcing and raising revenues and efficient management of annual budgetary appropriations, internal revenues, expenditures, accounting and reporting according to relevant standards and procedures.

Achievements in 2019 include the following:

Establishment of MoPHA Board Finance Sub-Committee

- Had two meetings in 2019

Audit Report 2018:

- 2018 Annual Accounts Audit done awaiting management response and final Audit Opinion from Auditor General's Office.
- Work in progress to get 2019 Annual Accounts prepared for Audit. Management in progress to engage Financial Consultant to assist.

MoPHA Bank Account:

- MoPHA Bank Account opened, currently in use. Balance of unused funds from operating account to be transferred to the new MoPHA account.

Plans for the future:

- Have quarterly MoPHA Board Finance Sub Committee meetings in 2020
- Appointment of Finance Adviser/Consultant to assist in setting up accounting and reporting systems, procedures, process and guidelines as follows:
 - Developing and implementing guideline to improve requisition processing time and payment and procurement procedures and processes.
 - Continue to improve and strengthen Accounts payable and Revenue sections.
 - Improving budget management and expenditure control system
 - Increasing internal revenue options for the Hospital in line with redevelopment plan.
 - Adapt new budget and expenditure structure due to establishment of Morobe Provincial Health Authority (MoPHA) in accordance with PHA Act.

Human Resource Section

The Human Resource Section is managed by the Human Resource Manager with thirteen staff working under him. There are four main sections in the Human Resource Management: (a) Personnel Section (b) Staff Development and Training (c) Organization and Method (d) Industrial Relations. The Human Resource Management (HRM) is responsible for the overall management of human resource for effective performance and output as per the Public Service General Orders.

The task includes managing and improve organizational development and manpower placement, staff motivation and performance management, pay roll management through the Alesco Concept Payroll System, managing and improve staff capacity through trainings as directed by the Training Committee and maintaining work



place health & safety.

Achievements in 2019 include the following:

Personnel Section:

Establishment of MoPHA Board HR Sub-Committee

- Had one meeting in 2019

Implementation of the 2011 Union awards for Medical Laboratory Technicians – K172,600.29:

- The matter was brought to the MoPHA Board Finance Sub-Committee for referral to the MoPHA Board for deliberation and decision.

Payment of outstanding accommodation rental for Radiology staff.

- The Allied Health accommodation rental of K300 per fortnight was not paid since 2010.
- The Management in agreement with the Allied Health Union will commence payment of the K300 rental per fortnight commencing in January 2020.
- The Allied Health Union will pursue the outstanding from 2010 up to 2019 with the relevant authorities.

Plans for the future:

Personnel:

- Have quarterly MoPHA Board HR Sub Committee meetings in 2020
- Board endorsement for appointment of Human Resource Adviser/Consultant to assist in setting up HR, procedures, process and guidelines.
- Management in the process to conclude appointment of HR Manager.
- Recruitment of Personnel Officer and five additional staff to assist in the Personnel Section.
- Rolling out of the Biometric Time and Access attendance to be implemented in April 2020.

Achievements in 2019 include the following:

Training and Development Section:

- There was concept training for HR staff, RACS training for midwifery and Ecolab training for Laundry staff.
- Heart Felt Staff Recognition Program – 2x combine meetings done and awarded Certificates of Recognitions and Prizes.
- Chatting with the Chief Breakfast started in September and is held once every month.

Plans for the future:

Training and Development Section:

- Training Team to develop a five year Training Development Plan for ANGAU Hospital
- Continuation with Heart Felt Recognition Program and Chatting with the Chief Breakfast.

Achievements in 2019 include the following:

Organizational and Method Section:

- Recruitment of five additional staff to assist in the Personnel Section
- 3x recruitment drives and hope to complete in 2020.
- 45 New Hires employed in April 2019
- 36 Casuals Recruited – all successful applicants have been notified to commence duties on Monday 9/12/19. (Drivers x6, PSA x14, Sanitary x5 Porters x2, Switch Board Operators x3, Catering x3, Laundry x3)

Plans for the future:

Organizational and Method Section:

- Finalizing the MoPHA structure and Proposed Restructure for 2021
- Recruitment of two additional staff in the 2021 Proposed Restructure to assist in the Organizational and Method Section

Achievements in 2019 include the following:

Industrial Relations:

- 7-8 disciplinary meetings held in 2019 and disciplinary decisions taken accordingly.

Plans for the future:

Industrial Relations:

- Recruitment of two additional staff in the 2021 Proposed Restructure to assist in the Industrial Relations Section

General Services Section

The General Services Section is managed by the Coordinator of General Services with ninety eight staff working under him. There are eleven main sections in the General Services: (a) Laundry (b) Sanitary (c) Grounds (d) Stores and Supply (e) Stationery (f) Kitchen (g) Transport (h) Communication (i) Patient Service Attendant (j) Patient Potting (k) Security). . The Coordinator General Services is responsible for the overall management of Hospital Support Services for effective performance and output as per the Public Service General Orders.

The task includes managing and maintaining effective flow of Hospital services in non-clinical areas as aforementioned.

Stores and Supply Services

The Supply Services is managed by the OIC Stores and Supplies. The Procurement Officer is responsible for the procurement of all Hospital supplies based on the Public Financial Management Act. Procurement of supplies including medical waste bags, body bags and other waste bags, cleaning detergents, laundry powders, beddings and linens stationeries and other general supplies. The goal of the Supplies Services is to improve efficiency and quality in the purchase of

Hospital supplies, based on WHO/NDOH approved standards, stock availability and reasonable pricing.

Achievements in 2019 include the following:

- Improved procurement of Hospital supplies by strictly adhering and complying with the three important criteria of procurement process: (a) quality based on WHO/NDOH standards (b) stock availability (c) reasonable pricing.

Plans for the future:

- Recruitment of OIC for Stores and Supplies including two additional staff to assist Stationery Officer and Store man.
- Move into new modernized Stores and Supplies building and installation of mSupply as part of redevelopment plan.
- Training to build staff capacity and competency in the use of mSupply to manage all hospital procurement process and systems for improved and efficient Supply Services.

Catering Services

The Catering Services is managed by the Catering Manager with eleven (11) staff working under him on two shift basis. The Catering Section is responsible for providing catering services to the patients in the Hospital. Quality and nutritional diet is key to patient recovery and is an essential service to patient care in the Hospital

Achievements in 2019 include the following:

- Recruitment of three additional kitchen staff to meet the demands of modern Hospital Kitchen services

Plans for the future:

- Move into new modernized Kitchen building and installation of Modern Kitchen Equipment as part of redevelopment plan.
- Training to build staff capacity and competency in modern Catering, Menu Planning and Best Kitchen Practices for efficient Patient Catering Services.

Transport Services

The Transport Services covers both Transport and Communication Services. The Transport Section is managed by the Transport Manager with fourteen Drivers working under his supervision on shift basis. The goal of the Transport Section is to provide quality, reliable and efficient Transport Services to the Hospital staff, patients and stakeholders. Vehicles are maintained, serviced, registered and insured by the Transport Manager on a timely basis for smooth operations of Transport Services.

The Communication Services is managed by OIC Communication with eight staff working under his

supervision on three shifts. The current Communication System in ANGAU Hospital includes, the PA System, Telephone System and Radio Network System The main role of Communication Section is to coordinate Transport Services, staff movement, receiving external calls and disseminating information to staff.

Achievements in 2019 include the following:

Transport Services:

- Recruitment of six (6) additional drivers to adequately cover the shift basis and daily administrative duties.

Plans for the future:

Transport Services:

- Develop and implement transport policy
- Improve transport management through GPS Tracking system

Achievements in 2019 include the following:

Communication Services:

- Recruitment of two (2) additional Switch Board Operators to adequately cover the shift basis and daily administrative duties.

Plans for the future:

Communication Services:

- New modernized Communication Facilities with modernized Communication equipment as part of redevelopment plan.
- Build Communication staff capacity and competence through formal training and job attachments to efficiently manage Communication Services for the Hospital.

Security Services

Security Services is an essential service to the Hospital. The primary goal of this service is to protect staff, patients and Hospital property from any harm, danger or threats from within or without. In 2019, the Security Services for the Hospital was provided by an outside contractor, Executive Security Services (ESS). The company was selected through the normal tender process.

There were nine guards working on day shifts and eleven guards working on night shifts seven days a week. There was also security escorts provided during pickups and drop offs for on call doctors and evening and night shift nurses.

In the course of normal operations, guards were stationed in strategic locations in the Hospital premises and were instructed to carry out specific tasks as per the Standard Operating Procedures (SOP). They (guards) reported security issues and concerns including progress on specific assignments to the Coordinator of General Services. The Coordinator



reports these issues to the Director of Corporate Services who then updates the Management Team on a weekly basis.

Achievements in 2019 include the following:

- There was no major security issues and concerns.
- The Security personnel provided professional services on a day to day basis.

Plans for the future:

- Installation of alarm and camera system throughout the Hospital premises.
- Installation of vehicle tracking systems for all Hospital vehicles.
- Personal tracking device for senior management staff.
- Domestic Services

The Domestic Services covers Laundry Services, Patients Service Assistance (PSA) and Grounds Services. The Laundry Service an essential service to the Hospital is managed by the OIC Laundry with nine staff working under his supervision on two shift basis. Sheets, linens and other materials used in the wards or in the operating theaters including drapes and gowns are washed and refreshed daily for good patient care and smooth operations especially in the operating theaters. Seamstress services is also an important services under Laundry where materials are sewn for linens, sheets and drapes for use in the Hospital.

The Laundry services is now centralized and all Laundry Services are done at the central Laundry Facility. The Hospital is currently using two laundry machines and two dryers donated to the Hospital by the PNG Gaming Board. The machines are serviced on a monthly basis by Nice Tumas Limited, a company contracted by ANGAU to do the service.

The PSA Services is managed by the PSA Supervisor with twenty four staff mainly casuals working under his supervision on normal working days and two hours during weekends. The main function of PSA is to assist clinical staff clean the wards to ensure hygiene is maintained in the wards according to Infection Control Standards, collect stationeries for the wards, changing linens, dropping off soiled linens to the laundry and bringing cleans linens back to the wards and the operating theaters. PSA provides essential services towards patient care, clinical staff as well as the general public.

The Grounds Services is managed by the OIC Grounds with six staff working under his supervision. The main function of Grounds includes, cleaning around the campus, beautifying, landscaping and emptying of rubbish to assigned disposal area. The Grounds are also

responsible for the burning and disposal of medical wastes. The Hospital currently has a new incinerator built by the NDoH.

Achievements in 2019 include the following:

Laundry Services:

- The old 50kg washing machine and a recently purchased 18kg machine are currently taking care of all the laundry tasks.
- Ecolab washing products are now used in the laundry machines instead of using wash powders, softens and bleaches.
- Initial reports were bad, however linens were left for long periods with blood etc on it and then the machines were being overloaded tending to poor wash outcomes and the need to re-wash.
- Belteck reviewed the practices made some changes and linens is improving. We are saving by not buying bleach each week and also not done damages to the linens.

Plans for the future:

Laundry Services:

- Move into new modernized Laundry building with installation of Modern Laundry Machines/Equipment as part of redevelopment plan.
- Training to build staff capacity and competency in modern Laundry Services, use of Ecolab Products and Best Laundry Practices for efficient Laundry Services.

Achievements in 2019 include the following:

Grounds Services:

- Develop and implement Beautification/Landscaping Plan for Hospital campus to complement ANGAU Redevelopment Plan.

Plans for the future:

Grounds Services:

- Develop and implement Beautification/Landscaping Plan for Hospital campus to complement ANGAU Redevelopment Plan.
- Recruitment of ten additional staff in the 2021 Proposed Restructure Plan to boost manpower to cater for the expansion of campus and Grounds activities as per the Redevelopment Plan.
- Build Ground staff capacity and competence through formal training and job attachments to administer and implement the Beautification/ Landscaping Plan for ANGAU Hospital campus.

Achievements in 2019 include the following:

PSA Services:

- Recruitment of six (6) additional staff to boost manpower requirement to clean the facilities.
- PSA Staff introduced and trained by Johnstaff (PDO)

to carry out 5S in the hospital wards was a big success in cleanliness of the wards.

Plans for the future:

PSA Services:

- Ecolab Environmental Chemical range will be introduced, there is specific training to be completed on chemical use and how to clean and on completion of all modules staff receive a certificate

Staff Accommodation

The Hospital Management recognizes the importance of providing suitable and safe accommodation for staff/ employees of ANGAU Hospital who are entitled to accommodation. Providing accommodation to staff/employees is also a means of attracting and retaining essential staff and maintaining out of hours and on call services.

The Hospital provides a limited number of staff accommodation for essential and on call staff in institutional houses and living quarters on campus. Most contract officers are housed in rental properties off campus by way of Lease Agreements with the land lords and Real Estate Agents.

Institutional houses on campus are the property assets of the Hospital and come under the direct control of the Management and the Board. The Housing Committee makes decisions on accommodation requests, relocations, bond fees and other matters relating to staff accommodation both on and off campus. These decisions are made based on the ANGAU Housing Policy, the Public Service General Orders and the National Doctors and Nurses Agreements/Awards.

Achievements in 2019 include the following:

- Rental overpayment from 2015- 2019 was K357,768.00.
- Successfully discussed and negotiated with Real Estate agents to bring all over payment rental rates back to the approved rental range resulting with a saving of K17,520 per month and K210, 240.00/annum.

Plans for the future:

- Finalize Housing Policy for MoPHA Board to endorse for implementation.
- Get all staff residing in Institutional Houses to sign the new Lease Agreement including deciding appropriate staff to move into the newly built Northern Housing based on approved Housing Policy.

Facilities

The Facilities Section is managed by the Facilities

Manager with twenty two staff working under him. There are nine Technical Trade Units in the Facilities Section: (a) Facilities Management and Administration (b) Projects (c) Electrical (d) Mechanical (e) Plumbing (f) Carpentry (g) Air Conditioning and Refrigeration (h) Assets Management (i) Information and Communication Technology. The Facilities Management Section is responsible for the efficient and effective management of all Facilities to ensure that the Hospital achieve its Core Business, which is Patient Care. Patient Care which is the Core Business of the Hospital.

As much as possible, despite the Section being inadequately funded and less equipped with better tools, equipment, and working facilities, the Section continues to strive to achieve better outcomes to support Patient Care and Service Delivery at the Hospital.

The Facilities Section receives around 80 to 100 job requests from the client departments in a month. The Section attends to the jobs and completes about 82% of the job requests submitted for a month. Sometimes delays and nonattendance on many of the job requests in a timely manner is simply due to understaffing and non-availability of the raw material required to execute a planned task as soon as it is required.

As per the daily job requests, inspections are conducted to identify the following:

- Materials - Quantities of the different types of materials required to complete the job
- Manpower - Determine what technical trades and how many officers of each trade are required
- Machinery - Assess if there is any need for the use of machinery
- Money - Obtain quotations/pricing from suppliers/ service providers for analysis and cost effective project /job implementation

Based on the above information, the management is advised either the job would require open public tendering or procured internally as per provisions of the Public Finance Management Act

Achievements in 2019 include the following:

Establishment of MoPHA Board Facilities Sub-Committee

- Had one meeting in 2019

ICT:

- Implementation and setup of internet access and email.
- Management in the process to recruit new ICT

Manager to oversee all aspects of ICT in the Hospital and interface with Hospital Redevelopment ICT set up.

Refrigeration & Air-conditioning:

- Service & maintaining all air-conditions, morgue container reefer no major breakdowns.
- Pathology & Pharmacy cooler rooms fixed by improvising alternate compressor from original recommended compressors, original compressor takes 2-8 weeks to source overseas.
- Repair and service to 4x outdoor aircon package units at A&E, addressed cooling system at Labor ward.
- Purchased of new air conditions as follows: 3 x X-Ray, 1 x Pharmacy, 1 x doctors' office, 1 x gynecology ward.

Electrical:

- There is only one (1) Electrician, major power break downs are always addressed instantly, though some areas are yet to be addressed, at least there are no casualties

Carpentry & Construction:

- All issues of building repairs are attended to appropriately.
- Since all old termites infested buildings are demolished and replaced with metal structured, all tasks engaged on are of minor significant, changing lock, cupboards windows works etc.

Plumbing:

- The major issue faced is sewer blockage, the Hospital has a skilled plumbers although not licensed who performed well to contain the situation. We are currently experiencing major sewer blockage issues with Hospital Redevelopment going on which is very challenging both to our team and the Development Partners.
- The sewer problem was fully fixed as at 31 December 2019 by our plumbing team with assistance from Water PNG. Plumbing team continuously checking and monitoring sewer lines.
- Wards areas & Staff house plumbing issues are solved on time

Plans for the future:

- Have quarterly MoPHA Board Facilities Sub Committee meetings in 2020
 - Board endorsement for appointment of Facilities Adviser/Consultant to assist in setting up Facilities/Maintenance, procedures, process and guidelines.
- Projects:

Northern Housing Project (Phase 1):

The phase one of the Northern Housing Project was completed. The 12 units are now fully furnished with white and brown goods.

The management will inspect the property and make a decision on who to put into the 12 units. The property is an investment for ANGAU and therefore will be considered as a revenue earning investment to support the MoPHA operations as well as a means to sustain and maintain the investment/property.

Northern Housing Project (Phase 2):

Contract documents have been signed by PSTB Chairman, MoPHA Board Chairman, MoPHA CEO and the Contractor (LBC). The contract value is K4,266,665.70 including GST. Works have already commenced and is in progress. We have paid so in 2019 6 claims totaling K2,564,244.82.

Cancer Unit Renovation

The Cancer Unit renovation was awarded to a contractor, Premium Builders and Construction Ltd at the cost of K165,804.00. The job was completed. The air condition contract was awarded to PNG Air Conditioning Ltd at the cost of K164,826.40. The air condition is not yet installed.

Plans for the future:

- To secure the Southern Housing land and build more staff residence.
- To develop old airport land, opposite hospital, Allotment 13, Section 375.



Medical Services

Background

- In June 2019 the hospital wide data templates was introduced by former CEO and a small working committee was set up; this committee comprised of Quality Assurance, MIS and PDO M&E Team
- Several meetings were held between the committee and the directors and the line managers, both from the clinical and non- clinical services.
- The hospital wide data reporting form is used to report various indicators and data collected from the different disciplines within the Hospital
- ANGAU data collection is largely paper based
- ANGAU collects data from registers and inputs into the e-NHIS or the Hospital wide Data Reporting Form.

Achievements

- We were able to capture the general attendance and presentations at all clinical entry points, the average length of stay, absconds, discharges & bed occupancy rates.
- We were able to capture activities and costs from the support of non-clinical services.
- The traffic lights color codes and graphs on the summary page provides a readable understanding of performance indicators.
- The hospital wide data captures all the hospital data that is also available for specific and case by case reporting.
- The data can be used for quality and service improvement purposes and activities.

Challenges

- The Directors and Line Managers must take up ownership of this important activity by

integrating it into their activity plans to collect and provide data of their respective units and departments every end of month.

- The Directors, and their management teams to work with the committee to amend the current PMGH targets and introduce ANGAU Provincial Hospital and Morobe targets.

The Future & Way Forward

- Awareness to sectional heads and line managers to take ownership of the hospital wide data.
- The line Managers and the Section to utilize the data for service improvement activities.
- Set a platform for service improvement activities.
- Create a policy guideline to protect the integrity of the hospital wide data.
- Expand the primary health sector as well.
- Establish a secure office space for Management Information System.
- Human Resource Development through upskilling and man power mobilization of MIS division.

Acknowledgement

The Directors

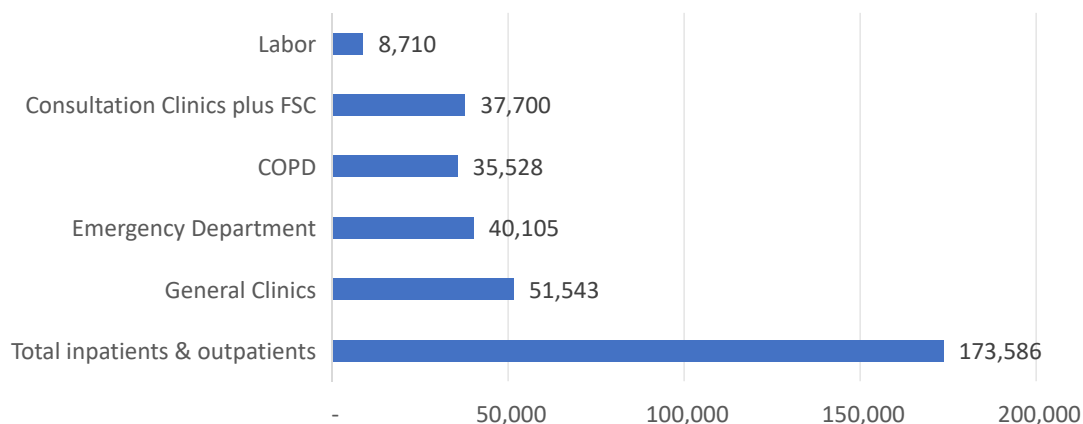
All Line Managers at ANGAU Memorial Provincial Hospital.

Mr. Isidor Pais and the MIS staff

Ms. Boki Kama and Doug Peacock of JID PDO

Profile of attendances at major services at ANGAU Hospital in 2019

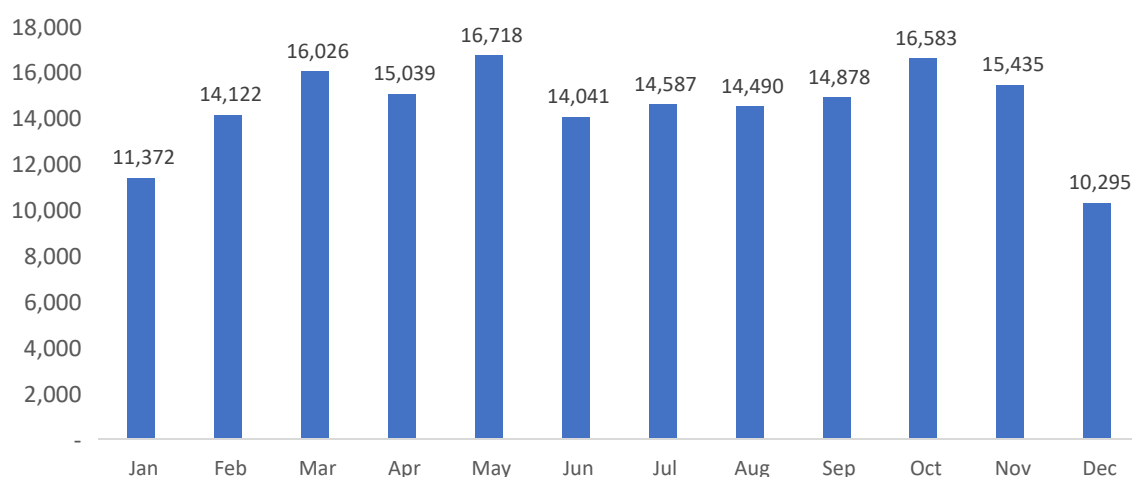
Summary of all Jan-Dec 2019 attendances



A total of 173, 586 attendances/presentations were counted at ANGAU during the year January to December 2019. Please note that there is a possible inaccuracy in the data versus the actual number of patients being served, since a large percentage of data is still being collected and collated manually.

Total monthly presentations all departments at ANGAU Hospital in 2019

Total Hospital Presentations all departments Jan-Dec 2019

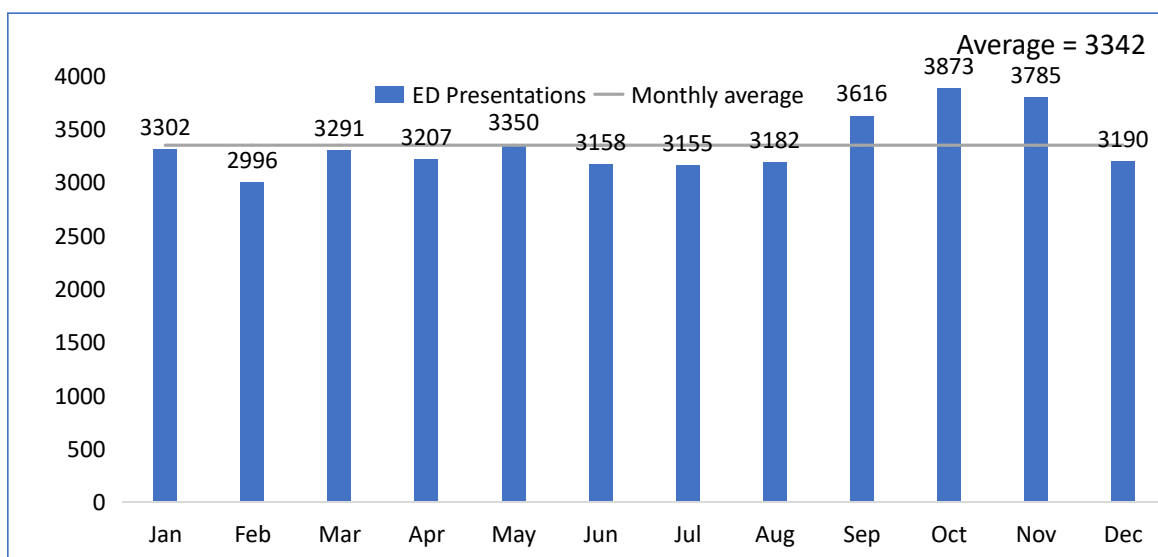


January and December show low attendance numbers (Figure 2): most of the clinics are closed during the holiday season.

The numbers for the Emergency Department remain relatively constant across the year, with February showing the lowest numbers (2,996) and October the highest (3873).

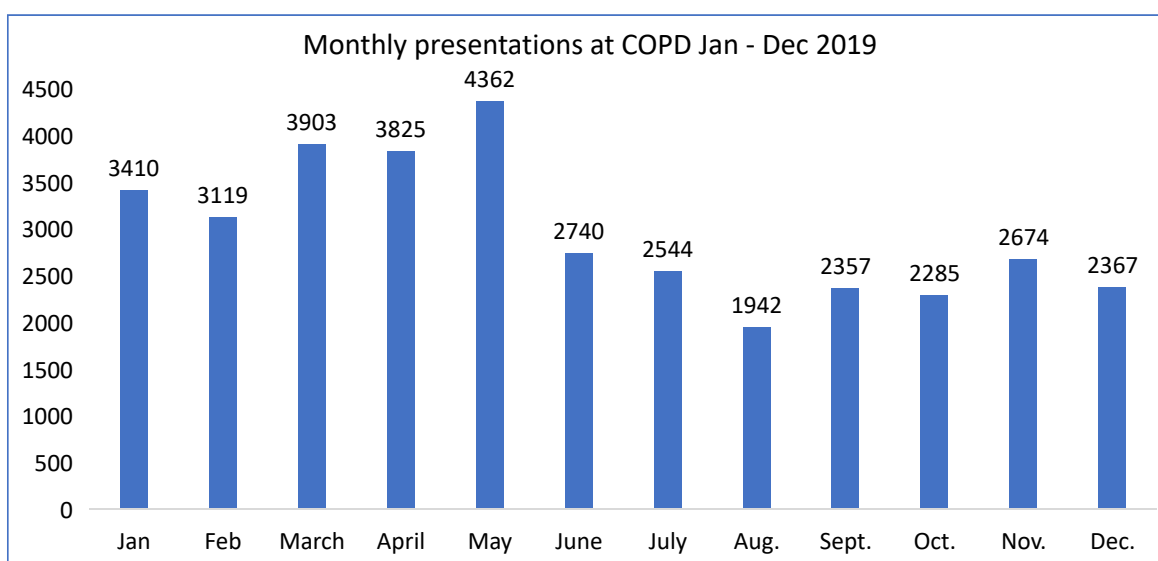
On average there were 3,342 presentations at emergency per month.

Total monthly presentations at ANGAU Emergency Department, 2019



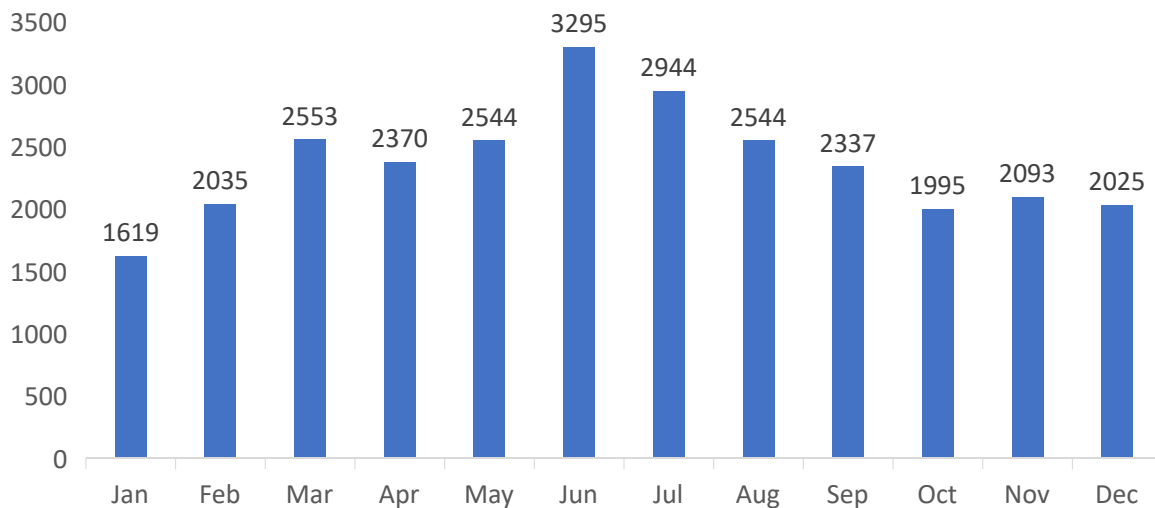
Presentations at the Children's Outpatients Department are less consistent across the year, with high numbers in the first half of the year and a peak in May (4,362) and a low in August (1,942). (See Figure 3) Again, there is no explanation for these highs and lows.

Total monthly presentations at ANGAU's COPD 2019



Presentations at the Children's Outpatients Department are less consistent across the year, with high numbers in the first half of the year and a peak in May (4,362) and a low in August (1,942). (See Figure 3) Again, there is no explanation for these highs and lows.

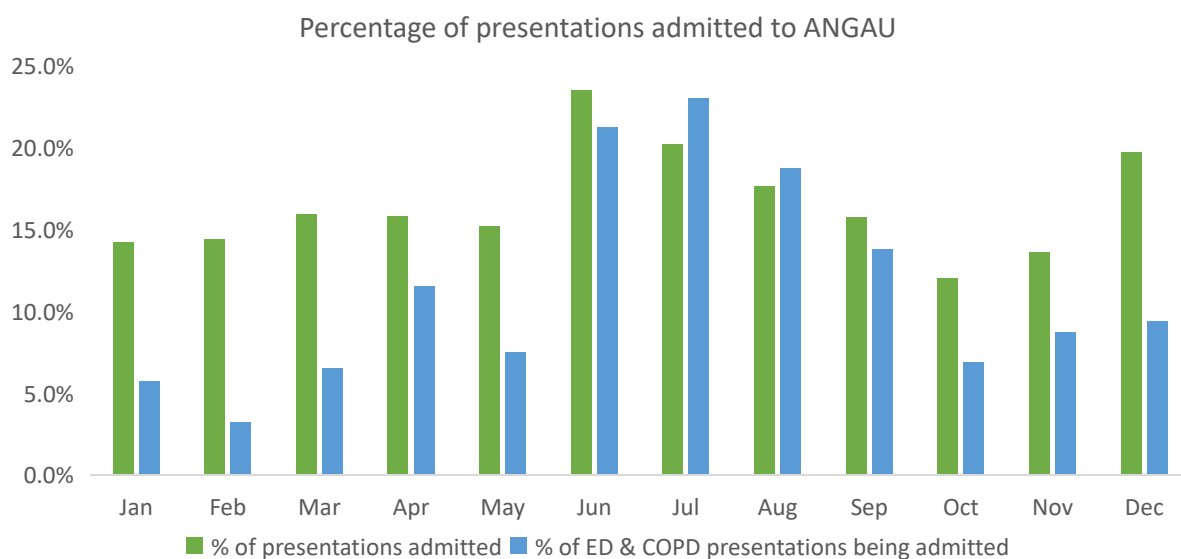
ANGAU Hospital Admissions



Not all attendances are converted to admissions. The total admissions to wards within the hospital show that the highest month for admissions is in June (3295), July (2,944), August (2,544) and May (2,544).

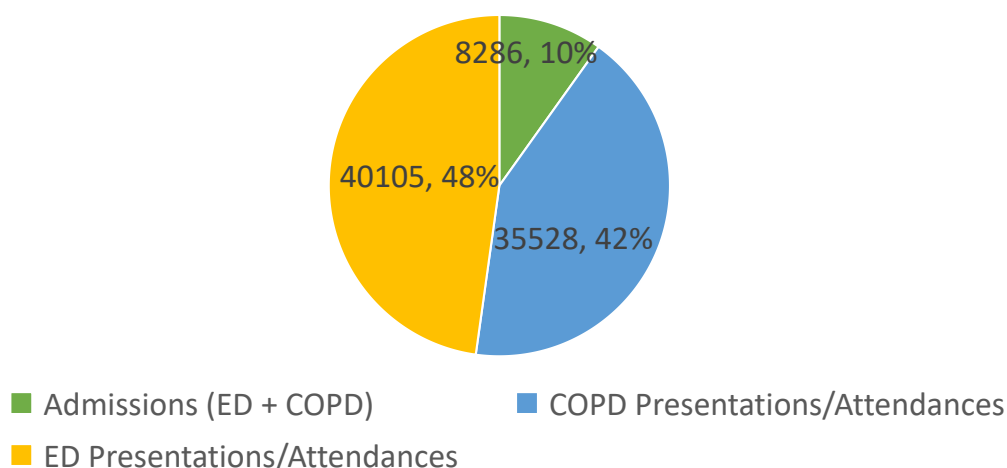
The inter-ward transfers lie within the definition of 'admissions' and this means that a person admitted to one ward and transferred to another is actually counted as 2 admissions. Although this is standard procedure it does appear to inflate the data

Percentage of presentations admitted, all presentations at ED and COPD



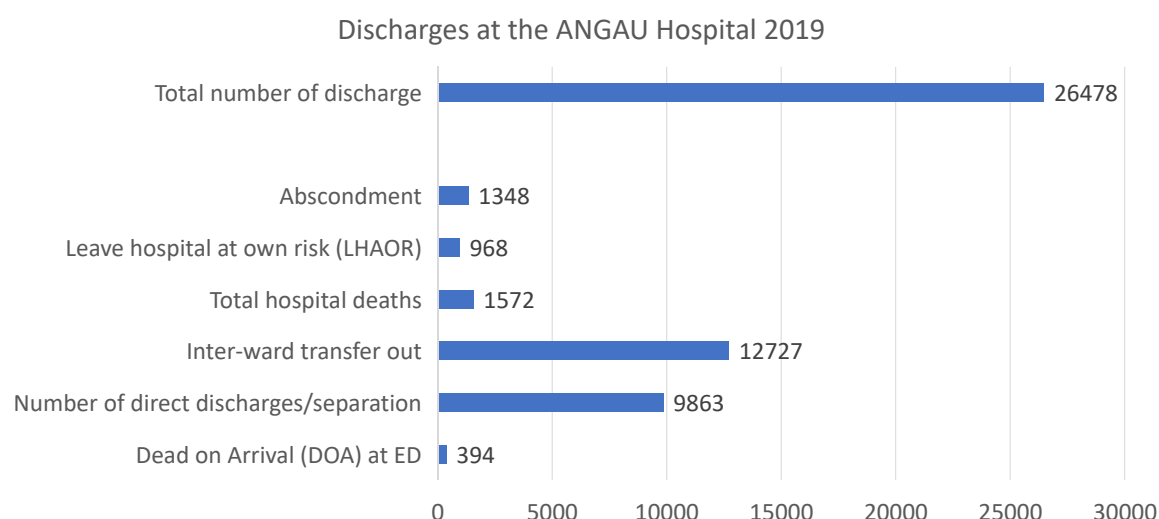
An analysis of the percentage of presentations admitted to the hospital shows the proportion of people admitted from Emergency and COPD, compared to all admissions over the year.

Summary of attendances and admissions, Emergency and COPD, 2019



This indicates the differences between attendances and admissions: calculations suggest an average of 28 percent of attendees at the Emergency Department and the Children's Outpatients Department are actually admitted to the hospital.

Discharges, deaths and abscondment

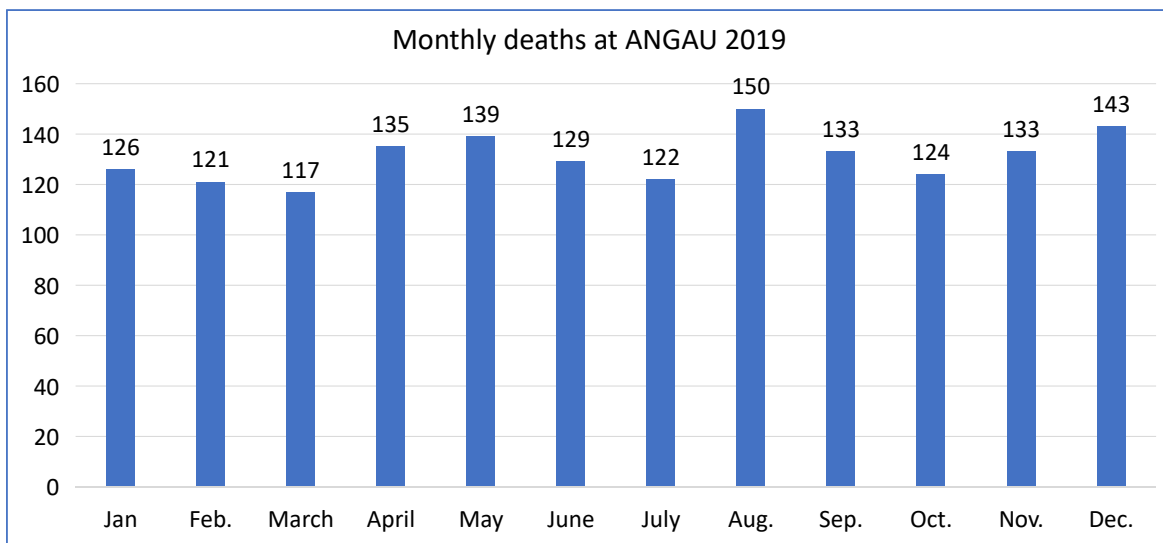


The total number of discharges at ANGAU in 2019 (26,478) includes those who have absconded or patients who have left the hospital at their own risk (LHAOR), as well as inter-ward transfers. Figures 7 (following) present the direct discharges in total, and by death. Counted among the 26,478 discharges in 2019, are 1,348 patients who absconded and a further 968 who left the hospital at their own risk. The dead-on-arrival (DOA) indicator at the Emergency Department (ED) is counted separately and recorded separately. The DOA is not part of the Total Discharge indicator.

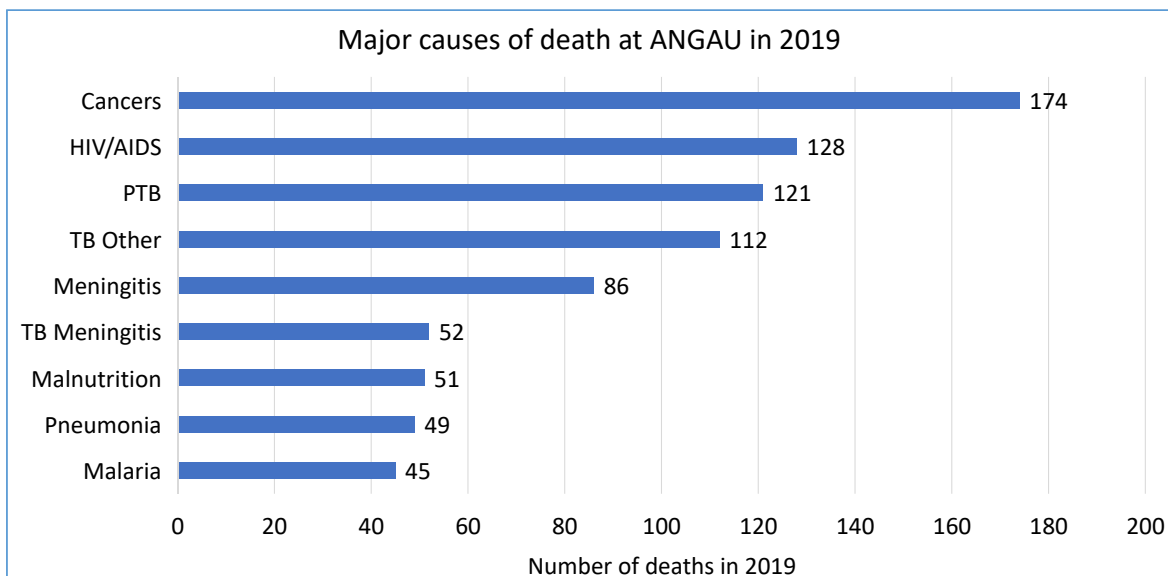
Patients who abscond leave the hospital before treatment is completed and without informing staff: reasons for this include having no health insurance or an inability to afford hospital expenditures.

Patients who abscond leave the hospital before treatment is completed and without informing staff, can incur serious risks for themselves and others. A study of patients absconding from a general hospital in Southern Iran (International Journal of Health Policy and Management, March 4, 2015 pp 137-141) concluded that characteristics such as no insurance coverage, inability to afford hospital expenditures and admission into an emergency department make patients more likely to abscond. Dead on arrival (DOA) indicates that a patient was found to be already clinically dead upon the arrival at the ED.

Total monthly in-patient deaths at ANGAU Hospital, Jan to Dec 2019

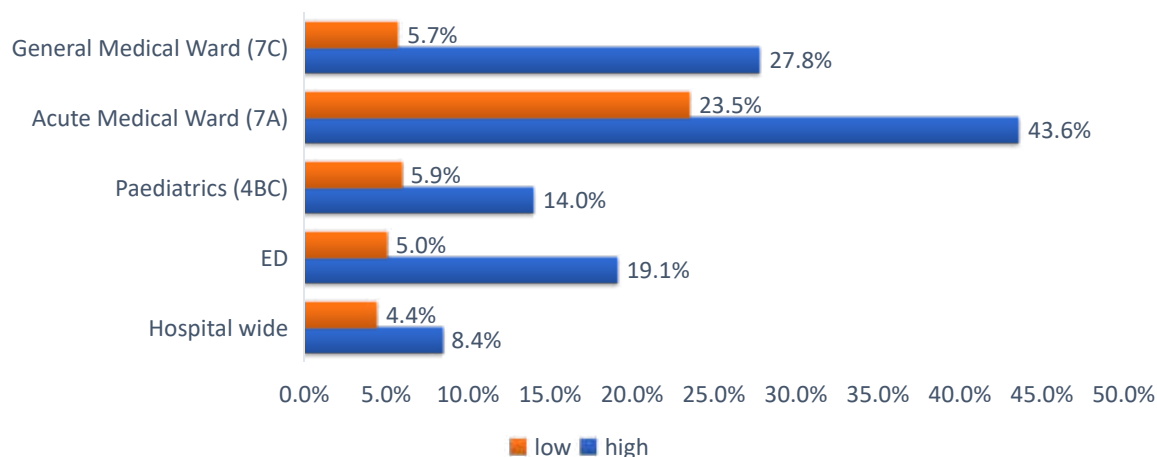


Major causes of deaths at ANGAU in 2019



An analysis of the 1,572 deaths across the hospital in 2019 highlights the prevalence of cancer: ANGAU is not yet able to present a good medical response to this condition due to a lack of up-to-date facilities and equipment. This indicator is sourced from the ANGAU Death Register which only records the deaths that have been certified/confirmed by a medical doctor and where a death certificate is issued to deceased's next of kin. Deaths which have not been certified by the medical doctor is not recorded in the death register.

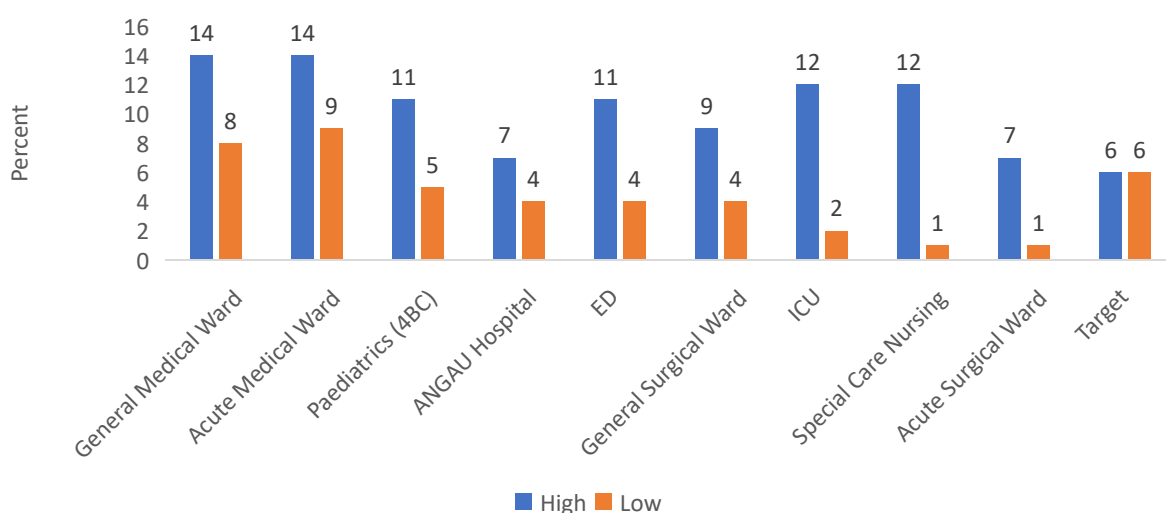
Comparison of 2019 high and low death rates (percentages) across hospital departments



Death rates are noticeably high in the Emergency Department, Internal Medicine Wards 7A and 7C and the Paediatrics Ward, against the target set by the hospital of 2.5 per cent of patients. (Figure 10). The overall hospital wide inpatient death rate was at 8.4% at the highest and 4.4% at the lowest.

Average Length of Stay (ALOS)

Average length of stay in selected wards Jan-Dec 2019 against target 6 days

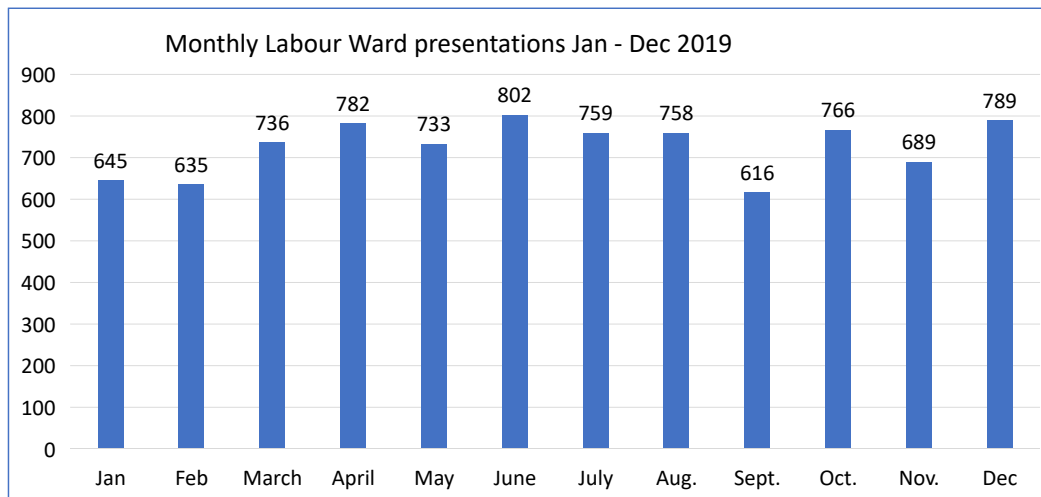


The ANGAU target for the ALOS in hospital is 6 days. An inspection of the data shows quite large variations in this across selected wards. The data for the Emergency Department is extreme: 2020 data should provide some explanation for this.

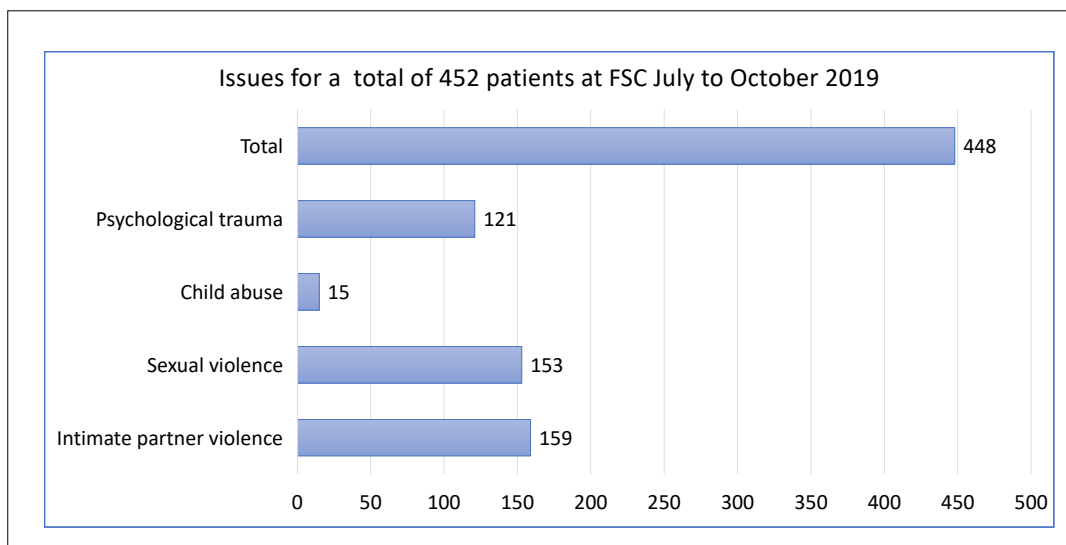
Extremes in ALOS are perhaps to be expected. Across the wards presented in Figure 22, the shortest ALOS is generally well within the 6 day target set for ANGAU, however the longer stays are well above the target.

The wards showing highest ALOS are generally the Internal Medicine wards, where the ALOS exceeds the hospital target even with low figures.

Monthly labour ward presentations in Jan – Dec 2019



Of the 8,710 labour ward presentations during 2019, 8,543 were admitted: a difference of 167 women who presented at the labour ward but who were not admitted. The reasons for this are not provided although ward surveys suggest that a major cause may be the lack of available beds; the birthing mother may not care for the option of sleeping or delivering on the floor. Figure 12, following)



Family Support Centre, opened in late 2018, supports people who have been affected by domestic or sexual violence. The building is in a secure fenced compound with security systems including an air lock preadmission lounge, two emergency escape doors, duress alarm system and a back-up fire hose. From July to the end of October 2019, 452 attendances had been recorded: approximately 8 were males and four (4) were people with a disability. Most attendances were for intimate partner and sexual violence. Sexual violence and intimate partner violence are the two most frequent issues for patients at the FSC. Note: The data currently records attendances rather than patient numbers, so that one patient may present for several issues: e.g. sexual violence and child abuse (if under 19 years of age). Currently it is not possible from the FSC records to understand the extent of presenting for several issues.

The number of attendances is likely not a true reflection of the real incidence of intimate partner or sexual violence: many of those experiencing this violence are unable or reluctant to seek assistance. The increase in attendance however.

PUBLIC HEALTH DIRECTORATE

ANNUAL PERFORMANCE REPORT 2019

1. INTRODUCTION:

The 2019 performance analysis illustrates the major performance of each program under health sector as well as major communicable and non-communicable diseases afflicting the Morobe Province, that is leading causes of mortality and morbidity, maternal health conditions as well as Diseases specifically affecting children and infants are discussed and presented as well.

This analysis is based on the information or data retrieved from the National Health Information System (NHIS). This provincial key indicators performance is a snapshot which will help the provincial and district program coordinators/managers and decision makers to allocate health sector resources to achieve the maximum results and increase effectiveness, efficiency and responsiveness in several ways to improve the health of the rural majority.

This performance report can be used to determine whether our plans and activities towards achieving goals and targets of health sector are progressing satisfactorily or whether there is a need for corrective actions to take to align our planned activities.

Most importantly, this report can be utilized to increase accountability within the health sector and allow the public, decision makers within the province, the elected representatives or donors providing funding and any other key resources to health sector to see the results and determine whether they are obtaining the value for the money they invested in the health sector.

Such a report is a very important tool that can be shared with key partners including donors so that other resources can be sourced to implement health program activities. The data and analysis are based on the information or data from NHIS from January to December 2019.

The annual report reflects and builds on the annual provincial health sector review workshop that was held last November 2019. The workshop brought together a wide range of health workers, health program coordinators including district health managers, church health services and

other health partners to report on their activities and reflect on the challenges they face in the nine districts of Morobe province at the program and agency level.

2. BACKGROUND AND OVERVIEW OF MOPHA:

Morobe Province is a province on the northern coast of Papua New Guinea (PNG). The provincial capital is the Lae city. The province covers 33,705km², with a population of 903,484 (2019 projection), and it is the most populous province in PNG.

Morobe Province has 53 reporting health facilities which include hospitals and small health centres with 342 Aid posts scattered across nine districts and 33 Local Level Governments (LLGs) in the province.

Morobe Province was been ranked as the third worst performing province in 2018 out of 22 Provinces and has been in the bottom five worst performers over the past 5 years (National Department of Health Report 2014 – 2018).

Healthcare services in the province are provided through the combined actions of the government, non – Government Organizations (NGOs), Faith Based Organizations (FBOs) and private clinics that vary in their missions, resource allocations and operations. However, overall goal of the health service providers is to provide effective and evidence-based health interventions to improve health status of the population in Morobe province.

3. DEMOGRAPHIC INFORMATION

According to the 2011 census, the population of Morobe Province was 674,810 and has an annual average growth rate of 2.1% and contributes 9.3% to the PNG total population. The population has increased rapidly in the last nine (9) years with the demand for quality health care services growing especially in the rural areas.

Table 1 below shows the 2019 population projection by district and other district demographic information.

District	District Pop (2019 Projection)	Growth Rate	# of LLG	Land mass	# of village/Settlements	# of wards
Bulolo	129,361	2.5	6	7180	351	69
Finschaffien	75,854	1.7	5	2642	223	73
Huon Gulf	99,699	2.4	3	7401	248	65
Kabwum	70,153	0.34	4	2778	208	66
Lae	199,619	2.1	2	1314	107	23
Markham	82,691	2.2	3	4311	322	63
Menyamya	114,812	2.3	4	3729	340	60
Nawaeb	58,723	2.2	3	3129	194	46
Tewae Siassi	72,571	2.1	3	2535	161	53
Province	903,483	2.1	33	3393	2154	495

Table 2 below shows that district 2019 population distributions by age breakdown and expected births.

District	Total Pop (2019 Projection)	Population < 1 Year	Population 1-4 Years	Population 15 - 44 Years (Women)	Estimated Births
Bulolo	129,361	4,102	14,962	29,969	4,528
Finschaffien	75,854	2,405	8,773	17,573	2,655
Huon Gulf	99,699	3,161	11,531	23,097	3,489
Kabwum	70,153	2,225	8,114	16,252	2,455
Lae	199,619	6,330	23,088	46,246	6,987
Markham	82,691	2,622	9,564	19,157	2,894
Menyamya	114,812	3,641	13,279	26,598	4,018
Nawaeb	58,723	1,862	6,792	13,604	2,055
Tewae Siassi	72,571	2,301	8,394	16,813	2,540
Province	903,483	28,649	104,497	209,310	31,622

As you can see in the above table, population of Morobe province has been increased dramatically in the last nine years but the funding and the number of health facilities in the province remains constant. There were almost 32,000 births expected in 2019 adding to the current population and this is a burden to the government and other service providers in the

province.

There is a need for proper awareness and health interventions to ensure that families can plan the number of children they have to maximise the health of children and mothers. Family planning interventions such as contraception may reduce the size of some families. This can mean more resources within a family to care for their children

and when combined with safe maternity care could lead to better health outcomes for newborns.

4. PILLARS OF HEALTH SYSTEM

4.1. Governance and Leadership

The leadership is very important in any organization including health sector for the effective delivery of the healthcare services to its population. The purpose of health leadership is to ensure that strategic policy frameworks exist in the system and to make sure partnerships, accountability, governance and leadership are strengthened at all levels for the effective and safe delivery of health care services in the province.

MoPHA is a newly established Provincial Health Authority in PNG and it was established on the 20th of June 2019. In the previous years, Angau Hospital (curative health) operated under the Hospital Act and report directly to the National Department of Health (NDoH) whilst Primary Health (Public Health) operated under the Provincial and Local level Government Act and reported to the Provincial Administrator through Deputy Administrator Social Services. However, this was merged into one system through Provincial Health Authority (PHA) Act 2007 on the 20th of June of 2019.

Under the new health system (PHA), we have the PHA board, the Chief Executive Officer (CEO) and the directors and include Director Medical Services, Director Public Health, Director Corporate Services and the Director Nursing Services which make up the Senior Management Team (SMT) and they report to CEO and the CEO reports to PHA board. The Curative Health and Public Health including district and church health services is absorbed into one system in terms of human resource, finance, decision making and service delivery.

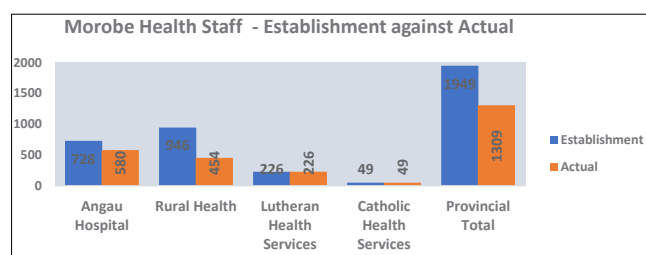
4.2. Human Resources for health

The World Health Organization (WHO) states that human resources are very important assets in any organization that wishes to meet its goals and objectives. The health sector is made of the organizations that entirely depend on the knowledge, skills, motivation and deployment of the people in delivering the quality healthcare services to its population.

To improve the healthcare service delivery in

Morobe province, we need qualified, skilled and committed health workers to deliver effective healthcare services to the 900,000 plus population of Morobe province.

Figure 1 below shows the health personnel establishment against the actual in Morobe province by agencies.



As seen in the graph, the primary health care (public health) has 48% of the funded positions occupied while 52% of funded positions were not occupied. For the curative health (Angau Hospital), 81% of the funded positions were occupied while remaining 19% are yet to be occupied.

The lack of human resources in health sector in the province is one of the major contributing factors to the poor health outcomes each year and this needs to be addressed for the betterment of the increasing population in the province.

The strengthening of health workforce is therefore seen as priority for Morobe PHA. Strengthening health workers in the areas of recruitment of new cadres, training, planning, deployment and managing of the current workforce are areas that need attention from decision makers at the Morobe PHA.

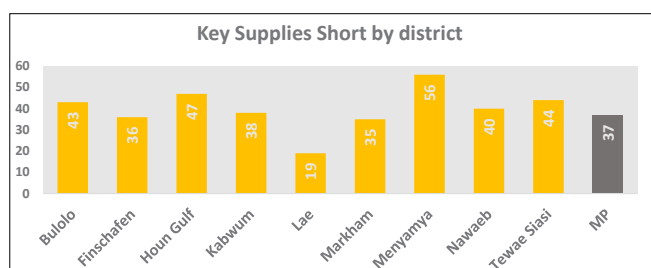
4.3. Essential Drugs, and Commodities

The lack of availability of medical supplies at health facilities is a big problem in PNG and this has been investigated at the national level. The lack of medical supplies has a negative effect on the health facilities in Morobe province as well. Having equitable access to essential medicines, vaccines, and commodities that are of good quality, safe, cost effective distributed and in timely manner is a major challenge from the national down to the provincial levels. Morobe Province has been facing the shortage of medical supplies and commodities for at least five years.

Furthermore, the recent investigation of

procurement, management and distribution of medical supplies and commodities in the country found that the management of drug supplies was weak in several areas. The regulation, guidelines for procurement, distribution, drug use, and management tools were under-developed, and the management system at the national and provincial levels was lacking. This contributes to the shortage of medical supplies in most of the rural health facilities in the country including Morobe province.

The figure 2 below shows the medical supply shortage reported through reporting health facilities in the province in 2019.



Source: National Health Information System, PNG, 2019

To address the issues of medical supplies and commodities shortages, the electronic medical supply (M supply) project was developed and rolled out in Morobe province in 2019 with support from World Vision PNG and other development partners.

The officers responsible for the dispensary at the health facilities and officers in charge (OICs) of 63 health facilities were trained and given a tablet each and are currently using those tablets for ordering, and for stock management of medical supplies and commodities.

Due to the continuous shortage of medical supplies and commodities faced in Morobe province, the Morobe PHA Directorate of Public Health spends almost K200,000 every year for the procurement of medical supplies and commodities supporting districts and rural health facilities in the province.

4.4. Health Financing and Expenditure

The health financing is very important component in the health system, cutting across all areas of human resources for health, drugs and commodities and to the building and

maintenance of physical infrastructure and health information systems.

Under public health (formerly the Provincial Division of Health), there are two sources of funding that are used to fund the primary and public health services in the province. One of the sources is the provincial grant that is raised through provincial internal revenue. The other funding source is from the external development partners. The partners are also financing the health care services in Morobe province through Health Sector Improvement program (HSIP). Previously the Directorate of Public Health (formerly the Provincial Division of Health) received the National Health grant. However, Morobe province was cut from the National Health Grant because Morobe province has the high internal revenues. The provincial government was supposed to use its internal revenues to fund health services in the province. However, national government was cut, and the Provincial Government did not fill the gap left by the loss of the National Health Grant.

The national government still supports provincial health with funding for other program activities like training and funding during the outbreaks of immunisable diseases.

4.4.1. Health Sector Improvement Program Funding & Expenditure

It has been a very challenging year for the Morobe PHA Directorate of Public Health and the Accounts section in the directorate. The outbreak of polio and Measles Rubella in mid-2018 to early 2019 has caused fluctuation of funding into HSIP Trust Account.

In 2019 alone, total of K 3, 547, 935.00 donor funds were received. Out of this Funds K3, 300, 217.00 was funded by World Health Organization (WHO) for Polio and Measles & Rubella activities in the Province.

The HSIP Trust Account received funding and spent the allocations within the time frame set by the respective donors for specific activities/ programs. For Polio and Measles & Rubella activities, the funds were expended within two weeks.

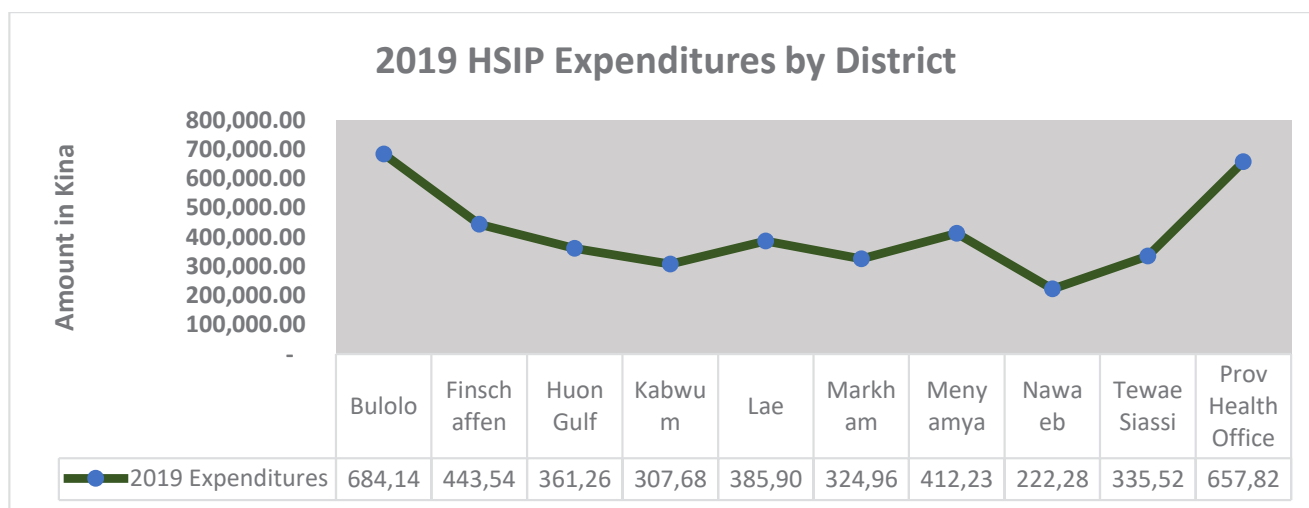
Table 3 below the 2019 HSIP funding expenditure by programs.

Programs	2019 Expenditures (K)
General Administration	32,344.52
Urban Health Facilities	12,345.90
Rural Health Facilities	117,877
Family Health Services	3,902,658.62
Disease Control	70,164.10
Environmental and Water Supply	0
Health Promotion and Education	0
Medical Supplies and Equipment	0
Human Resources Development	0
Support Services	0

Source: Morobe HSIP Financial Report, 2019

For the programs expenditure, much of the funding was given to Family Health Services (FHS) compared to other health programs in 2019. Whilst other important health programs are captured or funded under the HSIP in year 2019.

The figure 3 below presents the 2019 HSIP funding expenditure by districts in Morobe Province.



According to 2019 HSIP annual financial report, the main sources of funding are from UNICEF, WHO, DFAT which supplement the National and Provincial government funding in financing the health care programs activities in the districts, Bulolo, Finschaff and Menyamy districts have spent above 400,000 compared to other districts in the province.

The HSIP Trust Account received funding and spent within the time frame set by the respective

donors for specific activities/programs.

For Polio and Measles & Rubella activities, the funds were expended within two weeks. However, the challenges encountered are manpower and the limited space in the HSIP section and it needs additional manpower and space to execute its activity in terms of receiving and disbursing funds to support health programs in the province.



4.4.2. Provincial Government funding & Expenditure

The 2018 and 2019 was a very challenging year because of the Polio Emergency declared on the 16th July 2018. From that date till the December, all our resources were put forward to support the Polio and it thus contained the spread of Polio in the Province.

The major component of funding was through the Morobe Provincial Government through our Recurrent funding 782. The first K450, 000 was transferred into the Health Sector Improvement Programme Trust Account (HSIP) which was mostly used to support Polio Round one and Polio Round two. The K450, 000 was from the Minimum Priority Areas (MPAs), and that is as follows:

1. K100,000 – Management and Coordination 2.

K150,000 – Integrated Health Patrol 3. K200,000 – Medicine & Medical Supplies

Half of the funding was spent on chopper charters to the hard to reach areas (HTRA) to drop off officers and logistics as well as picking them up again.

The 3rd and 4th quarter budget was used to support the 3rd and 4th Round of Polio. The funding came from different programs to support the Polio response in terms of allowances, vehicle hire, fuel, stationeries and chopper hire. The budget from World Health Organization did not fully covered the items and Directorate of Public Health used the Provincial Government 782-funding to fund the remaining activities which resulted in 100% coverage of Polio across the province.

The table 4 below outlines where the funding committed from to support Polio.

PROGRAM ME	ALLOWAN CES	STATIONER IES	FUEL	VEHICLE HIRE	CHOPPER/PL ANE	OTHERS	TOTAL
Integrated health patrol	K73,480.00	K12,933.87	-	K11,625.00	-	K8,300.00 (Surveillance training & deceased)	K106,338.87
Medical Supplies	-	-	K40,000.00	-	K49,701.28		K89,701.28
Environmental Health	K16,560.00	K6,680.00	K20,000.00	K71,345.00	K31,222.42		K145,807.42
GRAND TOTAL	K90,040.00	K19,613.87	K60,000.00	K82,970.00	K80,923.70	K8,300.00	K341,847.57

BREAK UP FOR 450,000- TO HEALTH TRUST ACCOUNT TO SUPPORT POLIO

PROGRAMMES	ACTIVITIES	AMOUNT
POLIO EMERGENCY	CHOPPER	200,000.00
	Vehicle Hire	46,500.00
	Fuel	40,000.00
	Allowances	30,000.00
	Stationeries & toners	13,501.21
	freight charges/gas refills)	23,416.44
	cash handing fees (bank fees)	8,128.60
TOTAL POLIO EXPENDITURE		361,546.25
Admin	Vehicle maintenance & stationeries	42,902.00
Integrated Health Patrols	TB AND MALARIA PROGRAMME	24,920.00
Medical Supplies	MEDICAL SUPPLIES - EMERGENCY	20,000.00
TOTAL		87,822.00
GRAND TOTAL		449,368.25

Table 5 below presents the summary of Minimum Priority Areas expenditures for 2018

PROGRAMME	ACTUAL APPROPRIATION	CFC RELEASED	ACTUAL EXPENDITURE	BALANCE	COMMENT
Integrated health patrol	K300,000	K300,000	K299,988.82	K11.18	K150,000 – HSIP account for POLIO
Medical Supplies	K400,000	K400,000	K385,699.28	K14,300.72	K200,000 – HSIP account for POLIO
Environmental Health	K400,000	K400,000	K397,592.76	K2,407.24	
Health Administration	K150,000	K150,000	K150,000	-	
Management & Coordination	K100,000	K100,000	K100,000	-	K100,000 – HSIP for POLIO
medevac	K3,000,000	K3,000,000	K2,996,546.00		
Health Facilities Upgrade	K100,000	K100,000	K99,514.63	K485.37	
TOTAL	K4,450,000.00	K4,450,000.00	K4,429,341.749	K17,204.51	



From the summary, the total of K4, 450,000 was allocated to Directorate of Public Health in 2018. From that K3 million was for MEDIVAC/Mama Programme and 1,450,000 was for the Minimum Priority Areas (MPAs).

From K1 million K703, 393.82 was used to support Polio Emergency and K746, 606.18 was used to support other Programmes like Malaria, TB, Community Environmental Health and General Administration.

SUMMARY OF THE EXPENDITURE 2019 – MPAS

PROGRAMME	ACTUAL APPROPRIATION	CFC RELEASED	ACTUAL EXPENDITURE	BALANCE	COMMENT
Integrated health patrol	K300,000	K300,000	K300,000	K0.00	The fund is distributed to all programmes: TB, Malaria, Family Health & disease control.
Medical Supplies	K400,000	K400,000	K400,000	K00.00	Paid medicines for emergency and freight charge through plane & chopper.
Environmental Health	K400,000	K400,000	K400,000	K00.00	Mainly used to support CHPs at Garasa and Umba and Yamaya.
Health Administration	K100,000	K100,000	K100,000	-	Stationeries, fuel & official travel by staffs to districts.
Management & Coordination	K100,000	K100,000	K100,000	-	Stationeries, fuel & official travel by staffs to districts
medevac	K3,000,000	K3,000,000	K3,000,000	-	K2.5 M to chopper for mama programme and health medevac K500, 000 for patient's repatriation.
Health Facilities Upgrade	K100,000	K100,000	K100,000.00	-	Minor maintenance for Malaria conference room. Materials all purchased and need to be maintained this year.
District transfers to 9 districts.	K2,700,000(Each district receives 300,000 each)	K2,700,000	K2,700,000	-	Each district to give their reports.
TOTAL	K7,100,000	K7,100,000.00	K7,100,000	K0.00	

Due to the scarcity of healthcare resources and competing health program needs, the provincial Senior Management Team (SMT) prioritised the allocation of funds through their finance and management meetings to allocate funds for health care programs.

Program managers/coordinators submit their quarterly and annual activity plans, but the nonavailability of funding is a major factor that hinders the effective and timely delivery of healthcare services in the province.

4.5. Health Information Systems

The National Health Information System (NHIS) underpins all the data generated by the health system from the reporting health facilities. Reporting includes the health program levels at the district and provincial level. The data generated from the NHIS was used to inform decision making and planning across the whole health sector within the province and the country. The previous NHIS system version includes the paper-based forms used to collect data at the facility and program levels and submitted to provincial and national levels which are then entered into the electronic databases used to monitor and measure the health programs, facility and district performances. NHIS remains a challenging area for Morobe

province and PNG, with multiple health programs operating reporting systems in parallel. Especially TB, HIV/AIDS, surveillance and other important hospital wide indicators. The lack of one health system reporting integration between these different reporting systems hampers the progress in the use of data to drive effective planning and decision making at all levels both within and outside of health sector.

However, 2019 (March – July) was the turning point for Morobe Province. The Electronic National Health Information System (ENHIS) was introduced and implemented in the province. The 53 reporting health facilities in the province were given one tablet each and are currently using the tablet-based reporting on daily basis. The new electronic reporting system now makes the data collection and reporting easier and in timely fashion for effective planning and decision making.

4.6. Health Service Delivery

In Morobe province, it is estimated the public or government delivers about 70% (37/53) of the total health services and the non-government organizations and church health services provides the 30% (16/53) of the health services supplement the public health services across the province while a small number of for profit private clinics are confined in the urban setting especially in Lae city.

See table 6 below the health facility distribution by district.

District	Rural/prov Hospital	Health Centre	Aidpost Open	Aidpost Closed	Unstaffed
Bulolo	1	6	24	29	9
Finschaffien	1	6	24	12	5
Huon Gulf		4	25	18	0
Kabwum		6	15	22	0
Lae	1	10	5	0	0
Markham		3	31	7	5
Menyamya		5	23	17	3
Nawaeb		4	19	15	2
Tewae Siassi	1	5	28	14	0
Province	4	49	194	134	24



Ensuring the availability of quality health services that communities can access is a key function of any health system and this always need to be maintained and sustained. However, most of the health facilities in the province are not meeting the National Health Service Standard (NHSS) and almost 49% of the Aidpost are closed and unstaffed. The closed aid posts are aid posts that are permanently closed, and the unstaffed aid posts are aid posts that have existing buildings but have no health worker on the ground. There were several health infrastructure developments taken place in Morobe Province in 2019 like Bulolo Health Centre was upgraded to District Hospital, Garasa and Yamaya Community Health Posts (CHPs) in Bulolo and Menyamya districts were commissioned last year and it will fully operational this year and onwards. In addition to the availability of health services meeting the minimum quality standard, improvements are required to improve the accessibility of services including proximity to where our people live. The PHA needs to look at ways to deliver programs that are cost effective,

respect customs/culture barriers, and geographic accessibility.

The available of data (Inventory Report, 2019) shows that most of the health facilities need medical equipment, infrastructure, transport system and other essentials for health facility operation such as water and electricity so that the facilities can operate to provide its core function as per the NHSS.

5. PROGRAMS ACHIEVEMENTS

5.1. General Indicators

5.1.1. Reporting Rates

There are 53 reporting health facilities in Morobe province which include sub health centres, health centres and urban clinics including hospital. These facilities provide their monthly summary reports to the provincial office through tablet base reporting system.

It is a must that health facilities provide report monthly so that their performance can be measured against the resource allocation, targets and for timely decision making.

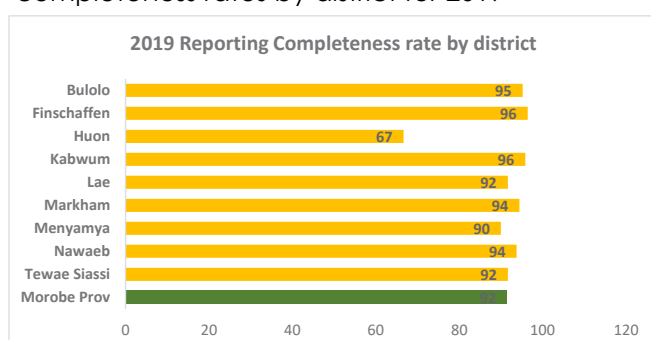
The table 7 below shows the 2019 reporting rates by district

District	No. of HF	Reports Expected (Jan - Dec)	Reports Received	Completeness rate
Bulolo	7	84	80	95
Finschaffien	7	84	81	96
Huon	4	48	32	67
Kabwum	6	72	69	96
Lae	11	132	121	92
Markham	3	36	34	94
Menyamya	5	60	54	90
Nawaeb	4	48	45	94
Tewae Siassi	6	72	66	92
Morobe Prov	53	636	582	92

Source: Electronic National Health Information System (ENHIS)

All districts reporting rates are above 90% except Huon District which is 67%. Some facilities in Huon districts are closed for some months and there was no permanent staff in manding some of the health facilities in the district. There was poor supervision from the district office to health facilities to supervise and provide guidance to the staff at the health facilities thus resulting in poor performance and reporting rate compared to other districts in the province.

The figure 4 below shows the reporting completeness rates by district for 2019

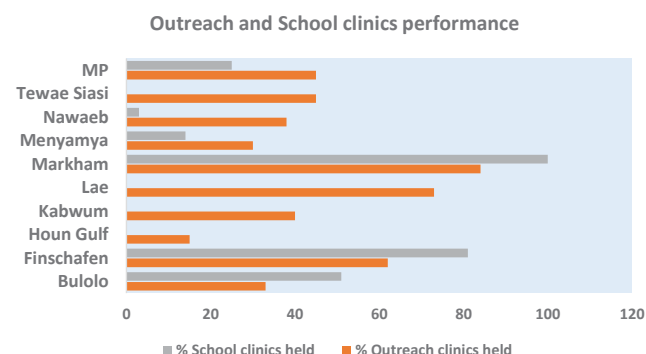


As of Tuesday, 21st of January 2020, Morobe province has recorded 92% as provincial average and Finschaffien and Kabwum districts reported highest in terms of reporting compliance. Most of the health facilities reported however, some of the reports submitted are incomplete reports and officers were called to provide the missing data for provincial officers to approve the reports. It takes time for the health facility officers to provide missing data due to communication issues especially for rural health facilities.

5.1.2. Outreach and School clinics performance.

The outreach and school clinics are very important, they provide a key platform for preventative child health and an opportunity for health education. Effective outreach and school clinics reduces outbreaks of vaccine preventable diseases and through this program children in remote areas and in schools are vaccinated against the immunisable diseases.

The figure 5 below shows the outreach and school clinics held in 2019 by district.



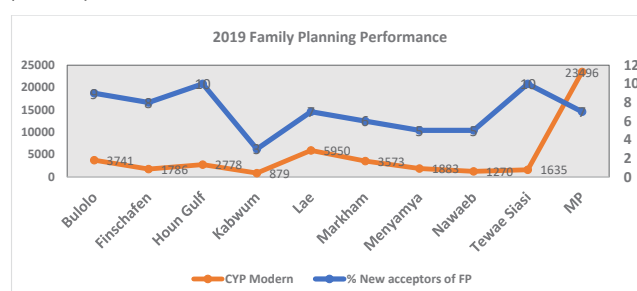
As you can see in the above graph, some of the districts like Kabwum, Huon, Lae and Tewae Siassi did not carry out school clinics in whole of 2019. Outreach clinics were very poor which contribute to the less than 50% coverage for the Morobe province. Outreach and school clinics are very important program under child health for growing healthy children for province.

5.2. Family Planning

The provision of Family Planning (FP) services and distribution of FP commodities in all health facilities in Morobe province is very vital as it has a direct effect on the population growth and for the health of the childbearing age women in the province.

Most of the health facilities in the province including non-government organizations (NGOs) such as Susumamas PNG and Marie Stopes provide FP services with the support of other development partners.

The figure 6 below shows the Couple Year Protection (CYP) and new acceptors of FP in Morobe province by district.

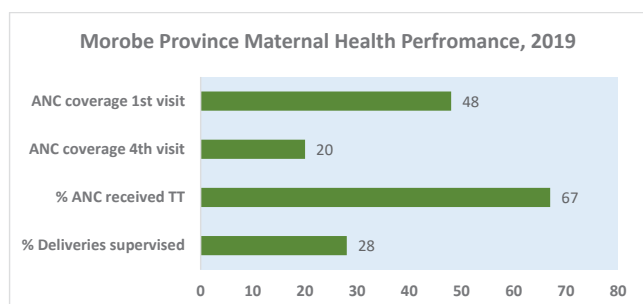
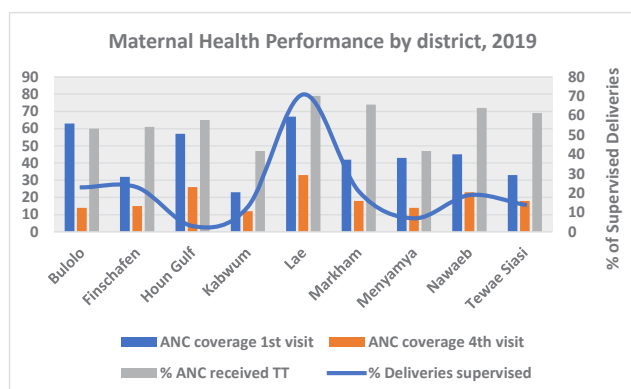


The new acceptor of FP coverage is very poor in 2019 because most of the districts including provincial coverage is 10% and below. To ensure effective planning and coordination of FP services in the province, all service providers of FP including development partners must work in collaboration to deliver FP services and commodities in Morobe province.

5.3. Maternal Health

The provision of maternal health services is very important, and this has been routinely carried out in most of the health facilities in the province. An antenatal care is an indicator that measure access of services by the pregnant women, but this indicator has been decline in the last five years (2015 -2018).

The figure 7 below presents the maternal health key indicators for Morobe province by district.



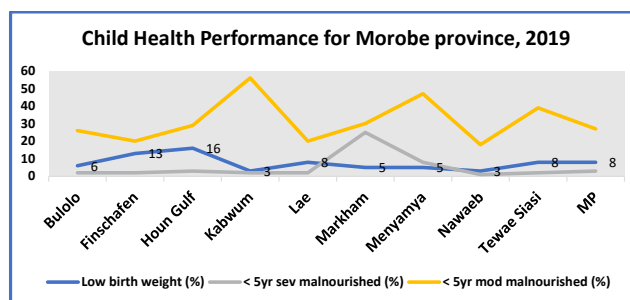
There is a huge drop out in the ANC 1st visit coverage with the 4th visit coverage. Most pregnant mothers' visit health facilities in their first visit but missing out in other ANC visits. There is a high dropout rates in all districts in the province. Morobe province recorded less than 50% in all maternal health indicators except ANC received Tetanus Toxoid (TT) was 67% in 2019. All these indicators need to be improved

especially for supervised deliveries which for province is currently 28%. This means that most deliveries in rural communities are not supervised by professional health workers.

5.4. Child Health

Child health program is very important and remains the core health program in the health system. Morobe province measures province measures the weight of children to determine the numbers of children moderately or severely underweight under five years of age who have attended and been weighted at MNCH clinic and weighted less than 80% of the standard weigh for age.

The figure 8 below presents the key child health indicators for the Morobe province.



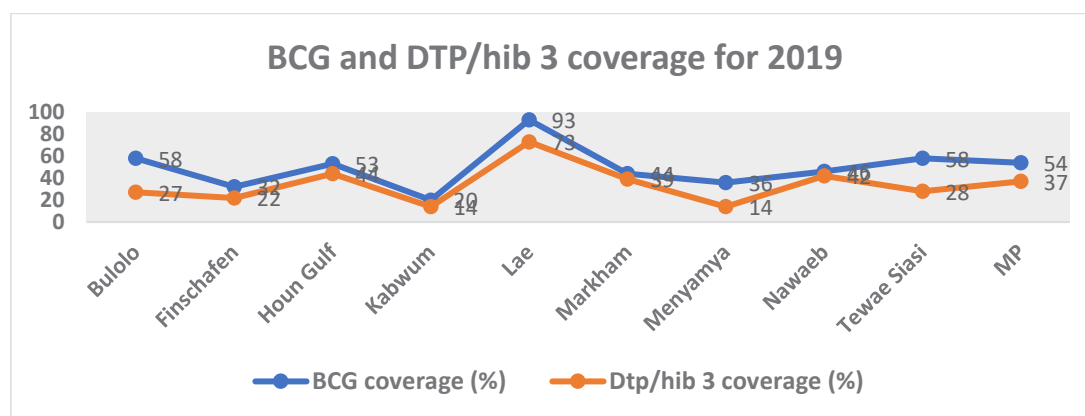
The moderate malnourished under five years old was reported highest in Kabwum, Menyamya and Tewae Siassi districts in 2019. For under five severe malnourished, highest percentage was reported in Markham (25%) and Menyamya (8%) districts of Morobe province.

For low birth weight (LBW) were recorded highest in Huon, Finschafen which are higher than the national average which is less than 8% while provincial average for 2019 LBW was 8% which was same as the national average. Generally, the children born in health centres and hospital in the province were weight less than 2500 grams.

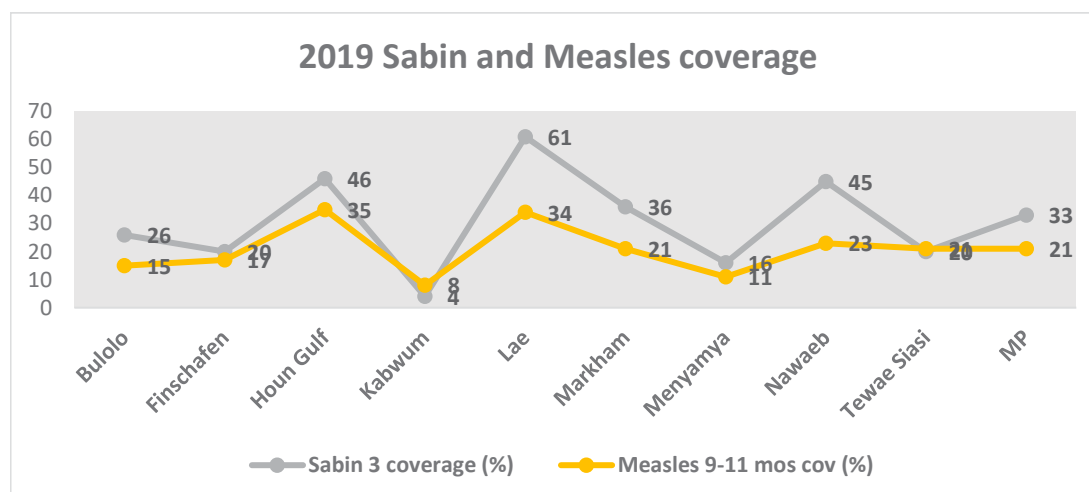
5.5. Immunization Coverage

The vaccine preventable diseases are a major cause of morbidity and mortality among children in Morobe and PNG. The Expanded Programme on Immunization (EPI) is the most important strategy to reduce illness and death from vaccine preventable disease in children.

The figure 9 below presents the 2019 immunization coverage for Morobe province



The districts that reported above 50% in BCG are Lae, Markham, Tewae Siassi, Bulolo and Huon Gulf while another district recorded less than 50% in 2019. DTP/hib 3 coverage was poor in all district as all districts reported less than 50%.



Generally, province performance was very low in measles and Sabin coverage as all districts performed below 50% except Lae district which was 61% in sabin 3 coverage. The immunization program is very vital for the prevention of immunisable diseases and it needs resources including funding to carry out its core activities to improve these indicators.

To support and improve the coverage there were total of 12 vaccine distributions done at the provincial level in 2019 to districts with gas cylinders distributed to 10 health facilities to maintain cold chain system at the health facilities in the province.

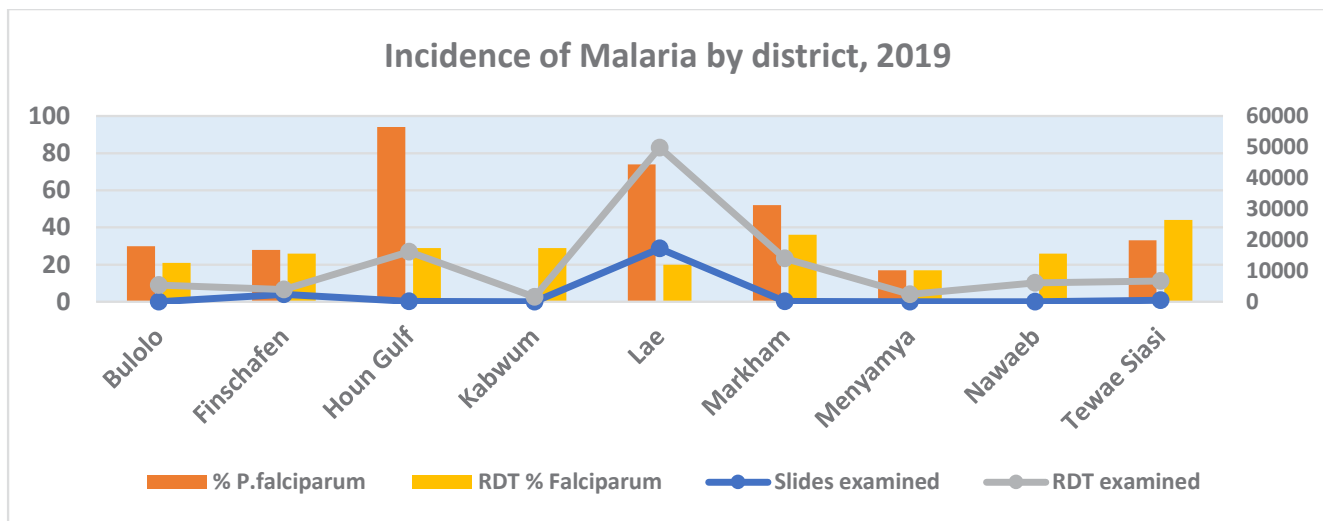
The much needed logistical and coordination were done, however, the 2019 performances were not as expected due to many contributing factors such as non-functioning of freezers especially in

Kabwum districts was very challenging. The EPI program also needs trained officers (electrician) to carry out routine maintenance on the vaccine refrigerators in all facilities for effective and timely delivery of EPI program and activities in the province.

5.6. Malaria Performance

Malaria remains an intractable problem in PNG including Morobe province and is the second most common cause of admission in all health facilities in the province. It affects all age groups, but most common in children and with serious consequences in pregnancy.

See figure 10 below the Malaria performance for 2019 which reported through the Electronic National Health Information System (ENHIS).



As shown in the graph, there was a high incidence of Malaria in Houn, Lae, Markham and Tewae Siassi districts reported in 2019. The good news for the malaria program is that most districts and health facilities are now started to use Rapid Diagnosis Test (RDT) to test malaria.

According to Malaria School Survey on the prevalence of malaria conducted in 2019, it was identified that Houn, Markham and Lae districts are ranked as high Malaria burden districts. The low burden districts are Menyamya and Kabwum while the moderate districts were Finschafen, Tewae Siassi, Nawaeb and Bulolo district. It was also confirmed that all malaria drugs and commodities had adequate stocks and all reporting health facilities received their stock in all quarters in 2019. The Long-Lasting Insecticide Net (LLIN) household distribution was done in ward two of Lae city which total of 5,272 nets were distributed. The seven (7) districts in Morobe province were covered in 2018 and two (2) other

districts (Markham and Tewae Siassi) was covered in 2017.

The challenge for the Malaria program is that there is a missing malaria data when ENHIS was introduced because some officers were not clear about revised books and tally sheets. The clinical cases and clinical deaths were still reported despite availability of RDT and laboratory services.

5.7. Tuberculosis (TB) Performance

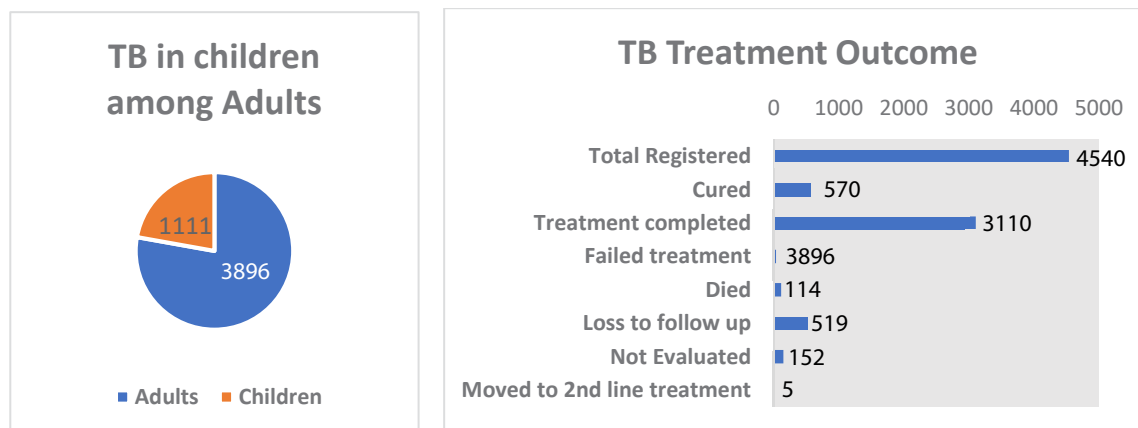
Tuberculosis (TB) remains a public health treat in the world and especially in PNG. It is estimated that TB kills more adults and occupies 13% of the hospitals and health beds compared with other infectious disease.

There is a great need for all partners and stakeholders to continue to scale up efforts and in controlling TB in Morobe province as the province contributes to the national TB program performance and outcome.

Table 8 below shows that TB case Notification for Morobe province

2014	2015	2016	2017	2018
3266	3828	4074	4482	5007

The figures 11 & 12 below show the TB among children and adult and the treatment outcome for Morobe province



The 22% of the children were diagnosed with Tuberculosis of which adults were the host to the TB bacilli. For treatment outcome, total of 4540 were registered and only 570 or 13% of the registered patients were cured and 114 (2%) of patients have died. Large number of patients have treatment completed but are yet to be confirmed on their outcome.

5.8. Surveillance

The system strengthening around emergency preparedness and response allowed Morobe

province surveillance team to effectively respond to the Polio outbreak in 2018 and 2019. With the outbreak of circulating vaccine derived polio virus in PNG in April 2018, most of the surveillance effort was concentrated in Polio Response. Since the outbreak 7 rounds of supplementary immunization was carried out with the country wide campaign of Measles Rubella (MR) campaign towards the end of 2019. The table 9 highlights polio outbreak performance indicators and surveillance activities implemented, challenges and recommendation.

AFP Cases 2018 & 2019

District	2018	2019
Lae	12	7
Finschaffien	3	
Markham	2	1
Menyamyia	4	1
Kabwum	0	
Huon	1	
Nawaeb	0	
Bulolo	2	1
Tewae Siasi	0	1
TOTAL	24	11

Active HF: Angau hospital, Haikost, Menyamyia, Mutzing, Bulolo, Etep, Salamaua, Boana, Wau

The table 10 show the AFP surveillance performance indicators

Province	Priority	Under 15 years population (2019)	Minimum # of AFP cases to be reported in 2019	# of AFP case reported as of Epi_week 43		# of AFP cases with adequate stool specimen	%AFP cases with adequate stool specimen	Annualized NP_AFP rate as of Epi week 43
				< 15 years	>= 15 years			
Hela	High	116097	4	1	0	0	0%	1
Central	Low	133846	3	9	0	4	44%	8
Western	High	92224	2	3	2	2	40%	4
East Sepik	High	206355	7	6	2	5	63%	4
Madang	High	229874	7	9	1	6	60%	5
Eastern Highlands	High	267708	8	15	1	13	81%	7
Western Highlands	High	175767	6	10	0	7	70%	7
West Sepik	High	114693	3	5	0	4	80%	5
Milne Bay	Low	126650	3	3	2	3	60%	3
Jiwaka	High	201900	7	11	0	7	64%	7
NCD	High	177801	6	36	3	28	72%	24
Northern(Oro)	Low	89531	2	22	4	22	85%	30
Morobe	High	296962	9	12	0	11	92%	5
West New Britain	High	129040	4	7	1	6	75%	7

The summary and outcome of activities conducted by the surveillance team in 2019

1. Surveillance training – 9 districts completed (ODK and community sensitization training
2. Surveillance on vaccines preventable diseases and 8 notifiable syndromes
3. Advocacy communication and social mobilization
4. Number of Facility submitting weekly syndromic report using ODK has increased from 5 to 36
5. We responded to number of outbreaks of diarrhea in Nawaeb and Influenza like illnesses in Bulolo districts. We were unable to go to Biawaria area because of cost and outstanding of chopper.
6. Polio outbreak response is ongoing activities
7. Routine microplanning for heightened routine immunization - done
8. Field Epidemiology training: Nawaeb, Bulolo, Markham have already trained Field Epidemiologists trained by WHO CDC and NDOH. The district FET graduates assist Provincial surveillance team to do vaccines preventable disease surveillance and conduct outbreak response activities in the Province. Three of Morobe participants are undergoing advance field Epidemiology training this year which will go on for 18 Months.
9. Zone Surveillance coordinators (FET graduates) were selected in the 1st surveillance meeting in December 2020. This is to ensure every health facility submits weekly public health event surveillance report and rapid outbreak investigations happens.

The key challenge for the surveillance was logistics as there was no full-time vehicle for surveillance and readily available funding to

respond to outbreaks and to carry out supervisory visits to districts and health facilities. To overcome these challenges, vehicle and funding should be made available for them to effectively carry out their activity in the province.

5.9. SIA (Polio & MR) Campaign

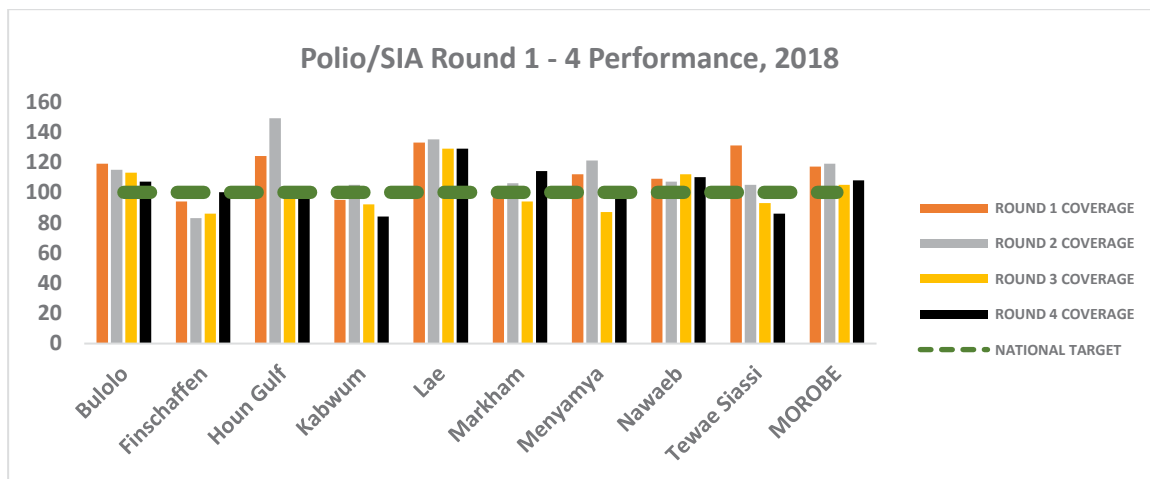
According World Health Organization (WHO), Poliomyelitis (Polio) is a highly infectious viral disease, which mainly affects young children. The virus is transmitted by person to person and spread mainly through the faecal oral route or, less frequently by a common vehicle such as contaminated water or food and multiples in the intestine, from here it can invade the nervous system and can cause paralysis.

There was a Polio outbreak in PNG in 2018 and 2019 and the first index case was from Lae in four (4) miles settlement areas. PNG government declared a National Public Health Emergency on the 26th of June 2018 in response to the outbreak of Polio.

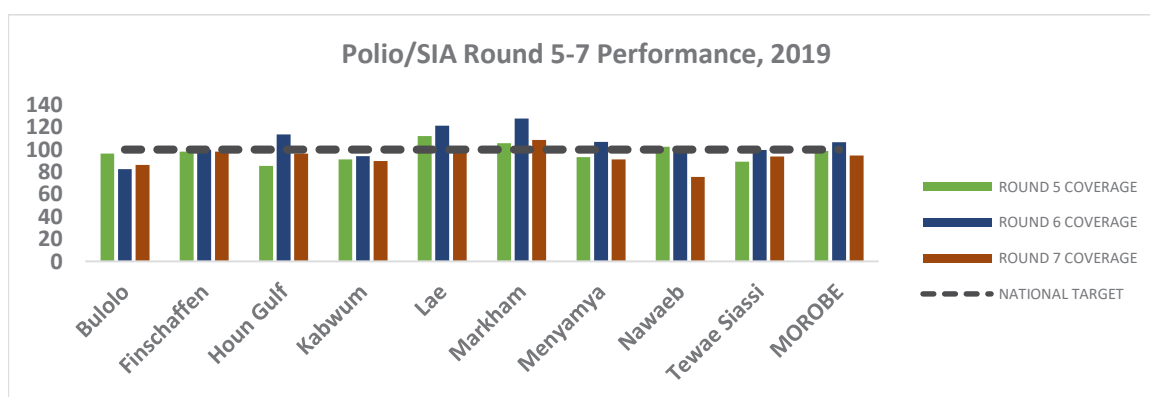
With the support of the development partners such as WHO, UNICEF and other key stakeholders, there were a total of seven (7) rounds of Polio campaigns done in PNG including Morobe Province. Rounds one (1) to four (4) in 2018 and rounds five (5) to seven (7) in 2019.

All the resources including funding and human resources were diverted to Polio response and the children target of 0-14 years of age were vaccinated against polio in the polio campaigns.

See figures 13 & 14 below the Morobe performance by district for polio campaigns in 2018 – 2019



In rounds 1-4 in 2018, the Morobe province performed extremely well in meeting the national target which is 100%. However, some districts within province are not performed well due to manpower, logistics, geographical and other religious beliefs issues and challenges. Not call targeted children were covered and some children were missed out in getting vaccination during those polio campaigns.



In Polio campaigns rounds 5 – 7 in 2019, performed above 100% in round 6 which is 107% and performed below national target in round five (99%) and round seven (95%). Bulolo and Kabwum districts have not met the national targets in these rounds of Polio campaigns due to some external contributing factors such as weather, law and order issues and most importantly is funding issues.

5.10. Environmental Health and Sanitation

Many of the major causes of admissions or disability and even deaths in Morobe province and PNG is partly contributed by environmental

health and sanitation.

The Key Result Area (KRA) 7 in the National Health Plan 2011 -2020 is to address environmental health and sanitation issues such as diarrhoea, respiratory tract infection and high prevalence of stunting and wasting in children under 5 years. Health Promotion and Prevention, Promote Healthy Village Concept, Food Safety and Security, Promotion of Occupational Health and Safety at workplace, Quarantine and vector control, Environment and Environmental Health Impact and Promotion of Healthy Island Concept in Districts were some of the activities carried out under the environmental and sanitation program in 2019.

The figure 15 below shows the water and sanitation materials distribution to some of the districts in Morobe province.

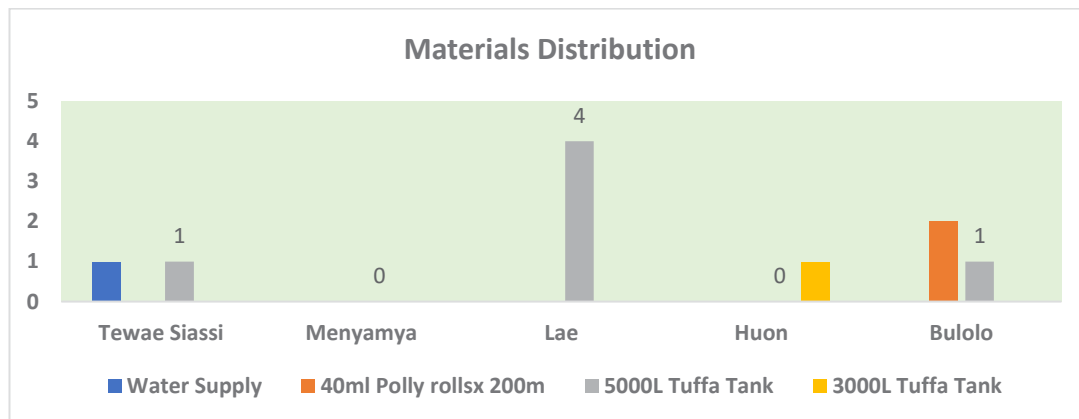


Figure 16 below presents the complains and inspections by the Health Inspectors in 2019

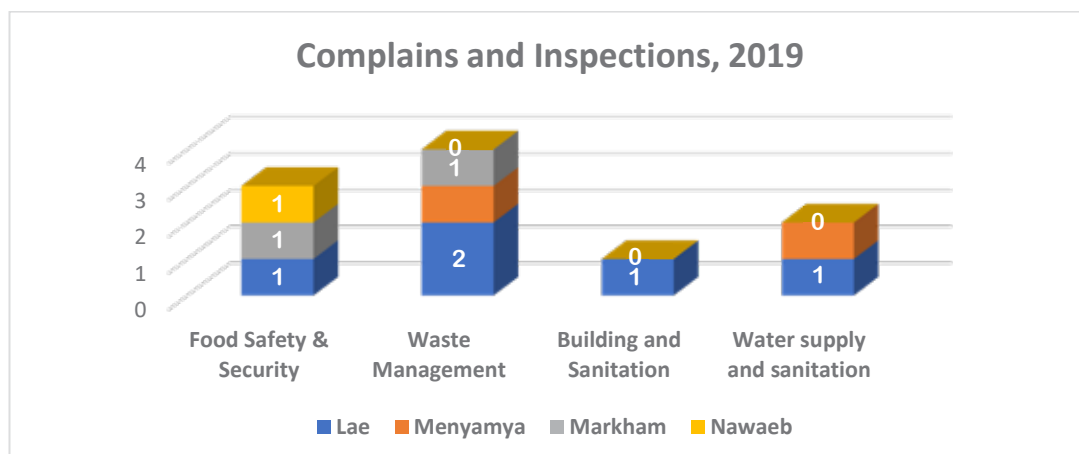
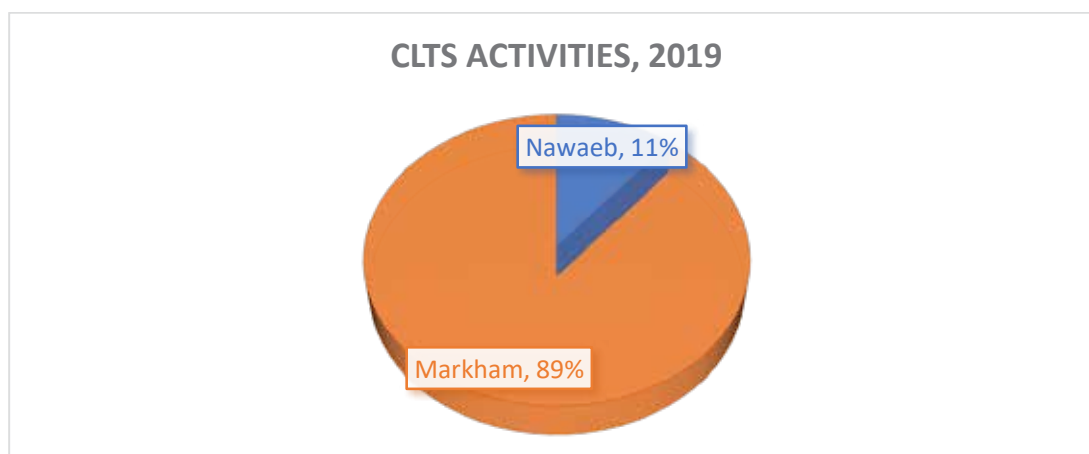


Figure 17 below shows the Community Led Total Sanitation (CLTS) activities done by in two districts of Morobe province.



The environmental health and sanitation interventions are highly cost effective and has socio economic benefits and it has a fundamental human right particularly regarding access to clean water and sanitation. However, the program was under funded or funding diverted to other health programs.

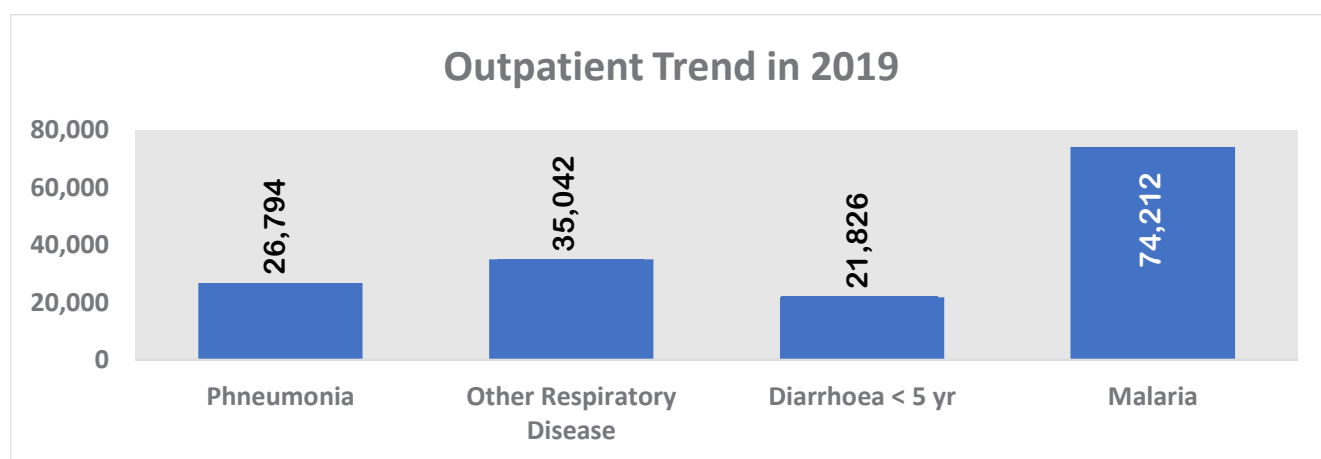
As per the 2019 Inventory Report, the most of health facilities in Morobe province have no proper water and sanitation at health facilities for

their operations.

The more funding is needed to improve the water and sanitation facilities in all health facilities in Morobe province. Another limitation to providing government services includes road access to rural areas of Morobe province. Transport expenditure cost reduce the budget availability for other activities.

5.11. Outpatients

Figure 18 below shows the top four (4) leading conditions/diseases seen at outpatient in 2019

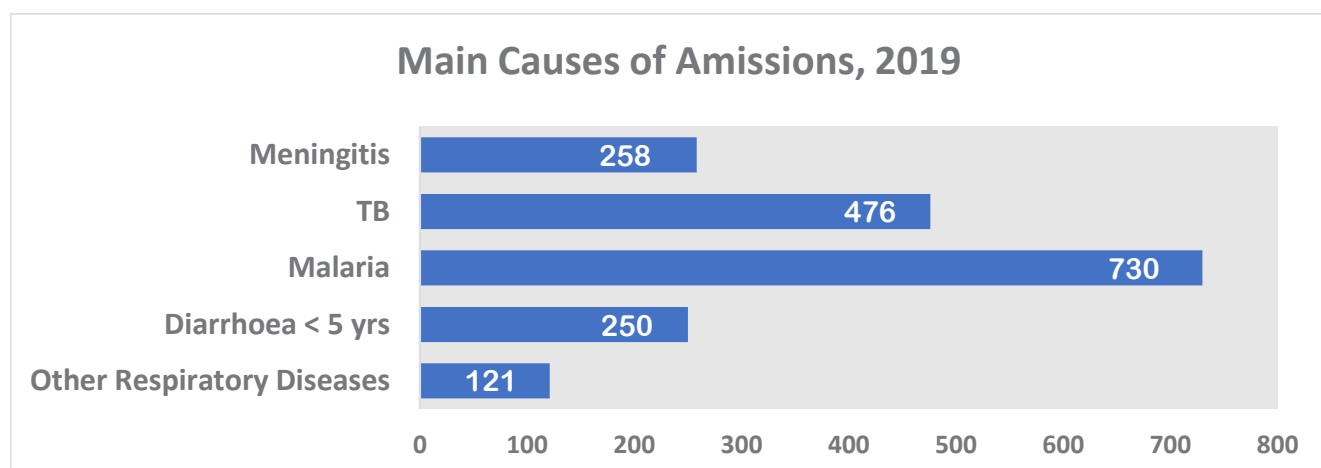


As shown above, Malaria is a leading condition in all health facilities in the province in 2019. More funding and resources are needed in the Malaria program to reduce this trend. Other conditions include Diarrhoea under five,

Pneumonia and other respiratory disease which are also priority for health sector in Morobe province.

5.12. Discharges

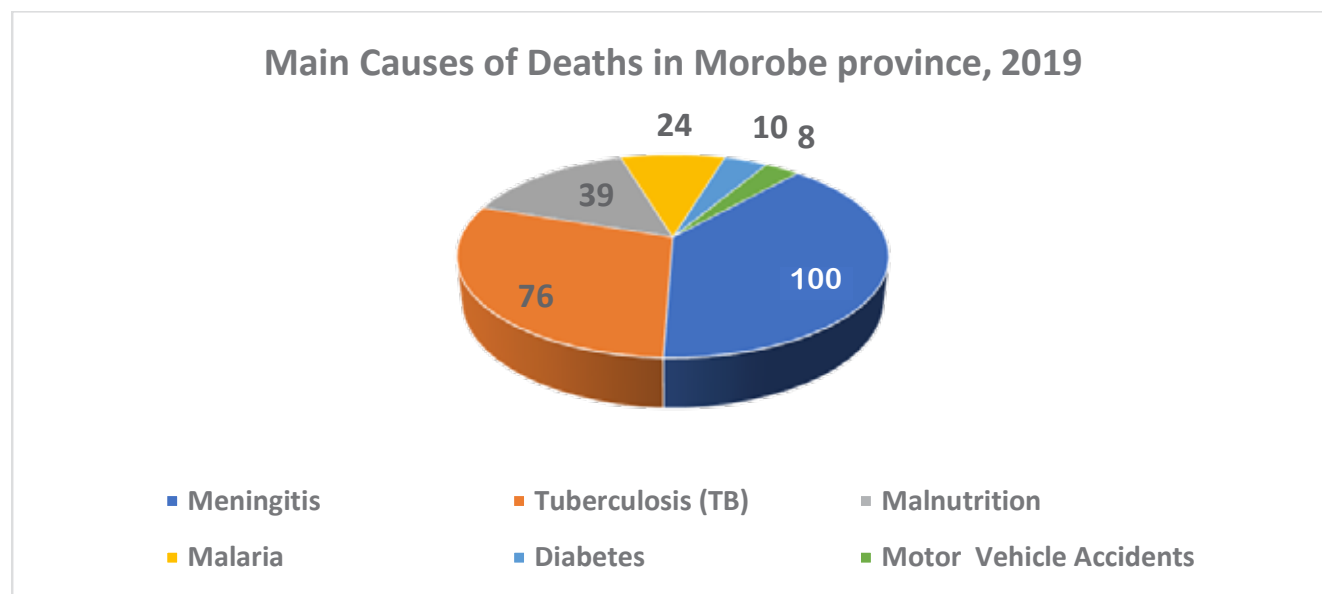
Figure 19 below shows the top five (5) leading conditions/diseases admitted in health facilities in Morobe province in 2019.



Malaria and TB are still the leading causes of admissions in all health facilities in the province. Other conditions such as Meningitis, Diarrhoea under five and other respiratory diseases are also reported high in the admissions.

5.13. Deaths

Figure 20 below shows the top six (6) leading causes of deaths 2019 in Morobe province.



Apart from other conditions listed above, the meningitis, TB and malnutrition are the leading cause of deaths in all facilities in 2019. Malaria, Motor vehicle and Diabetes are also caused of deaths in Morobe province.

5.14. MORTALITY AND MORBIDITY

5.14.1. Leading Causes of Morbidity report 2019

The table 11 below shows the top five (5) leading causes of morbidity in Morobe province

Disease	No. of Cases	(%) To Total Cases
New Virginal Delivery, (NVD) Confinement	1121	21
Pneumonia	384	7.2
Malaria (Severe)	228	4.3
Asthma	93	1.8
Infectious diarrhoea, gastroenteritis, colitis	90	1.7

Source: PNG National Health Information System, 2019

5.14.2. Leading Causes of Mortality report 2019

Table 12 presents the top 5 leading causes of mortality in Morobe province

Disease	No. of Cases	(%) To Total Cases
Pneumonia	10	5.5
Bacterial Meningitis	8	4.4
Anaemia – All others	7	3.8
Infectious diarrhoea, gastroenteritis, colitis	6	3.3
HIV disease – AIDS	5	2.7

Source: PNG National Health Information System, 2019

6. MAJOR CHALLENGES

There are many challenges in delivering public healthcare services in Morobe province. Below are some of the main challenges encountered by program implementers.

- Incomplete reports from health facilities (Need supervision and training)
- Lack of funding to support M&E activity in the province.
- Data inconsistency (electronic version against hard copy)
- Data at the health facilities not entered daily especially registers (workload)
- Lack of provincial and district monitoring and review meeting
- Lack of family planning services in most of health facilities in the province
- Outreach and schools' clinics are planned but not implemented
- Low immunization coverage in the province
- Need to improve nutrition program to improve child health.
- Lack of funding to support all health facilities and districts in the areas of water and sanitation. • Most health facilities in the province lack clean water and sanitation to provide effective health care services.
- Need additional manpower in the finance section
- Program coordinators and districts not providing reports and acquittals on time. • Monitoring and Evaluation activities are not captured in the budget
- Need to improve health facilities to provide TB DOTS
- Surveillance team need vehicle to support their program
- Most live saving equipment and instruments not available in most health facilities
- Increase in population against the low staff strength
- Most aid posts closed, and some health facilities need maintenance and upgrading
- Lack or poor staff accommodation in most of the health facilities
- Aging workforce in health sector
- Lack of logistic support for programs
- Lack and timely allocation of funding and other resources
- Communication – Radio, landlines all out of service
- High cost of public utilities – Water and Power
- Proper coordination of transport and replacement of old vehicles
- Lack of capacity building
- Continuous shortage of essential drugs and medical supplies
- Transport and logistical support are one of the main concerns in delivering basic health services.
- Most health centres do not have running water and power supplies
- Funds are not received in full and in time
- Accessibility to some populated communities are mostly by air transport or walk for several days to reach these places.
- No proper Information Technology Infrastructure in the province

7. RECOMMENDATIONS

Below are some of the recommendations that can be implemented to address some of the challenges in the delivery of health care services in the province.

- Additional work force needed to be recruited and must be distributed fairly to all health facilities according to their levels of activity, population catchment numbers and NHSS.
- Adequate funding to be made available to support delivery of health programs in the district

- Support health facilities with vehicles (ambulance) to transport medical supplies and to do more mobile outreach clinics.
- Build more staff houses, renovate old buildings
- All closed aid posts need to be reopened in strategic locations based on the geographical locations and population size.
- Collaborative effort needs to be maintained from ward, LLG and district level to ensure cost effectiveness.
- Need to recruit more health workers to fill in the vacant positions within the district
- Need for partnership arrangements with churches and NGOs involved in delivering of health care services.
- Need additional funding to support Monitoring and Evaluation activities in the province.
- Proper logistics support coordinated at the district level
- Increase recognition and support for Community Base Organizations (CBOs)
- Increase health facilities to meet the current demand of the population
- Improve and consistently sustain supply of consumables for clinical purposes
- Improve laboratory component of health services in all health clinics.
- Improve funding and proper coordination of funds at the district level
- Need to improve capacity building for health professionals at the district level
- Need to improve Information Communication Technology (ICT) in the province

8. CONCLUSION

In conclusion, Morobe province is one of the biggest provinces in PNG with highest number of population and health facilities. Government health facilities provide 70% of health services in terms of health facilities and hospitals and 30% is delivered by the faith-based organizations and NGOs. Morobe Province has 53 reporting health facilities and 342 aid posts but almost 46% of the Aid posts in the province are closed or unstaffed.

Morobe province has been performed poorly in all key service delivery indicators over the last five years (2015-2018) and in 2019, Program performances are not as expected because some key indicators such as immunization, maternal and child health coverage are below 50% in all districts in the province. Funding shortfalls, organizational changes, lack of infrastructure and medical equipment, low manpower, geographical and logistical challenges with a growing population are some

of the contributing factors that have led to low performance.

To improve service delivery and performance, the improvement is needed in all health facilities in the province to the standard as per the NHSS plus logistical support the reach of health care service in the province such as clinical outreach, immunization and the rollout of the Healthy Island Concept.

Increase human resource, an improved transport system, plus improve health facilities, staff motivation in terms of incentives, housing and capacity building are some of the key management issues that need to be considered by the decision makers in the health sector for effective, efficient and timely delivery of health care service in Morobe province. There are many program achievements in 2019, however, one of the achievements under Malaria program is that there is a reduction in the clinical diagnosis and deaths of Malaria in all health facility after the introduction of Rapid Diagnostic Test (RDT) and training in all rural health facilities. Most clinicians at health facilities are now using the RDT and laboratory test to confirm Malaria and treatment are given based on the result. This resulted in the downward trend on prevalence of Malaria in Morobe province.

Another achievement is that Polio campaigns were successfully implemented with effective coordination and communication with districts, development partners and health facilities which resulted in achieving coverage above national target which is 100%. With the short time frame for Polio campaigns with resources including funding was disbursed and used according to the planned activities and the activity reports and acquittals were provided to the donor and development partners on time as required.

Some 2019 success of the public health is that development partners are continuously supporting primary health in terms of infrastructure such as CHPs and upgrading of existing health facilities especially Bulolo Health Centre was upgraded to District Hospital and Garasa and Yamaya CHPs were built and commissioned with high level medical equipment.

Development partners supporting ENHIS and Msupply project that was rolled out in Morobe province in 2019. Each reporting health facility was given tablet for reporting as well as ordering and stock management of medical supplies and commodities. Introduction of electronic reporting systems makes reporting easier and on timely manner for decision making and allocation of healthcare resources.



FINANCIAL STATEMENTS

For Year Ended 31 December 2019



MOROBE PROVINCIAL HEALTH AUTHORITY

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MOROBE PROVINCIAL HEALTH AUTHORITY

DECLARATION BY MANAGEMENT

In accordance with a resolution of the Board of the Morobe Provincial Health Authority, being responsible for approving the annual accounts, we state that:

- a) The accompanying financial statements of the Angau Memorial General Hospital have been drawn up so as to give a view of the receipts and payments of the Hospital for the year ended 31 December 2019.
- b) This report has been prepared in accordance with the Finance Instructions 2/2004 issued under Section 117 of the *Public Finances (Management) Act 1995* and the International Public Sector Accounting Standard - *Financial Reporting Under the Cash Basis of Accounting*.
- c) We certify that all records and books of account have been properly maintained.
- d) We certify that the Statement of Receipts and Payments for the year ended 31 December 2019 is correct.
- e) As at the date of this statement there are reasonable grounds to believe that the Hospital will be able to pay its debts as and when they become due and payable.

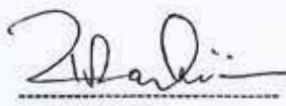
On behalf of the Board

Signed in Lae this 20th day of August

2020



David Wissink
Chairman



Kipas Binga
Chief Executive Officer



Aung Kumal
Director Corporate Services





MOROBE PROVINCIAL HEALTH AUTHORITY

	FY 2019	FY 2018
Accumulated Funds brought forward	30,208,744	35,561,380
Operating surplus / (deficit)	(11,609,798)	(5,352,636)
Total Accumulated Funds	<u>18,598,946</u>	<u>30,208,744</u>
This is represented by :		
Current Assets		
Operating bank account	1,176,777	4,836,899
Trust bank account	14,671	4,648
Redevelopment bank account	17,407,498	14,981,218
Interest Bearing Deposit	0	10,385,979
Net Cash / Funds Available	<u>18,598,946</u>	<u>30,208,744</u>

MORBE PROVINCIAL HEALTH AUTHORITY

CONSOLIDATED STATEMENT OF RECEIPTS & PAYMENTS FOR YEAR ENDED 31 DECEMBER 2019

	Notes	Total FY 2019	Total FY2018	Receipts/Payments Controlled by Entity FY 2019	Payments by other Government Entity FY 2019	Payments by External Parties FY 2019	Receipts/Payments Controlled by Entity FY2018	Payments by other Government Entity FY2018	Payments by External Parties FY2018
RECEIPTS									
Appropriations from government	4	52,973,731	60,868,601	14,130,488	38,843,243	0	21,168,268	39,700,333	0
Other receipts	5	1,127,946	697,804	1,127,946	0	0	697,804	0	0
Total receipts		54,101,677	61,566,405	15,258,434	38,843,243	0	21,866,072	39,700,333	0
PAYMENTS									
Salaries, wages and employee benefits	6	40,331,821	41,191,095	5,539,330	34,792,491	0	6,486,828	34,704,267	0
Supplies and consumables		3,264,846	4,412,956	3,264,846	0	0	4,412,956	0	0
Utilities	7	4,082,147	5,080,988	15,395	4,050,752	0	84,922	4,996,066	0
Administrative expenses	8	1,018,599	1,454,763	1,018,599	0	0	1,454,763	0	0
Other expenses	9	9,150,419	8,589,233	9,150,419	0	0	8,589,233	0	0
Capital expenditure	10	7,863,643	6,190,006	7,863,643	0	0	6,190,006	0	0
Total payments		65,711,475	66,919,041	26,852,232	38,843,243	0	27,218,708	39,700,333	0
INCREASE / (DECREASE) IN CASH		(11,609,798)	(5,352,636)	(11,593,798)	0	0	(5,352,636)	0	0
Cash at beginning of the Year	11	30,208,744	35,561,380						
Increase / (decrease) in cash		(11,609,798)	(5,352,636)						
Cash at end of the Year	11	18,598,946	30,208,744						



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Angau Memorial General Hospital provides primary health and hospital services to the people of Morobe Province, mainly funded by the Government of Papua New Guinea. The objectives of the Hospital are to: manage and maintain curative services, improve standards of patient's care, provide training to medical students and other health staff and provision of special doctors in the hospital and in the rural area.

The Angau Memorial General Hospital is established under the *Public Hospitals Act 1994* which regulates the services and functions of the Hospital, its Board, its CEO and the appointment of officers. The Hospital is a public body and reports and operates under the *Public Finances (Management) Act 1995*.

1.1 Basis of Accounting

The financial statements are general purpose financial statements and have been prepared on a cash basis of accounting in accordance with the International Public Sector Accounting Standard (IPSASs) - *Financial Reporting Under the Cash Basis of Accounting* issued by the International Federation of Accountants.

The financial statements are in line with requirements for non-for-profit entities in Papua New Guinea as required by the Finance Instructions 2/2004 issued under Section 117 of the *Public Finances (Management) Act 1995*.

The accounting policies set out below have been applied in preparing the financial statements for the year ended 31 December 2019.

The going concern basis was used to prepare the financial statements.

1.2 Basis of Consolidation

The financial statements incorporate operating bank account and other trust and project accounts.

The balances and effects of transactions between the accounts included in the financial report have been fully consolidated. Separate records were maintained for each account:

- (a) Operating Account with the BSP Bank; for the purpose of receiving government grants and used for payments of personal emoluments, goods and services and other ongoing expenses and fixed assets such as office equipment, plant & equipment and motor vehicles.
- (b) Trust Account with BSP Bank : for the purpose of collecting patient fees, donations, house rentals and other receipts. The money is used to pay for purchase of medical drugs, medical supplies and other operating expenses.
- (c) Project Redevelopment Account with BSP Bank; for managing funds for specific projects.

MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

1.2 Basis of Consolidation (Cont)

Project codes are assigned in the Hospital's financial system that enables the Hospital to separately identify and report on funds received for specific projects.

In many cases, this is necessary to meet contractual and accountability obligations imposed by funding bodies. The project monies are placed in special bank account and expended in accordance with the terms of government agreements. The monies are not available for other purposes.

1.3 Functional and Presentation Currency

The financial report is presented in Kinas.

1.4 Foreign Currency Transactions

Transactions denominated in a foreign currency are converted at the rate of exchange prevailing at the date of the transaction.

1.5 Comparative figures

Where necessary, comparative figures have been adjusted to conform with changes in presentation in these financial statements.

1.6 Cash at Bank

Cash at bank comprises cash on hand, cash at bank, deposits held at call and money market investments which can be readily converted to cash. The Hospital does not operate a bank overdraft.

1.7 Receipts

Government Grants are recognized as revenue at the time the cash is received in the operating account. Patient fees are recognised as revenue at the time when the cash is collected.

Appropriations and other cash receipts are deposited into its bank accounts and are controlled by the Hospital's Board.

1.8 Payments

Payments are recognized as expenses at the time the cheque is raised for payment.

1.9 Taxation

The Hospital is exempt from paying all types of taxes, including income tax. This is in accordance with the *Income Tax Act 1959*, Section 24 Subsection A – Exemption of Public Authorities.



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

1.10 Events Since Balance Date

There is no event occurring after the balance date that could materially affect the financial position of the Hospital as at 31 December 2019.

1.11 Economic Dependency

The Hospital is to a significant extent dependant on monies received from the Government to fund its operations. In 2019, funding from Government represented 97.9 % (2018: 98.8%) of the total receipts.

1.12 Payments by Other Government Entities – Department of Finance

The Hospital benefits from payments made by Department of Finance. These payments constitute cash receipts and payments of the Hospital, and are controlled by the Hospital, as the Personal Emoluments have been appropriated through the National Budget.

The International Public Sector Accounting Standard (IPSASs) - *Financial Reporting Under the Cash Basis of Accounting* requires separate presentation of the Payments by Other Government Entities in the Consolidated Statement of Receipts and Payments. These financial statements did not follow the requirement hence; it represents a departure from IPSAS.

1.13 Fixed Assets

The Hospital does not maintain a fixed asset register and is therefore unable to disclose total balances for fixed assets in the financial statements.

Set out in the table below is a summary of fixed asset addition for the past 9 years :

	Office Equipment	Plant & Equipment	Motor Vehicles	Renovation & Construction	Total
FY 2011	164,630	535,578	134,642	114,682	949,532
FY 2012	140,152	917,013	79,990	5,430,722	6,567,877
FY 2013	309,586	738,613	561,511	1,494,394	3,104,104
FY 2014	633,847	2,147,813	56,089	4,807,104	7,644,853
FY 2015	1,019,371	1,483,595	-	4,570,495	7,073,461
FY 2016	404,960	47,140	-	234,523	686,623
FY 2017	323,914	4,941,005	-	251,807	5,516,726
FY 2018	147,627	597,420	1,677,767	3,767,192	6,190,006
FY 2019	693,966	1,370,247	-	5,799,430	7,863,643
	3,838,053	12,778,424	2,509,999	26,470,349	45,596,825

MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

1.13 Fixed Assets (cont)

The Hospital owns land and set out below is a register of the current land holdings :

	Section	Allotment	Town	Province
Hospital Site - Markham Road, Lae	177	03	Lae	Morobe
Hospital Staff Housing - Markham Road, Lae	177	04	Lae	Morobe
Old Airport Land - Markham Road, Lae	375	13	Lae	Morobe
House & land - Sangeng Street, Omili, Lae	123	05	Lae	Morobe

1.14 Liabilities

The Hospital does not maintain a creditors ledger and is therefore unable to disclose balances for trade creditors and other liabilities in the financial statements.

1.15 Medical Materials

The Hospital incurred costs in purchasing medical drugs and pharmaceutical products that are not readily available in the Area Medical Store.

2. Government Grants

The Government provides grants to the Hospital through the Annual Budget and the Department of Health which are received in the operating account to finance the Hospital's operational requirements.

3. Interest Income

The Hospital earns a nominal amount of interest on the Hospital Trust Account held with BSP. The interest income earned on the trust bank account was transferred by way of automatic direct debit to a bank account nominated and controlled by Department of Health.

The Hospital also earns interest income on funds it has invested with an interest bearing deposit with Bank of South Pacific. The interest is re-invested with the principal amount of the term deposit.



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

4. Appropriations from Government

	2019 K	2018 K
Government Grants – CFC's	0	9,903,378
Government Grants – Cancer	4,130,488	11,264,890
Government Grants – Project Redevelopment	3,000,000	0
Other funds paid by government agencies – Concept Payroll	38,843,243	39,700,333
Funding from Morobe Provincial Health Authority	7,000,000	0
Total	52,973,731	60,868,601

5. Other Receipts

Hospital Fees	560,452	366,126
Housing Rentals	117,653	157,978
Interest income – trust account	43,244	59,914
Additional subsidy for CEO salary	0	61,052
Other income	161,345	38,007
Donations	6,325	14,727
Proceeds from sale of vehicles	238,927	0
Total	1,127,946	697,804

6. Salaries, wages and employee benefits

Personal Emoluments payments comprise all payments out of government appropriations centrally administered by the Department of Finance, as well as payments from Operating Accounts, Trust Accounts and Project accounts.

Wages	1,991,351	2,736,999
Overtime	307,065	305,066
Leave fares	1,948,677	1,423,449
Retirement Benefits, Gratuities and Retrenchments	1,292,237	2,021,314
Salaries & wages payments paid direct by Concept Payroll	32,096,394	32,015,006
Superannuation – permanent staff (paid for by Dept Finance)	2,696,097	2,689,261
Total	40,331,821	41,191,095

Note – Salaries & wages payments for permanent staff are paid directly through the Concept Payroll system. Net salary payments are made direct from Department of Finance bank account and as such these amounts are not processed through the Angau bank account. Payments made through Concept payroll must be added to salaries & wages paid from the Angau bank accounts to determine total personal emoluments.

MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

	2019 K	2018 K
7. Utilities		
Power	2,750,318	3,541,558
Water	1,315,829	1,478,120
Telephone & internet	16,000	61,310
Total	4,082,147	5,080,988
8. Administration expenses		
Administration & Consulting	97,060	48,125
Transport and Fuel	379,542	722,890
Office materials & supplies	444,206	573,787
Training	97,791	109,961
Total	1,018,599	1,454,763
9. Other Expenses		
Travel & subsistence	254,779	188,813
Rental of properties	5,324,061	5,484,202
Routine maintenance	642,261	872,366
Other operating expenses	2,882,911	1,993,834
Interest transferred to consolidated revenue	50	0
Withholding tax	0	4,131
Memberships & subscriptions	46,357	45,887
Total	9,150,419	8,589,233
10. Capital Expenditure		
Office equipment	693,966	147,627
Motor vehicles	0	1,677,767
Plant & equipment	1,370,247	597,420
New construction & renovations	5,799,430	3,767,192
Total	7,863,643	6,190,006



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

	2019 K	2018 K
11. Cash at Bank		
Operating account	1,176,777	4,836,899
Trust account	14,671	4,648
Project Redevelopment Account	17,407,498	14,981,218
Interest bearing deposit	0	10,385,979
Total	18,598,946	30,208,744

11. Related Party Transactions

The key management personnel (as defined by IPSAS 20 *Related Party Disclosure*) of the Hospital are the Minister, Secretary of Department of Health, members of the Board and the members of the senior management group.

The Minister is not remunerated by the Hospital.

The aggregate remuneration of the Board members and the number of members determined on an annual basis receiving remuneration are:

Aggregate Remuneration:	K37,050	Number of members	4 persons
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Note – There are 7 members of the Board of Angau Memorial General Hospital. Of these, 4 members are public servants and do not received any additional remuneration for their duties as Board Members. The other 4 Board members receive remuneration which is detailed above.

The senior management group consists of the Chief Executive Officer, Director of Corporate Services, Director of Medicine & Director of Nursing. The aggregate remuneration of the members of the senior management group and the number of managers on an annual basis receiving remuneration are:

Aggregate Remuneration:	K 2,157,569
Number of persons	4 persons

MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2019

12. Commitments

Commitments for future expenditure include operating and capital commitments arising from contracts. These commitments are disclosed when considered appropriate and provide additional relevant information to users.

The following are significant contracts entered with suppliers:

	2019 K	2018 K
Lae Builders & Contractors Limited (Northern Housing Project – Stage 1)	0	4,999,999
Lae Builders & Contractors Limited (Northern Housing Project – Stage 2)	4,266,666	0
Total	4,266,666	4,999,999

The following amounts were unclaimed for work that had not yet been completed as at 31/12/2019 :

	2019 K	2018 K
Lae Builders & Contractors Limited (Northern Housing Project – Stage 1)	0	2,137,823
Lae Builders & Contractors Limited (Northern Housing Project – Stage 2)	1,586,638	0
Total	1,586,638	2,137,823

All amounts shown in the commitments note are nominal amounts inclusive of GST.

In the normal course of business, the Hospital does not lease facilities, hence there are no minimum lease payments under lease agreements are not detailed in this note.

13. Contingent assets and contingent liabilities

Contingent assets and contingent liabilities are not recognised in the statement of Receipts and Payments, but are disclosed by way of note and, if quantifiable, are measured at nominal value. Contingent assets and contingent liabilities are presented inclusive of GST receivable or payable respectively.



MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS – OPERATING ACCOUNT

FOR YEAR ENDED 31 DECEMBER 2019

	FY 2019	FY 2018
Receipts		
Appropriations from government	130,488	9,830,104
Grants & Other Assistance	0	264,890
Other receipts	120,140	77,936
Transfer from project account	7,000,000	0
Funds received from Morobe Provincial Health Authority	7,000,000	0
Transfer from interest bearing deposit	0	9,757,276
Total receipts	14,250,628	19,930,206
Expenditure		
Salaries, wages & employee benefits	5,542,782	6,486,828
Supplies and consumables	2,303,429	3,872,450
Utilities	31,395	84,922
Administrative expenses	972,777	1,454,763
Other expenses	8,860,495	8,575,706
Capital expenditure	199,872	2,082,014
Total expenditure	17,910,750	22,556,683
INCREASE / (DECREASE) IN CASH	(3,660,122)	(2,626,477)
Cash at Beginning of the Year	4,836,899	7,463,376
Increase / (decrease) in cash	(3,660,122)	(2,626,477)
Cash at end of the Year	1,176,777	4,836,899

MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS – TRUST ACCOUNT FOR YEAR ENDED 31 DECEMBER 2019

	FY 2019	FY 2018
Receipts		
Appropriations from government	0	0
Grants & Other Assistance	0	0
Other receipts	968,064	559,954
Total receipts	968,064	559,954
Expenditure		
Salaries, wages & employee benefits	0	0
Supplies and consumables	827,209	540,506
Administrative expenses	0	0
Other expenses	3,352	9,236
Capital expenditure	127,480	70,203
Transfer to operating account	0	0
Total expenditure	958,041	619,945
INCREASE / (DECREASE) IN CASH	10,023	(59,991)
Cash at Beginning of the Year	4,648	64,639
Increase / (decrease) in cash	10,023	(59,991)
Cash at end of the Year	14,671	4,648



MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS – PROJECT ACCOUNT (INCLUDING INTEREST BEARING DEPOSIT) FOR YEAR ENDED 31 DECEMBER 2019

	FY 2019	FY 2018
Receipts		
Appropriations from government	7,000,000	11,073,274
Other receipts	43,194	59,914
Total receipts	7,043,194	11,133,188
Expenditure		
Salaries, wages & employee benefits	0	0
Operating materials & supplies	134,208	0
Administrative expenses	45,822	0
Other expenses	286,572	4,291
Capital expenditure	7,536,291	4,037,789
Transfer to operating account	7,000,000	9,757,276
Total expenditure	15,002,893	13,799,356
INCREASE / (DECREASE) IN CASH	(7,959,699)	(2,666,168)
Cash at Beginning of the Year	25,367,197	28,033,365
Increase / (decrease) in cash	(7,959,699)	(2,666,168)
Cash at end of the Year	17,407,498	25,367,197

MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS – OTHER GOVERNMENT AGENCIES FOR YEAR ENDED 31 DECEMBER 2019

	FY 2019	FY 2018
Receipts		
Appropriations from government	38,843,243	39,700,334
Grants & Other Assistance	0	0
Other receipts	0	0
Total receipts	38,843,243	39,700,334
Expenditure		
Salaries, wages & employee benefits	34,792,491	34,704,267
Supplies and consumables	0	0
Utilities	4,050,752	4,996,067
Administrative expenses	0	0
Other expenses	0	0
Capital expenditure	0	0
Total expenditure	38,843,243	39,700,334
INCREASE / (DECREASE) IN CASH	0	0
Cash at Beginning of the Year	0	0
Increase / (decrease) in cash	0	0
Cash at end of the Year	0	0



Morobe Provincial Health Authority, Markham Road
P.O Box 457, Lae, 411, Morobe Province, Papua New Guinea
Telephone: (+675) 473 2100/ 472 1211 **Fax:** (+675) 472 3015

Email: HAwagasi@mopha.gov.pg