



MOROBE PROVINCIAL HEALTH AUTHORITY

ANNUAL REPORT 2020

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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, Menyamy, 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 SERVICE

Report

FORWARD

What a year 2020 has been? Amongst many stories either good or bad that are making headlines around the country, Angau Memorial General Hospital remained prudent in its core business. The second largest referral hospital in the country has also taken on the role as a Teaching Hospital and amidst the ongoing redevelopment of infrastructure taking place every day on-site, still managed in providing its primary role of patient nursing care.

The year has also seen the hospital taken on its share of the new initiative as hatched in the National Health Plan 2011-2020 and this leap meant the hospital is now a part of the wider Morobe Provincial Health Authority. Morobe Province covers a very large area in terms of land mass and this has always been difficult in any government service delivery including health care.

Angau Memorial General Hospital is a level six hospital and a major referral hospital and caters for nine Districts and as such the clinical services provided must be very specialized and carried out by very specialist nursing staff even in clinics, health centers and aid post in the outer regions of the province. With this in mind we must now focus on the wider role as directed by the Morobe Provincial Health Authority to ensure these Health Care Services are delivered by Strengthening Primary Health Care and Improve Service Delivery to all rural and urban disadvantaged communities in the Province.

The Morobe Provincial Health Authority Nursing Directorate will uphold the Health Plan through rigorous Human Resource recruitment and establishment. Per the current establishment at the hospital, we have staff strength of 604 consisting of Nursing Officers and Community Health Workers. The new merged structure should help bolster this capacity to cater for the ever-increasing population in the city.

Although the Corona Virus Pandemic; COVID-19, has hit us hard as the whole world is experiencing the effects, we do have taken steps to overcome its spread here. Our v Professional Nursing staff stood firm as front-line workers and assisted in clinical and operational systems to have helped minimize and control the spread of the virus for now while the 'new normal' is adhered to.

The National Health Plan and the Health Strategic Priorities will be achieved through set Targets, Objectives and Key Result Areas as determined. The Nursing Directorate will do its part in this plan to help our people achieve proper and better health care for the next generation from 2021 in line with the Vision of Affordable, Accessible, Equitable and Quality service to all our clients.



The Bulolo District Hospital visit during its commissioning was one of the highlights of the year. This is especially so when the Morobe Provincial Health Authority is moving to province-wide in its public health services delivery. During this commissioning we witnessed and discussed training needs for this hospital and also other clinics and health centers in the province. There is certainly a lot of work to do in terms of training our nursing staff and Community Health Workers alike in the province.

This wider training concept for the province is enhanced when our Training Coordinator was a facilitator at the Lutheran Health Workers Preceptor Training in October. This training was geared to train Health Care Professionals to become Effective Preceptors in their many different settings and environment. While many outcomes were visualized, the purpose of the training was achieved and the 15 participants are now more prepared to work in their rural settings. Their sharing of the challenges in rural outback has enabled all to realize how much work is still to be achieved in order to achieve KRA 1, to Improve Service Delivery.

NURSING STANDARDS

In our endeavor to enhance Nursing Practice Standards for the hospital we do so with the aim to achieve KRA 4, Improving Nursing Standards. In 2020 three major objectives in improving nursing standards were on the agenda. These were; (i) Assess, monitor and evaluate clinical practices; (ii) Review Nursing Standards Clinical Procedure Manual (2012, 2nd Edition); and (iii) Review Standards of Patient Care Manual (2nd 1992, 2nd Edition).

The outbreak of COVID-19 this year has had major impact on our work. Many of our professional nursing staff were relocated to be involved in the many stages of controlling and monitoring of the pandemic. As such the primary roles and responsibilities of many were set aside to concentrate on the issue at hand resulting in the three agenda's did not get the attention nor implemented and these are now carried over into the next year.

However our Nursing Standards Coordinator was very much involved with the Medical Team that has been working closely with COVID-19 Operations Center in Port Moresby, Morobe Provincial Health Authority Coronavirus Prevention, Preparedness and Response Committee, NAQIA, PNG Customs Immigrations and National Fisheries Authority. Although there are other monitoring and controlling sites at points of entry to the city, this medical team was responsible for the Lae Port Surveillance and engaging with many ships especially recently dealing with the fishing vessels and logging ships which are considered high risk. These vessels are those arriving from ports and or countries categorized by the World Health Organization as high risk.

On a bright side we now have a document that was developed by Mr Henry Kepas titled 'Development of Infection Prevention and Control Guidelines Associated with COVID-19 Persons of Interest in Angau Hospital.' This document is a guide to help Clinical Nurses on the care of undetected COVID-19 patients that have been admitted into the hospital especially the Emergency Department, Children's Outpatient and Labour Ward.

HEALTH EDUCATION

The Morobe Provincial Health Authority Nursing Services Directorate encourages Health Education and Promotions to enable Lae city residents and the provincial population to Prevent from all forms of diseases, Protect against common diseases and Improve their health to achieve quality living, to fulfill the objective of KRA 7, Promoting Healthy Lifestyle. Importantly this promotion and education programs help strengthens the strategy of 'Health Is Everybody's Business.'

Our Health Education and Promotions takes the form of three areas which the facilitators deliver to the centers and health clinics. These areas cover; (i). In-Reach Health Education Programs, (ii). Out-Reach Health Education Programs and getting the communities and population to observe and involve in the (iii). National and International sanctioned Health Days.

In-Reach Activities; (Conducted in Hospital Wards/ Clinics)

ACTIVITIES	No.	COMMENTS
Patients Health Education (Health Educator & Link Nurses)	310	Total number of Meetings, Trainings and Awareness conducted for the patients.

Out-Reach Activities; (Conducted at Institutions, Private Industries, Churches and Communities)

ACTIVITIES	No.	COMMENTS
Awareness with Institutions	14	Awareness on COVID-19 and common disease including STI leading to HIV/ AIDS
Awareness with Private Institutions	10	Conducted Awareness on type of Cancers
Awareness with Churches	36	Conduct awareness in churches on COVID-19 and Lifestyle Diseases
Awareness with Communities	130	The communities were made aware of COVID-19, and HIV/ AIDS & Cancer of Cervix

The current Corona Virus Pandemic has ensured our training and awareness programs are aimed more specifically towards heads-up preventing, controlling and monitoring the spread of the virus. This being the hot topic we emphasized the need for wearing Face Mask, Hand Washing and Social Distancing.

The World Health Days are celebrated according to the days as sanctioned by World Health Organization. Although there are about nine of these days to be celebrated in 2020 our staff took part in only four of them outside of the hospital. Few are observed with patients enabling one - one awareness in the wards. The others are not conducive due the corona virus lockdown and affecting many activities of the hospital.

WORLD HEALTH DAY	DATE	EVENTS AND ACTIVITY
World No Tobacco Day	31st May	Awareness was done in these four hot spots of the hospital; A&E, X-Ray Section, Main Laboratory Area and Consultation Clinic
World Sight Day	09th October	The Eye Clinic staff carried out Awareness on site at the clinic and with individual patient
World Hand Wash Day	15th October	Hand Hygiene Training, Demonstrations and Awareness carried out at the make-shift hall
World Aids Day	01st December	Awareness was carried out only in wards with patients



CLINICAL UNITS

The Nursing Directorate current establishment comprises of Four Clinical Units that share the nursing workload and experience. Each unit is coordinated by a Clinical Specialist Supervisor who is qualified in each of the field to influence effective health care services is delivered in each section. The Community Health Workers and Nurses in each section and ward report to the Nurse Manager who reports to the supervisor who then reports to Deputy Director Nursing Services Clinical. This is the current line of command in Angau Hospital established structure. The amalgamation of the hospitals, clinics and health centers in the whole province as per the new Morobe Provincial Health Authority structure will probably see some changes especially amongst the senior ranking staff. The operations of each unit are as detailed below;

Unit 1 Supervisor Coordinates	Unit 2 Supervisor Coordinates	Unit 3 Supervisor Coordinates	Unit 4 Supervisor Coordinates
Intensive Care Unit, Orthopaedics, Operating Theatre, Acute Surgical, General Surgical, Consultation Clinic, CSSD & ENT Clinic	COPD, Special Care Nursery, Paediatric Wards 4B & 4C, Blood Bank, Ophthalmology & Eye.	Accident & Emergency, AMDCC, TB Wards, TB DOTS Clinic, Friends Clinic, FSC Acute Medical, General Medical and Psychiatric	O&G, Labour (Delivery) Ward, Ante Natal Ward, Post Natal Ward, Physiotherapy, Cancer Ward & Well Women's Clinic

The Unit Supervisors have Nurse Managers of the many sections under their immediate responsibility. The supervisor calls weekly meetings with the Nurse Managers of each section who in turn disseminate the meeting outcomes to the ward and section staff. This method has proven very effective and thus has not changed over the years. The Clinical rounds have assisted in client reports and nursing care plan to be reviewed to gauge nursing practices to enable proper nursing care is delivered according to patient care policy.

Despite the emergence of the Corona Virus pandemic, all units continued in their own way in ensuring the primary health care is accorded to patients and clients that come for health care. All the wards, clinics and sections remained operational and staff maintained their nursing duties. Though some staff were relocated to help with the COVID-19 crisis the Supervisors and Nurse Managers maintained staff strength in their respective areas. They must be congratulated on their vision and ward management this year.

The current number of Nursing Officers attached to each of the four units total 313. These are as shown in the table below. There another 18 who are attached to the Nursing Directorate office.

UNIT 1	N/O	CHW	UNIT 2	N/O	CHW	UNIT 3	N/O	CHW	UNIT 4	N/O	CHW
ICU	14	6	COPD	8	5	A&E	17	12	Ward 3A	8	7
O/Theatre	11	8	SCN	8	6	AMDCC	3	3	Ward 3B	13	8
Sur Acute	8	6	Wd 4BC	10	8	STI	3	2	Ward 3C	8	5
Sur General	8	5	B/Bank	4	3	M/ Acute	11	8	Antenatal	7	3
Orthopaedic	7	5				M/ General	7	3	Cancer Wd	8	4
Cons Clinic	7	5				TB Ward	3	6	WWC	1	1
CSSD	2	2				TB DOTS	6	1			
						FSC	2	3			
						M/ Health	3	1			
TOTAL	57	37		30	22		55	39		45	28

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The current number of Nursing Officers attached to each of the four units total 313. These are as shown in the table below. There another 18 who are attached to the Nursing Directorate office.

Unit 1 consist of; ICU, Consultation Clinic, Orthopedic, Operating Theatre, Surgical Acute Ward 1B, Surgical General Ward 7D, CSSD, Eye Clinic, E&T Clinic and Obstetrics & Gynecology.

The ongoing Wards and Section clinical rounds each week have been very helpful in many ways. Onsite and bedside training of new staff or student nurses during these clinical rounds is ongoing. This has also enabled effective use of the introduced different forms and assessment sheets. As each unit struggles to balance staff duty, roster and work practices we too faced major disruptions especially in maintaining staff roster. The temporary relocations of the entire wards and sections including patients were due to disruptions in infrastructure development and have put enormous strain on all duty staff. The affected sections are the Operating Theatre, ICU and the Surgical Acute ward. Many challenges were faced during these times included; less number of beds to cater for the influx of patients, strain on ventilators having to be used in non-air-condition rooms and not enough oxygen cylinders to cater for the increased number of patients. Never the less patient care was effectively carried out and health care best practices were relayed to all patients.

The Corona Virus pandemic has also depleted our roster staff. Four nursing officers became part of the Covid-19 team dealing with training of casual staff through the Intensive Care division and later deployed to various Covid-19 treatment care centers. The training was purely to master the infection control measures and hand hygiene procedures.

Unit 2 consists of; Paediatric Wards 4B and 4C, Special Care Nursery, COPD and Blood Bank.

Like others in the hospital we too faced this challenging year in many ways not experienced before. The pandemic is being a new phenomenon really challenged our nursing professionals in maintaining their patience and focus in administering quality nursing care to children to fulfill KRA 4, Improve Child Survival. Each year we have experienced increase in high number of admissions. This is a direct result of increased population in the city either through children born locally and most notably increase in the number of people migrating into the city from outer districts and also from other provinces. This year is no different. With the pandemic putting a big strain on our staff in performing their duties we are also not able to go out to perform external requirements like the mobile blood bank runs. Many locations have restrictions of entry or are in lockdowns. Our staff continue to practice the 5S concept and this has helped in many ways to prepare especially with the new building and environment next year. We look forward to this change.

For the first time in this unit we confirmed 2 cases of MDR in Tuberculosis. A 14 year old male and a 10 year old female were diagnosed and admitted in the ward but later released to continue treatment at home. There is also a marked increase in the total number of admissions this year compared to last year, most notable being in Special Care Nursery with a total admission of 7650 with 1287 the highest recorded in May alone.

Unit 3 consists of; Accident & Emergency, Family Support Services, In-patient medical wards (Medical Acute Ward 7C, Medical General Ward 7C, Mental Health Ward 7B, TB/MDR Wards), Disease Control & Prevention Clinics (Friends STI Clinic, HIV/AIDS Anua Moriri Day Care Center, TB DOTS/MDR Clinic).

The Unit is no different in its share of disruptions and challengers with all Clinical services conducted accordingly through the year. The first few months of the year saw the Units staff coming together as one to stand up as frontline workers to help combat the

pandemic. The later part of the year was a recovery time and each section adopted the new normal policies and guidelines.

In the Accident & Emergency ward, the new triage deck has been very effective since its commissioning last year. It is very spacious and can cater for more clients and patients to be screened and categorized accordingly. Overcrowding has been reduced all thanks to the Johnstaff and Hospital Management. The Australian College of Emergency Medicine (ACEM) team in consultation with A&E staff has established 'Zoom Training' to enable up-skilling, enhance and refresh A&E staff with knowledge and to prepare for transition to the new Emergency Department. A complied document titled 'Emergency Department Commissioning Preparedness & Remote Training Proposal' is now before Hospital Management to consider and approve. The applicants will include Paediatric team, Manolos Aviation team and selected urban clinic nurses.

The Friends STI Clinic has achieved some of its yearly targets despite many other sections facing the various challengers and obstacles. Achieving a very high percentage in the National STI Syndromic Management Objective is outstanding. The past year total number of attendance was at 4297 patients. Current attendance is at 2470 patients in corresponding months. There is a big drop in number most probably due to the pandemic causing lockdowns and fear amongst people in moving around. But with statistic from the clinic showing 98% of female clients and 62% of male clients all fully treated for STI in 2020 alone is outstanding.

The Medical Wards have always been inundated with back log of patients waiting at A&E. This situation has been ongoing and this year was no different. The nursing officers together with the Community Health Workers in this sections have not let down. Instead they stood up and worked tirelessly especially this year to ensure patients recover satisfactorily and discharged. The 5S Policy was trialed initially in this section and despite the pandemic the section successfully achieved satisfactory outcome.

We commend AUSAID for funding the new TB Ward and MDR Ward being built by Johnstaff International Development. The TB Ward is reflecting a new and modern ward and will enable better environment for staff and patient. The equipment's are of highest class and include; Defibrillator, ECG Machine, Bed pan & Urinal washing & Sterilization Machine, Linen movement

trolleys together with Oxygen and Suction equipment inbuilt into the walls near the acute beds.

The Anua Moriri Day Care Center is an integrated clinic for HIV/ART operating under the management of Angau Hospital. It is a coordinating center for all HIV/ AIDS services in Morobe Province. The services currently provided at the Center include; Provider Initiated Counseling & Testing (PICT), Voluntary Counseling & Testing (VCT), Partner Testing for those positive partners, Distribution of ART, Attend to PLHIV with opportunistic infections, Providing STI Services to PLHIV and partners, TB Screening to all PLHIV, Provide Family Planning to PLHIV, Distribution of materials/ condoms and Keeps HIV Patient Clinical Database. Amongst various procedures and implementation of health and nursing care the center also gathers statistics and here is a table detailing HIV/ART patients registered at the Center for the months of January to October. This shows the reality of the situation that is still a problem here in the city and not to be put aside just because a new pandemic is present. The staff have been as busy to ensure good management of HIV/AIDS infections, admission of clients and administer services to patients.

Age Group	Male	Female
<1 - 9	11	14
10-24	2	25
25-49	43	37
>49	7	1
Total	63	77

A recent site survey of three health facilities in the outer districts of Morobe Province reveal little is being disseminated to these areas. The staff especially have little or no knowledge of developments regarding the disease. The established Morobe Provincial Health Authority can take this shortfall and help the outer districts as a whole to step up and better perform their roles and responsibilities. The survey team noted the following;

- HIV/STI clients need privacy when consulted. A private area must be allocated/ build for this purpose.
- Staff lack adequate knowledge on HIV/STI. They should be encouraged to attend related training.
- Patients often do not complete treatment. Staff are encouraged to undergo STI refresher courses.
- All three sites visited do not dispense ART. Even if there is a Prescriber, the required drugs must be available to complete the HIV Protocol of TEST & TREAT.
- All facilities do not have adequate recording and filing system.

The Mental health Service though little is heard of or

discussed openly in gatherings is a vital unit that sees and treats patients with mental health issues. They need our professional and specialist services. It is said, 'Regardless of my age, physical ability, personal status, rich or poor, so long as my concise is right and my mind is healthy... I am Happy' and this must enable us all to have compassion and provide for those in need as we would need. The details below shows the unit is carrying out its functions with the mindset that we are all working because our mind is healthy and functioning well. A staff Sr. Anna Aso is on training and we fully support this training. The seven different mental health issues are covered at the clinic with patients diagnosed and treated for either of the illness.

Illness	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Tot
Schizophrenia	-	13	11	2	9	17	14	8	12	13	9	-	108
Psychosis	-	5	8	-	8	9	30	10	24	25	34	-	153
Depression/Anxiety	-	3	1	-	4	8	5	1	4	9	9	-	44
Bipola	-	1	1	-	1	-	-	-	1	1	1	-	6
Substance Abuse	-	-	-	-	0	1	3	1	4	2	3	-	14
Post Traumatic S/D	-	-	-	-	1	-	-	-	-	1	3	-	5
Organic Diseases	-	6	8	2	13	13	25	6	20	15	12	-	120
Total													450

The Family Support Center an established unit in a hospital setting is a first of its kind in Papua New Guinea. Angau Hospital has been privileged and proud to take on the responsibility in managing this unit. The unit addresses issues detrimental to Violence Against Women, Children and Men and also focusing on Gender Health Response and Human Rights where Violation of Human Rights is a major concern in PNG. The Center has greatly supported the role of Angau Hospital as a Teaching Hospital in regards to providing training for Trainee Health Professionals. This year the center has provided avenues for students from Institutions to come and complete their practical attachments here. These include;

- UPNG Health Science Clinical Nursing – Mental Health & Community Nursing earned their Practical Skills and Assessment;
- UOG fourth year Psychology Course students were given the opportunity to complete their Practical Work Attachment.

Although the center has limited number of staff they have been very supportive of this important relationship being fostered.

Tuberculosis (TB) is a concern disease in the country. This needs everyone and most importantly the health professionals and family members working together to fight it and eradicate it in every Provinces in order to build a strong and healthy Papua New Guinea. The new TB Ward commissioned this year is a big bonus to Angau Hospital. It is fully furnished by the AUSAID and can cater for more patients compared to previous

years. The equipment are very modern. This should give motivation to staff which has resulted in;

- Improved patient care being accorded
- No bed sores recorded so far in 2020 compared to the recent past
- Reduced length of stay for patients with early home release

Unit 4 consists of; Antenatal Ward, Postnatal Ward, Labour & Delivery Ward, Oncology Ward, Obstetrics & Gynecology Ward and Well Women's Clinic. This year there are many elements that compromise the mentality of all staff in the hospital and Unit Four staff are no exception. The Covid-19 pandemic was a major scare. Staff were mentally affected when dealing with patients as the virus does not discriminate. The limited supply of pharmaceutical PPE causes staff to be very mindful of their contacts with patient. The never ending influx of people from outside the city, the province and many other parts of the country especially the Highlands, Momase and the Island regions means there are more patients to attend to.

The weight of the workload carried by the staff here can be measured as attending to 27 patients a day in the Antenatal Ward, or 20 patients a day in Postnatal Ward or 20 neonate patients per day. Most of these patients are mothers going through severe hours of their lives. A few lost their lives and these are very unfortunate but those that walk out of their wards add to the little jubilation enjoyed by them and staff. All new born babies receive their immunization which is a

treatment very vigorously controlled and monitored.

Data derived from the Oncology Ward is of particular concern. Being a cancer relieve hospital with a new look environment in place we look to facilitate practices to give more meaning to life. These statistics of admissions and deaths maybe high and serious but at the same time reminding us that cancer is real and positive actions must be taken at all levels of decision making to combat it. The current management practice put in place by staff should assist in the comforting of patients.

Total Admission is 144;

Month	Male		Female	
	Adult	Child	Adult	Child
Jan-Mar	6	-	33	-
Apr-Jun	13	1	29	-
Jul-Sept	12	-	36	-
Oct-Dec	2	-	11	1

Total Deaths is 91;

Month	Male		Female	
	Adult	Child	Adult	Child
Jan-Mar	5	-	20	-
Apr-Jun	13	-	22	-
Jul-Sept	7	1	14	-
Oct-Dec	1	-	8	-

PRIVATE / PUBLIC PARTNERSHIP

We acknowledge and thank the current partnership between the Morobe Provincial Health Authority and AUSAID through Johnstaff International Development who has transformed Angau Hospital out of its old image. Thank you also go to NGO's, Manalos Aviation, Marie Stops, Susumamas, Lae International Hotel, Flores Hospital, Church Groups, Sporting Groups, Public and Private Sector, Schools and Families for their support in many ways and visitations. We also say thank you to NDoH for the National STI/ HIV Program, the Provincial HIV Team and Save the Children Fund.

TRIBUTE

The Nursing Directorate and all Nursing Staff of Angau General Hospital pay our respects to our colleague Mr Andrew Dope who passed this year. He was a nurse, a brother and a friend to all of us during his time with us. Thank you... RIP.

CONCLUSION

In 2020 we looked forward to the Redevelopment taking shape come 2021. These have now taken place through continued believe and support from the Australian Government and Johnstaff who are the Developers and Project Managers. 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 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. Our

training of staff in

specialized areas

will be supported

to compliment this

vision. Thank you

all in the Nursing

Services and Let

us all look forward

to the upcoming

changes with

open mind and renewed energy in 2021.



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 four main sections in the Morobe Provincial Health Authority (MoPHA) Finance (a) Revenue Section (b) Accounts Payable (c) Budget (d) HSIP. 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 2020 include the following:
Four meetings held by MoPHA Board Finance Sub-Committee

- Approval and submission of MoPHA 2021 Operational Budget
- Approval and submission of MoPHA 2021 Project Budget

Audit Report 2019:

- 2019 Annual Accounts Audit done awaiting

management response and final Audit Opinion from Auditor General's Office.

- Work in progress to get 2020 Annual Accounts prepared for Audit. Management in progress to engage Financial Consultant to assist.

Plans for the future:

- Have quarterly MoPHA Board Finance Sub Committee meetings in 2021
- Work in collaboration with National Department of Finance to roll out Integrated Finance Management System (IFMS) in Morobe Provincial Health Authority.
- Amalgamate Public Health and Hospital Finance into one MoPHA Financial Management System.

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 2020 include the following:

Personnel Section:

- Four meetings held by MoPHA Board HR Sub-Committee
- Appointment of the MoPHA Chief Executive Officer (CEO)
- Drafting and signing of three years Contract Agreement (2020 – 2022) between Department of



Personnel Management (DPM) and sixty eight (68) MoPHA contract officers

- To have for the first time the 2020 Contract Gratuity paid for 68 MoPHA Contract Officers paid through the Ascender Payroll System by Finance Department.

Plans for the future:

Personnel:

- Have quarterly MoPHA Board HR Sub Committee meetings in 2021
- DPM to conduct HR Audit
- Implement all Union awards upon approval from Department of Finance and Department of Personnel Management.

Achievements in 2020 include the following:

Training and Development Section:

- One week Public Service Induction Course for twenty three (23) Medical and Corporate Services Staff carried out with issuing of certificates to candidates.
- Eight Nursing staff graduated from the University of Papua New Guinea (UPNG) with Bachelor Degree in various Nursing Studies.

Plans for the future:

Training and Development Section:

- All training Officers/Coordinators for MoPHA to be housed in HR Department.

Achievements in 2020 include the following:

Industrial Relations:

- 10 disciplinary meetings held in 2020 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 2020 include the following:

- Using of new modernized Stores and Supply building with shelves installed as part of the ANGAU Redevelopment.
- Installation of five (5) new photocopy/printer in DMS, DNS, CEO, HR and Facilities Office.

Plans for the future:

- To improve inventory system for Stores and Supply
- Develop Stores and Supply policy
- Staff training to develop competency and install computers to replace manual stock card system and link connect with Account section.
- Chemical room to be build next to the main general Stores and Supply building
- Computers to be installed in Stores & Supply with e-mail and network connected for efficient work flow

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 2020 include the following:

- Settling into the new modernized kitchen and familiarized with the new equipment
- Cooking meals including baking of buns for patient morning breakfast

Plans for the future:

- Constant baking of buns and bread for our patient
- Purchase of a bread slicing machine and bread tin mold for baking bread
- Need two full time bakers for the kitchen to bake for 400 patients
- Install computer in Kitchen office to improve inventory recording and network purpose

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 2020 include the following:

Transport Services:

- Repair and maintenance of 2 damage vehicles, ten seater which was crashed into the drain and Nissan 15 seater bus which was crashed at the rear by oncoming vehicle
- Maintenance of the old Isuzu dump truck, changing of engine block which effectively powered the Isuzu dump truck
- Payment of outstanding workshop maintenance cost
- Half way completion of the transport policy

Plans for the future:

Transport Services:

- Completion of transport policy
- Implement transport scheduled programs as directed by management for efficient transport services.

Achievements in 2020 include the following:

Communication Services:

- Purchasing of hand held two (2) way radio for communication service

Plans for the future:

Communication Services:

- Search and select best antenna Arial, base radio for switch board and car radio to improve our communication in the hospital and to the nine districts of Morobe
- Telephone communication to be upgraded to meet the increase demand in the new development

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 2020, the Security Services for the Hospital was continued to be provided by Executive Security Services (ESS). 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 2020 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 section has now moved into the new modernized Laundry building as part of the ANGAU Redevelopment and all Laundry Services are done at the new Facility. The Laundry is currently using three new laundry machines and three new dryer that came with the new building. The machines are serviced and maintained by the supplier, Brian Bell Limited.



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 clean 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 2020 include the following:

Laundry Services:

- Moved into new modernized laundry facility – built by the Australian Government (DFAT).
- 2x Seamstress underwent training in sewing pocketed shirt, trousers – Graduated with Certificate.

Plans for the future:

Laundry Services:

- Develop laundry facilities policy
- Staff training to develop competency
- Develop proper inventory system for daily use of laundry detergents and laundry supplies.

Achievements in 2020 include the following:
Grounds Services:

- On the job training for Grounds staff by Johnstaff in grounds work and campus beautification.

Plans for the future:

Grounds Services:

- Recruitment of additional staff to boost man power to cater for the expansion of campus and grounds activities

Achievements in 2020 include the following:

PSA Services:

- Ongoing training on use of chemical by Brian Bell chemical.

Plans for the future:

PSA Services:

- Further training for PSA staff on use of chemicals on new buildings to comply with Australian standards as the materials used in the new buildings are imported from Australia.

• 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 landlords 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 2020 include the following:

- Review all contract officers lease agreement in line with National Department of Health Rental Policy Guidelines.
- Non Contract officers removed from rental accommodation to institutional accommodation to cut down on costs.

Plans for the future:

- All contract officers' rentals to be managed according to their salary grade position in line with Housing Policy
- All trainees rentals will be according to their training budget from Department of Health

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.

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 50% 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 and funding 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 2020 include the following:
Establishment of MoPHA Board Facilities Sub-Committee

- Had four meetings in 2020

ICT:

- Continuation of 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:

- Major overhaul and installation of the A&E air

condition by Dakin PNG Limited.

Electrical:

FM team members address and adjusting problems arising from the newly installed power backup supply at the back of house.

Construction:

- The FM team actively took part in the decommissioning of all buildings that were demolished by contractors. Assisting the JID PDO to identify and do evaluation of equipment and materials to be disposed and retained to be reused before actual demolition took place.

Plumbing:

- The FM Plumbing unit have actively took part with engaged contractor (Watercorp) for monitoring and maintenance of the pump station and Kitchen gas, Electrical unit took part with electrical contractor (ODG) to monitor and carry out maintenance and keeping log of fuel, all these work are concurrent

Plans for the future:

- Facilities Team to work with the JID Team as part of the transition plan.
- Recruitment of key and specialized staff including recruitment of Facilities Manager
- Capacity building for key staff in the Facilities Team.
- Development and implementation of the Facilities maintenance plan
- Facilities Team to have a permanent Facilities building for the Team to be properly organized to carry out their functions.

Projects:

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

Hospitalwide Profile

		Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	
Hospital Wide Profile		Daily Admission Rate	100/day	65.3	56.5	58.4	61.3	67.1	67.5	66.5	60.4	60.4	58.1	59.1	63.4	
		Daily Separation Rate	105/day	74.4	79.4	73.6	83.7	67.2	83.4	82.9	75.3	71.6	71.4	67.7	66.7	
		Abscond Rate	0%	<div><div></div></div> 5.53%	<div><div></div></div> 7.14%	<div><div></div></div> 6.14%	<div><div></div></div> 8.81%	<div><div></div></div> 9.18%	<div><div></div></div> 7.85%	<div><div></div></div> 5.38%	<div><div></div></div> 6.57%	<div><div></div></div> 5.85%	<div><div></div></div> 6.44%	<div><div></div></div> 3.72%	<div><div></div></div> 2.90%	
		Inpatient Death Rate	2.5%	<div><div></div></div> 5.81%	<div><div></div></div> 5.17%	<div><div></div></div> 5.52%	<div><div></div></div> 4.14%	<div><div></div></div> 7.05%	<div><div></div></div> 4.19%	<div><div></div></div> 5.57%	<div><div></div></div> 6.04%	<div><div></div></div> 5.92%	<div><div></div></div> 5.97%	<div><div></div></div> 6.45%	<div><div></div></div> 7.01%	
		Available Beds	408	408	408	408	408	408	408	408	408	408	408	408	408	
		Bed Occupancy Rate	95%	<div><div></div></div> 49.30%	<div><div></div></div> 55.72%	<div><div></div></div> 51.94%	<div><div></div></div> 58.35%	<div><div></div></div> 59.69%	<div><div></div></div> 72.81%	<div><div></div></div> 63.77%	<div><div></div></div> 55.53%	<div><div></div></div> 68.67%	<div><div></div></div> 70.48%	<div><div></div></div> 60.34%	<div><div></div></div> 56.13%	
		Average Length of Stay	6	<div><div></div></div> 2.70	<div><div></div></div> 2.86	<div><div></div></div> 2.88	<div><div></div></div> 2.84	<div><div></div></div> 3.62	<div><div></div></div> 3.56	<div><div></div></div> 3.14	<div><div></div></div> 3.01	<div><div></div></div> 3.91	<div><div></div></div> 3.90	<div><div></div></div> 3.64	<div><div></div></div> 3.32	
		Presentations Emergency Department	N/A	3,143	3,033	2,581	2,290	3,230	3,105	2,984	2,828	3,308	3,308	3,182	3,088	3,172
		Presentations Children Out Patients Department	N/A	2,233	2,536	1,952	1,261	1,964	2,068	1,625	1,381	1,434	1,434	1,833	1,909	2,090
		Presentations Labour Ward	N/A	750	700	770	759	884	818	789	692	977	977	659	666	707
		Presentations General Clinics		3,161	2,881	2,380	1,838	2,845	2,816	1,876	2,097	3,109	3,109	3,303	3,041	1,649
		Presentations Consultation Clinics plus FSC		220	2,088	2,421	747	1,639	3,304	3,317	1,568	2,818	2,818	2,691	2,892	640
		Total Number of Presentations (include all clinics)		9,507	11,238	10,104	6,895	10,562	12,111	10,591	8,566	11,646	11,646	11,668	11,596	8,258
		Number of Patient Reviews (Main Admissions)	N/A	152	226	227	175	291	279	202	170	167	167	288	297	163
		Number of Patients waiting >24 hours for a bed (ED)	N/A	358	324	375	211	338	343	288	223	167	167	300	341	355
	% of Presentations Admitted	N/A	21.3%	14.6%	17.9%	26.7%	19.7%	16.7%	19.5%	21.9%	15.6%	15.6%	15.4%	15.3%	23.8%	
	% of ED & COPD Presentations being admitted	N/A	8.2%	2.8%	5.3%	6.3%	5.0%	5.7%	7.8%	8.2%	6.9%	6.9%	7.5%	8.8%	11.4%	
	Percentage of Presentations Reviewed	N/A	1.6%	2.0%	2.2%	2.5%	2.8%	2.3%	1.9%	2.0%	1.4%	1.4%	2.5%	2.6%	2.0%	

Hospitalwide Profile

	Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Hospital Wide Admissions	Admissions (ED + COPD)	N/A	442	154	241	224	260	294	358	346	326	376	441	600
	Labor Ward Admissions	N/A	750	700	770	759	884	818	789	692	682	659	666	650
	Inter-ward transfer in	N/A	833	785	798	856	937	914	915	834	804	765	667	716
	Total Number of Admissions	N/A	2,025	1,639	1,809	1,839	2,081	2,026	2,062	1,872	1,812	1,800	1,774	1,966
Hospital Wide Discharge/Separation	Number of direct discharges/separation	N/A	624	696	676	809	700	823	721	762	551	694	686	592
	Inter-ward transfer out	N/A	1407	1309	1308	1332	937	1314	1,520	1,224	1,287	1,220	1,126	1244
	Total hospital deaths	N/A	134	119	126	104	147	105	143	141	127	132	131	145
	Leave hospital at own risk (LHAOR)	N/A	30	62	61	105	109	102	74	85	76	50	22	31
	Abscondment	N/A	112	117	111	162	191	159	111	123	106	116	66	57
	Total number of discharge	N/A	2,307	2,303	2,282	2,512	2,084	2,503	2,569	2,335	2,147	2,212	2,031	2,069
	Dead on Arrival (DOA) at ED		41	37	33	50	45	46	48	43	29	27	32	44
	Total Hospital Bed Days	N/A	6,236	6,593	6,569	7,142	7,549	8,912	8,065	7,023	8,405	8,627	7,386	6,870

General Clinics													
Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Well Women's Clinic	N/A	186	210	207	COVID-19	67	242	562	279	312	115	292	/A..rec-leav
TB DOTS Clinic	N/A	569	1028	830	295	558	826	824	438	676	681	870	571
Day Care Centre (ANUA MORIRI)	N/A	1049	1196	961	741	1253	1132	1,316	776	1,157	1,242	842	803
Friends Clinic (STI)	N/A	358	372	374	97	248	334	326	115	293	302	308	175
Dental Clinic	N/A	336	459	397	268	355	608	731	418	662	886	674	498
Physiotherapy	N/A	89	122	104	54	114	134	123	138	133	148	126	87
Radiotherapy Unit (cancer)	N/A	70	108	83	83	92	135	130	53	117	146	142	22
Total Presentations in General Clinics	N/A	2,657	3,495	2,956	1,538	2,687	3,411	4,012	2,217	3,350	3,520	3,254	2,156
Hospital Wide Attendants at Clinics													

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Target Admissions	N/A	8.3	7.7	8.2	8.1	7.8	8.4	7.3	6.5	4.8	6.7	8.3	8.7
Daily Admission Rate	N/A	3.0	2.2	2.3	1.2	2.3	1.2	2.8	2.4	2.4	2.5	2.3	2.7
Abscond Rate	0	2.34%	2.24%	0.00%	0.00%	0.41%	1.20%	1.33%	2.00%	1.39%	0.48%	0.40%	0.37%
Inpatient Death Rate	2.5%	24.61%	15.25%	27.45%	12.81%	27.39%	12.75%	32.00%	32.50%	46.53%	30.43%	24.19%	26.57%
Available Beds	13	13	13	13	13	13	13	13	13	13	13	13	13
Bed Occupancy Rate	95%	77.92%	80.11%	71.96%	73.33%	80.15%	87.95%	76.18%	26.30%	78.72%	78.91%	79.74%	81.64%
Average Length of Stay	6	3.41	4.72	4.08	7.94	4.49	9.27	3.57	1.43	4.21	4.18	4.57	3.96
Direct Admissions	N/A	256	223	242	242	241	251	225	200	144	207	248	271
Inter-ward transfer ins	N/A	0	0	13	0	0	0	0	0	0	0	0	0
Total Number of Admissions	N/A	256	223	255	242	241	251	225	200	144	207	248	271
Direct Discharge	N/A	20	18	0	5	5	2	11	4	4	12	7	9
Inter-ward transfer out	N/A	2	5	1	0	0	0	0	0	0	0	0	0
No. of deaths (cubicle deaths)	N/A	63	34	70	31	66	32	72	65	67	63	60	72
No. of patients who left hospital at own risk (LHAOR)	N/A	1	2	0	0	0	0	0	1	0	0	0	1
No. of patients who absconded	N/A	6	5	0	0	1	3	3	4	2	1	1	1
Total number of discharge	N/A	92	64	71	36	72	37	86	74	73	76	68	83
Total Hospital Bed Days	N/A	314	302	290	286	323	343	307	106	307	318	311	329
Dead on Arrival (DOA)		41	37	33	50	45	43						

KEY: Green: Target Achieved
Yellow: Close to Target
Red: Did not achieve

Emergency Department (ED)

KEY: Green: Target Achieved Yellow: Close to range Red: Discrepancy	Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
	Admission Rate	N/A	0.1	0.3	0.2	0.2	0.1	0.2	0.2	0.1	0.1	0.1	0.1	0.3
	Daily Separation Rate	N/A	0.3	0.1	0.0	0.2	0.3	0.0	0.2	0.1	0.0	0.1	0.1	0.3
	Abscond Rate	0	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%
Intensive Care Unit (1A)	Inpatient Death Rate	2.5%	<div><div></div></div> 72.73%	<div><div></div></div> 40.00%	<div><div></div></div> 0.00%	<div><div></div></div> 33.33%	<div><div></div></div> 100.00%	<div><div></div></div> 0.00%	<div><div></div></div> 42.86%	<div><div></div></div> 25.00%	<div><div></div></div> 50.00%	<div><div></div></div> 33.33%	<div><div></div></div> 33.33%	<div><div></div></div> 50.00%
	Available Beds	5	5	5	5	5	5	5	5	5	5	4	4	4
	Bed Occupancy Rate	95%	<div><div></div></div> 10.32%	<div><div></div></div> 9.66%	<div><div></div></div> 22.58%	<div><div></div></div> 7.33%	<div><div></div></div> 6.45%	<div><div></div></div> 6.00%	<div><div></div></div> 13.55%	<div><div></div></div> 1.29%	<div><div></div></div> 3.33%	<div><div></div></div> 2.42%	<div><div></div></div> 6.67%	<div><div></div></div> 18.55%
	Average Length of Stay	6	<div><div></div></div> 1.78	<div><div></div></div> 3.50	<div><div></div></div> 35.00	<div><div></div></div> 2.20	<div><div></div></div> 1.25	<div><div></div></div> 9.00	<div><div></div></div> 3.50	<div><div></div></div> 0.67	<div><div></div></div> 5.00	<div><div></div></div> 1.50	<div><div></div></div> 4.00	<div><div></div></div> 2.88
	Direct Admissions	N/A	0	0	7	3	0	4	2	4	1	2	2	5
	Inter-ward transfer ins	N/A	11	10	0	3	4	2	5	0	1	1	1	3
	Total Number of Admissions	N/A	11	10	7	6	4	6	7	4	2	3	3	8
	Direct Discharge	N/A	1	0	1	3	4	1	3	2	0	1	1	0
	Inter-ward transfer out	N/A												
	Intensive Care Unit (1B)	No. of deaths	N/A	8	4	0	2	4	0	3	1	1	1	1
No. of patients who left hospital at own risk (LHAOR)		N/A	0	0	0	0	0	0	0	0	0	0	0	0
No. of patients who absconded		N/A	0	0	0	0	0	0	0	0	0	0	0	0
Total number of discharge		N/A	9	4	1	5	8	1	6	3	1	2	2	8
Total Bed Days		N/A	16	14	35	11	10	9	21	2	5	3	8	23

KEY: Green: Target Achieved
Yellow: Close to Target
Red: Did not Achieve

Paediatrics Ward 4BC

Indicator	Target	Jan	ANGAU Feb	Memorial Mar	Provincial Apr	Hospital May	Hospital Jun	July	Aug	Sept	Oct	Nov	Dec
KEY: Green: Target Achieved Yellow: Close to Target Red: Did not achieve													
Daily Admission Rate	N/A	4.9	4.7	5.6	6.8	6.1	6.4	6.2	6.8	7.3	7.1	6.5	4.4
Daily Separation Rate	N/A	5.5	5.2	6.6	7.6	8.3	7.5	7.3	7.9	8.8	8.1	5.4	4.3
Abscond Rate	0	9.15%	14.81%	10.40%	12.81%	8.99%	7.81%	12.04%	14.69%	16.36%	11.79%	6.19%	11.28%
Inpatient Death Rate	2.5%	5.88%	3.70%	7.51%	8.87%	10.05%	4.17%	FALSE	5.21%	5.00%	5.19%	7.73%	12.78%
Available Beds	24	24	24	24	24	24	24	24	24	24	24	24	541
Bed Occupancy Rate	95%	102.55%	92.10%	111.69%	111.53%	159.01%	169.17%	148.12%	122.98%	305.97%	257.39%	108.47%	5.30%
Average Length of Stay	6	4.46	4.27	4.03	3.52	4.62	5.23	4.85	3.73	8.34	7.66	4.79	6.73
Direct Admissions	N/A	153	135	173	203	189	192	191	211	220	212	194	133
Inter-ward transfer ins	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Total Number of Admissions	N/A	153	135	173	203	189	192	191	211	220	212	194	133
Direct Discharge	N/A	143	119	175	177	217	208	184	195	211	208	133	97
Inter-ward transfer out	N/A	0	0	0	0	0	0	0	0	0	0	0	0
No. of deaths	N/A	9	5	13	18	19	8	12	11	11	11	15	17
No. of patients who left hospital at own risk (LHAOR)	N/A	5	6	0	7	3	2	8	8	6	6	3	3
No. of patients who absconded	N/A	14	20	18	26	17	15	23	31	36	25	12	15
Total number of discharge	N/A	171	150	206	228	256	233	227	245	264	250	163	132
Hospital Bed Days	N/A	763	641	831	803	1183	1218	1,102	915	2,203	1,915	781	889

Special Care Nursery (SCN)

Indicator	Target	Jan	FEB	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
KEY: Green: Target Achieved Yellow: Close to Target Red: Did not achieve													
Acute Surgical Ward (1B)													
Target Admissions	N/A	1.3	2.2	2.0	1.8	2.1	2.5	2.3	2.1	2.2	2.0	2.2	2.1
Daily Admission Rate	N/A	0.2	0.3	0.4	0.4	0.1	0.3	0.3	0.4	0.4	0.2	0.7	0.3
Daily Separation Rate	0	0.00%	0.00%	0.00%	3.70%	0.00%	0.00%	1.41%	0.00%	0.00%	0.00%	13.64%	1.52%
Abscond Rate	2.5%	0.00%	4.76%	0.00%	5.56%	3.08%	6.58%	2.82%	9.09%	4.48%	6.45%	6.06%	0.00%
Inpatient Death Rate	9	9	9	9	9	9	9	9	9	9	9	9	9
Available Beds	95%	8.96%	8.81%	21.15%	9.26%	24.73%	12.96%	16.49%	16.49%	8.52%	12.90%	18.89%	9.32%
Bed Occupancy Rate	6	5.00	2.56	4.92	2.08	17.25	3.50	5.11	3.83	2.09	5.14	2.55	2.89
Average Length of Stay	N/A	29	55	53	51	45	50	54	51	57	50	48	45
Direct Admissions	N/A	10	8	9	3	20	26	17	15	10	12	18	21
Inter-ward transfer ins	N/A	39	63	62	54	65	76	71	66	67	62	66	66
Total Number of Admissions	N/A	5	6	10	7	2	5	6	6	8	3	7	8
Direct Discharge													
No. of deaths	N/A	0	3	0	3	2	5	2	6	3	4	4	0
No. of patients who left hospital at own risk (LHAOR)	N/A	0	0	2	0	0	0	0	0	0	0	0	0
No. of patients who absconded	N/A	0	0	0	2	0	0	1	0	0	0	9	1
Total number of discharge	N/A	5	9	12	12	4	10	9	12	11	7	20	9
Total Hospital Bed Days	N/A	25	23	59	25	69	35	46	46	23	36	51	26

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Green: Target Achieved													
Yellow: Close to range													
Red: Discrepancy													
Admission Rate	N/A	2.7	2.3	2.3	2.9	2.5	2.6	2.7	2.4	2.8	2.4	2.3	2.1
Daily Separation Rate	N/A	1.7	2.2	2.3	1.9	0.1	0.1	2.5	1.9	1.5	2.5	2.3	1.6
Abscond Rate	0	3.61%	2.95%	4.17%	3.41%	1.27%	0.00%	2.38%	1.37%	2.38%	0.00%	2.86%	0.00%
Inpatient Death Rate	2.5%	2.41%	2.99%	1.39%	2.27%	1.27%	5.13%	2.38%	2.74%	3.57%	6.67%	2.86%	1.56%
Available Beds	27	27	27	27	27	27	27	27	27	27	27	27	27
Bed Occupancy Rate	95%	35.48%	83.65%	70.37%	40.49%	78.49%	54.44%	83.51%	44.92%	51.23%	108.36%	66.67%	41.10%
Average Length of Stay	6	5.60	10.08	8.30	5.86	219.00	110.25	8.85	6.37	9.02	11.63	7.94	6.75
Direct Admissions	N/A	63	36	33	48	38	38	38	33	44	49	33	29
Inter-ward transfer ins	N/A	20	31	39	40	41	40	46	40	40	26	37	35
Total Number of Admissions	N/A	83	67	72	88	79	78	84	73	84	75	70	64
Direct Discharge	N/A	47	59	66	50	1	0	75	55	40	73	64	50

General Surgical Ward

No. of deaths	N/A	2	2	1	2	1	4	2	2	3	5	2	1
No. of patients who left hospital at own risk (LHAOR)	N/A	1	2	1	1	0	0	0	1	1	0	0	0
No. of patients who absconded	N/A	3	2	3	3	1	0	2	1	2	0	2	0
Total number of discharge	N/A	53	65	71	56	3	4	79	59	46	78	68	51
Hospital Bed Days	N/A	297	655	589	328	657	441	699	376	415	907	540	344

Daily Admission Rate	N/A	2.3	2.3	2.3	2.4	3.4	3.4	3.4	3.1	2.1	2.9	2.4	3.3	3.2
Close to Target														
Daily Discharge Rate	N/A	0.2	2.0	2.2	2.1	2.5	2.5	2.5	3.0	1.8	2.6	2.6	2.8	2.7
Abscond Rate	0	1.43%	1.47%	0.00%	2.78%	0.00%	0.00%	0.00%	1.05%	1.52%	1.15%	4.05%	2.04%	0.00%
Inpatient Death Rate	2.5%	0.00%	0.00%	1.39%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Available Beds	49	47	47	47	47	47	47	47	47	47	47	47	47	47
Bed Occupancy Rate	95%	31.71%	66.47%	50.79%	49.93%	47.63%	44.75%	61.84%	45.30%	62.62%	56.69%	59.65%	51.00%	51.00%
Average Length of Stay	6	77.00	15.36	10.88	11.17	9.01	315.50	9.79	12.00	11.18	10.33	10.01	8.74	8.74
Direct Admissions	N/A	57	53	33	58	83	79	77	60	72	65	80	81	81
Inter-ward transfer Ins	N/A	13	15	39	14	22	22	18	6	15	9	18	17	17
Total Number of Admissions	N/A	70	68	72	72	105	101	95	66	87	74	98	98	98
Direct Discharge	N/A	5	57	66	60	76	0	91	54	78	77	82	84	84

Orthopaedic Wards (A3/A4)

No. of deaths	N/A	0	0	1	0	0	0	0	0	0	0	0	0	0
No. of patients who left hospital at own risk (LHAOR)	N/A	0	1	1	1	1	1	0	0	0	0	0	1	1
No. of patients who absconded	N/A	1	1	0	2	0	1	1	1	1	3	2	0	0
Total number of discharge	N/A	6	59	68	63	77	2	92	55	79	80	84	85	85
Total Bed Days	N/A	462	906	740	704	694	631	901	660	883	826	841	743	743

Main Operating Theatre													
Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Number of Major Operations	Major	81	64	115	58	58	119	80	92	61	98	106	
Number of Minor Operations	Minor	78	101	98	64	190	144	197	76	168	102	117	
Total number of operations		159	165	213	122	248	263	277	168	229	200	223	
Number of Presentations at the Surgical Consultation Clinic	600												

KEY: Green: Close to Target Yellow: Below Target Red: Discrepancy	Daily Admission Rate	N/A	1.7	2.3	2.1	1.8	2.2	2.4	2.4	1.6	1.8	2.1	2.0	2.3
	Close to Target													
	Daily Discharge Rate	N/A	1.2	1.3	1.9	1.2	1.4	1.5	1.3	1.1	1.1	1.1	0.8	1.6
	Below Target													
	Abscond Rate	0	0.00%	0.00%	1.52%	0.00%	0.00%	0.00%	2.70%	0.00%	1.82%	1.52%	0.00%	1.39%
	Inpatient Death Rate	2.5%	40.74%	27.94%	40.91%	44.44%	32.84%	36.11%	31.08%	34.00%	32.73%	37.88%	28.33%	33.33%
	Available Beds	24	24	24	24	24	24	24	24	23	23	23	23	22
	Bed Occupancy Rate	95%	67.61%	61.78%	82.93%	72.08%	57.93%	67.92%	65.59%	83.31%	71.59%	76.30%	70.14%	81.67%
	Average Length of Stay	6	13.24	11.32	10.28	14.03	10.02	10.87	11.90	17.47	14.97	16.00	19.36	11.37
	Direct Admissions	N/A	52	57	55	50	62	67	64	44	52	60	57	65
Acute Medical Ward (7A)														
	Inter-ward transfer ins	N/A	2	11	11	4	5	5	10	6	3	6	3	7
	Total Number of Admissions	N/A	54	68	66	54	67	72	74	50	55	66	60	72
	Direct Discharge	N/A	13	19	29	13	20	19	13	16	13	7	7	22
	No. of deaths	N/A	22	19	27	24	22	26	23	17	18	25	17	24
	No. of patients who left hospital at own risk (LHAOR)	N/A	3	0	3	0	1	0	3	1	1	1	1	2
	No. of patients who absconded	N/A	0	0	1	0	0	0	2	0	1	1	0	1
	Total number of discharge	N/A	38	38	60	37	43	45	41	34	33	34	25	49
	Total Hospital Bed Days	N/A	503	430	617	519	431	489	488	594	494	544	484	557

Daily Admission Rate	N/A	1.4	1.6	0.9	1.2	1.9	2.1	2.3	1.2	1.7	1.9	1.8	1.9
Close to Target													
Daily Admission Rate	N/A	1.0	1.0	1.0	0.6	1.5	1.5	1.6	1.2	1.5	1.6	1.7	1.8
Abscond Rate	0	0.00%	0.00%	0.00%	0.00%	1.69%	0.00%	0.00%	0.00%	0.00%	3.51%	1.82%	1.79%
Inpatient Death Rate	2.5%	34.88%	12.77%	13.79%	14.29%	18.64%	12.90%	15.71%	41.67%	20.00%	8.77%	12.73%	19.64%
Available Beds	24	24	24	24	24	24	24	24	24	24	24	24	24
Bed Occupancy Rate	95%	73.39%	54.45%	72.58%	26.94%	61.56%	84.17%	64.25%	70.43%	63.89%	81.05%	78.47%	95.73%
Average Length of Stay	6	17.61	12.63	17.42	10.78	9.54	13.47	9.76	13.79	10.22	12.56	11.30	13.49
Direct Admissions	N/A	38	31	25	18	41	39	49	25	31	28	27	37
Inter-ward transfer ins	N/A	5	16	4	17	18	23	21	11	19	29	28	19
Total Number of Admissions	N/A	43	47	29	35	59	62	70	36	50	57	55	56
Direct Discharge	N/A	16	23	25	13	35	34	36	20	33	37	41	42

KEY: Green
Yellow
Red: Dist

General Ward (7C)

No. of deaths	N/A	15	6	4	5	11	8	11	15	10	5	7	11
No. of patients who left hospital at own risk (LHAOR)	N/A	0	1	2	0	1	3	2	3	2	4	1	1
No. of patients who absconded	N/A	0	0	0	0	1	0	0	0	0	2	1	1
Total number of discharge	N/A	31	30	31	18	48	45	49	38	45	48	50	55
Hospital Bed Days	N/A	546	379	540	194	458	606	478	524	460	603	565	742

Indicator	Target	ANGAU Memorial Provincial Hospital W											
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
Daily Admission Rate	N/A	0.5	0.7	0.7	0.7	0.7	0.5	0.6	0.4	0.5	0.5	0.3	0.5
Daily Separation Rate	N/A	0.1	0.0	0.1	0.5	0.5	0.2	0.3	0.5	0.3	0.3	0.4	0.5
Abscond Rate	0	6.67%	0.00%	0.00%	4.76%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	10.00%	0.00%
Inpatient Death Rate	2.5%	0.00%	0.00%	0.00%	19.05%	0.00%	0.00%	23.53%	12.50%	9.09%	13.33%	10.00%	14.29%
Available Beds	40	40	43	43	44	44	42	41	35	35	35	35	32
Bed Occupancy Rate	95%	11.13%	14.92%	14.70%	22.12%	12.75%	18.94%	39.82%	35.02%	20.57%	25.44%	16.67%	23.08%
Average Length of Stay	6	69.00	#DIV/0!	49.00	20.86	23.71	29.13	36.00	27.14	27.00	27.60	14.58	14.31
Direct Admissions	N/A	5	12	11	9	7	4	6	4	7	9	4	14
Inter-ward transfer ins	N/A	10	7	11	12	7	13	5	12	4	6	6	0
Total Number of Admissions	N/A	15	19	22	21	14	17	11	16	11	15	10	14
Direct Discharge	N/A	1	0	3	9	7	4	11	12	7	8	10	14
Medical - TB (2BCD)													
No. of deaths	N/A	0	0	0	4	0	4	1	2	1	2	1	2
No. of patients who left hospital at own risk (LHAOR)	N/A	0	0	1	0	0	0	0	0	0	0	0	0
No. of patients who absconded	N/A	1	0	0	1	0	0	0	0	0	0	1	0
Total number of discharge	N/A	2	0	4	14	7	8	12	14	8	10	12	16
Total Bed Days	N/A	138	186	196	292	166	233	432	380	216	276	175	229

Psychiatric Ward															ANGCALL Memorial Provincial Hospital											
Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec													
KEY: Green: Target Achieved Yellow: Close to Target Red: Did not meet target																										
Daily Admission Rate	N/A																									
Daily Separation Rate	N/A																									
Abscond Rate	0																									
Inpatient Death Rate	2.5%																									
Available Beds	13	13		13																						
Bed Occupancy Rate	95%																									
Average Length of Stay	6																									
Direct Admissions	N/A																									
Inter-ward transfer ins	N/A																									
Total Number of Admissions	N/A																									
Direct Discharge	N/A																									
Inter-ward transfer out	N/A																									
No. of deaths	N/A																									
No. of patients who left hospital at own risk (LHAOR)	N/A																									
No. of patients who absconded	N/A																									
Total number of discharge	N/A																									
Total Bed Days	N/A																									

Indicator	Target	Post Natal Ward & Sick Babies (3A)											
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Open: Target Achieved													
Close to Target													
Daily Admission Rate	N/A	23.9	23.1	26.6	24.5	25.7	25.2	25.4	22.5	23.8	22.0	18.0	19.3
Daily Separation Rate	N/A	23.9	23.1	26.6	24.5	25.7	25.2	26.2	22.5	25.8	21.4	16.9	18.8
Abscond Rate	0	7.95%	8.07%	7.89%	12.24%	17.84%	14.42%	8.27%	7.87%	8.26%	9.69%	4.99%	4.18%
Inpatient Death Rate	2.5%	0.00%	0.00%	0.00%	0.00%	0.00%	0.13%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Available Beds	46	42	42	42	42	42	42	44	42	42	44	42	44
Bed Occupancy Rate	95%	68.97%	63.14%	69.05%	78.33%	75.96%	70.56%	65.84%	66.67%	69.76%	64.52%	71.27%	65.91%
Average Length of Stay	6	1.21	1.15	1.09	1.34	1.24	1.17	1.10	1.24	1.14	1.33	1.77	1.54
Direct Admissions	N/A	0	0	0	0	0	0	0	0	0	0	0	0
Inter-ward transfer ins	N/A	742	669	824	735	796	756	786	699	714	681.0	541.0	598
Total Number of Admissions	N/A	742	669	824	735	796	756	786	699	714	681	541	598
Direct Discharge	N/A	674	578	723	565	569	569	695	589	658	566	470	544
Inter-ward transfer out	N/A												
No. of deaths	N/A	0	0	0	0	0	1	0	0	0	0	0	0
No. of patients who left hospital at own risk (LHAOR)	N/A	9	37	36	80	85	78	53	55	57	31	11	13
No. of patients who absconded	N/A	59	54	65	90	142	109	65	55	59	66	27	25
Total number of discharge	N/A	742	669	824	735	796	757	813	699	774	663	508	582
Total ward Bed Days	N/A	898	769	899	987	989	889	898	868	879	880	898	899
Sick babies beds	32	42	42	42	42	42	42	44	42	42	42	42	44

Labour Ward (Antenatal & Postnatal) (3B)															
KEY: Green: Close to Target Yellow: Discrepancy Red: Discrepancy	Daily Admission Rate	N/A	24.2	0.2	24.1	25.3	28.6	27.3	25.5	24.4	24.4	21.1	22.2	22.8	
	Daily Discharge Rate	N/A	2.9	0.0	3.2	3.6	3.5	3.6	3.1	7.9	7.9	2.2	3.6	3.0	
	Abscond Rate	0	1.33%	1.29%	2.95%	1.45%	3.04%	1.83%	1.65%	3.70%	3.70%	2.44%	1.05%	1.13%	
	Inpatient Death Rate	2.5%	0.00%	0.00%	0.00%	0.00%	0.00%	0.12%	0.13%	0.26%	0.14%	0.00%	0.00%	0.00%	
	Available Beds	32	32	32	32	32	32	32	32	32	32	32	32	32	
	Bed Occupancy Rate	95%	86.09%	92.13%	113.51%	104.69%	109.38%	101.77%	116.63%	99.40%	99.06%	88.51%	97.60%	68.65%	
	Average Length of Stay	6	9.38	23.11	11.49	9.22	9.95	8.96	12.18	4.02	11.60	12.72	8.68	7.40	
	Direct Admissions	N/A	750	700	747	759	884	818	789	757	731	654	666	707	
	Inter-ward transfer ins	N/A	0	0	0	0	3	0	0	0	0	1	0	0	
	Total Number of Admissions	N/A	750	700	747	759	887	818	789	757	731	655	666	707	
	Direct Discharge	N/A	77	24	72	92	67	80	76	200	68	48	97	77	
	No. of deaths	N/A	0	0	0	0	0	1	1	2	1	0	0	0	
	No. of patients who left hospital at own risk (LHAOR)	N/A	4	4	4	6	15	13	5	15	7	5	4	7	
	No. of patients who absconded	N/A	10	9	22	11	27	15	13	28	6	16	7	8	
	Total number of discharge	N/A	91	37	98	109	109	109	95	245	82	69	108	92	
	Hospital Bed Days	N/A	854	855	1,126	1,005	1,085	977	1,157	986	951	878	937	681	

KEY: Green: Target Achieved Yellow: Close to Target Red: Did not achieve	Indicator	Target	Jan	ANGAU	Memorial Provincial Hospital	Hospital W	July	Aug	Sept	Oct	Nov	Dec
Gynaecology Ward (3C)	Daily Admission Rate	N/A	1.5	2.0	2.1	2.0	2.5	3.0	2.5	2.1	1.5	1.4
	Daily Separation Rate	N/A	1.2	1.9	2.6	1.7	2.1	3.0	2.4	2.5	1.6	1.3
	Abscond Rate	0.0%	2.17%	1.75%	3.13%	0.00%	0.00%	0.00%	0.00%	0.00%	2.17%	2.33%
	Inpatient Death Rate	2.5%	0.00%	3.51%	0.00%	5.17%	1.32%	1.10%	1.39%	1.56%	2.17%	0.00%
	Available Beds	20	20	20	20	20	20	20	20	20	20	20
	Bed Occupancy Rate	95%	45.16%	42.24%	58.06%	31.50%	42.74%	75.33%	44.33%	61.45%	38.00%	31.77%
	Average Length of Stay	6	7.57	4.45	4.39	3.71	4.14	5.02	3.75	4.95	4.85	4.93
	Direct Admissions	N/A	26	39	60	30	55	68	49	64	31	30
	Inter-ward transfer ins	N/A	20	18	4	28	21	8	23	0	15	13
	Total Number of Admissions	N/A	46	57	64	58	76	76	72	64	46	43
	Direct Discharge	N/A	35	50	80	48	63	89	69	75	45	38
	No. of deaths	N/A	0	2	0	3	1	1	1	1	1	0
	No. of patients who left hospital at own risk (LHAOR)	N/A	1	2	0	0	0	0	1	1	0	1
	No. of patients who absconded	N/A	1	1	2	0	0	1	0	0	1	1
	Total number of discharge	N/A	37	55	82	51	64	70	71	77	47	40
	Total Bed Days	N/A	280	245	360	189	265	338	266	381	228	197

ANGAU Memorial Provincial Hospital Wide Report

KEY: Green: Target Achieved
Yellow: Close to Target
Red: Did not achieve

Maternity services													
Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
not achieve													
# of deliveries (live and still births attended)		734	691	738	772	762	778	750	698	763	611	573	543
# of deliveries assisted by surgical, instrumental or vacuum extraction	N/A	0			13	16	26	83	62	95	61	69	0
# of maternal deaths	N/A	0			6	0	1	1	2	1	0	0	0
# of neonatal deaths before discharge (live births)	N/A	0			11	10	8	25	11	20	22	2	0

Oncology Ward (39/40)													
Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
KEY: Green: target achieved Yellow: target not achieved Red: Did not achieve													
Admission Rate	N/A	0.4	0.3	0.3	0.5	0.3	0.6	0.4	0.5	0.4	0.4	0.3	0.3
Daily Separation Rate	N/A	0.1	0.0	0.4	0.2	0.4	0.2	0.2	0.5	0.5	0.2	0.5	0.3
Abscond Rate	0%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 10.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 0.00%	<div><div></div></div> 20.00%
Inpatient Death Rate	2.5%	<div><div></div></div> 16.67%	<div><div></div></div> 11.11%	<div><div></div></div> 90.00%	<div><div></div></div> 0.00%	<div><div></div></div> 75.00%	<div><div></div></div> 16.67%	<div><div></div></div> 8.33%	<div><div></div></div> 23.53%	<div><div></div></div> 38.46%	<div><div></div></div> 25.00%	<div><div></div></div> 40.00%	<div><div></div></div> 20.00%
Available Beds	26	26	26	26	26	26	26	26	26	26	26	26	26
Bed Occupancy Rate	95%	<div><div></div></div> 3.72%	<div><div></div></div> 6.37%	<div><div></div></div> 5.96%	<div><div></div></div> 11.15%	<div><div></div></div> 24.94%	<div><div></div></div> 15.00%	<div><div></div></div> 8.56%	<div><div></div></div> 28.41%	<div><div></div></div> 16.28%	<div><div></div></div> 19.85%	<div><div></div></div> 26.41%	<div><div></div></div> 21.84%
Average Length of Stay	6	<div><div></div></div> 7.50	<div><div></div></div> 48.00	<div><div></div></div> 4.00	<div><div></div></div> 14.50	<div><div></div></div> 15.46	<div><div></div></div> 23.40	<div><div></div></div> 11.50	<div><div></div></div> 13.47	<div><div></div></div> 7.94	<div><div></div></div> 22.86	<div><div></div></div> 13.73	<div><div></div></div> 19.56
Direct Admissions	N/A	12	9	10	14	8	15	11	14	13	12	10	10
Inter-ward transfer ins	N/A	0	0	0	0	0	3	1	3	0	0	0	0
Total Number of Admissions	N/A	12	9	10	14	8	18	12	17	13	12	10	10
Direct Discharge	N/A	2	0	2	5	7	0	4	13	10	4	10	5
Inter-ward transfer out	N/A	0	0	0	0	0	0	0	0	0	0	0	0
No. of deaths	N/A	2	1	9	0	6	3	1	4	5	3	4	2
No. of patients who left hospital at own risk (LHAOR)	N/A	0	0	0	1	0	2	1	0	1	0	1	0
No. of patients who absconded	N/A	0	0	1	0	0	0	0	0	0	0	0	2
Total number of discharge	N/A	4	1	12	6	13	5	6	17	16	7	15	9
Total Bed Days	N/A	30	48	48	87	201	117	69	229	127	160	206	176

Allied Health

KEY: Green: Target Achieved Yellow: Close to Target Red: Did not achieve	Target	Jan	ANGAU	Memorial	Provincial	Hospital W	July	Aug	Sept	Oct	Nov	Dec
Pharmacy	No. of Prescriptions presented	3,724	5,531	5,284	4,553	4,525	5,168	4,158	4,546	4,426	4,599	4,098
	No. of Prescriptions supplied	8,354	11,799	11,509	9,507	9,785	12,065	8,366	9,315	10,489	11,497	10,880
	Total number of prescriptions	12,078	17,330	16,793	14,060	14,310	17,233	12,524	13,861	14,915	16,096	14,978
	No. of orders presented	1,373	1,618	1,345	701	1,400	1,780	1,890	1,446	2,337	1,802	1,360
X-RAY	No. of images taken	1,503	1,733	1,513	749	1,606	1,937	1,930	1,711	2,457	1,873	1,503
	No. of requests received	2,227	2,410	2,114	3345	3428						
Pathology	No. of test done	1250	2065	1854	1657	1638	2054					
	No. Of counselling done	14	61	40	19	20	38	30	16	33	6	3
Social Work	No. of requests received	30	19									
	No. of requests attended to	26	60									
Biomedical												

ANGAU Memorial Allied Health Provincial Hospital Wide Report

KEY: Green: Target Achieved
Yellow: Close to Target
Red: Did not achieve

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Blood Transfusion Services													
No. of donations		593	583	816	591	781	709	742	556	866	932	587	590
No. of donors rejected		246	272	297	261	261	215	305	242	359	384	255	246
No. of donated bags not suitable for use		53	28	47	52	68	60	56	33	56	54	36	34
No. of expired donated bags		5	0	0	0	0	0	0	3	7	3	17	5
No. of x-match requested		301	397	489	308	642	380	447	335	410	461	468	359
No. of x-match transfused		250	280	318	262	390	353	310	216	300	306	306	284
No. of x - match cancelled		116	88	151	115	163	158	137	119	110	157	162	75

Consultation Clinics

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
New (Males)			8	13	5	8	24	29	38	10	8	8	0

General Surgical Clinic - Children	Reviews (Males)			75	85	20	98	159	125	11	128	143	103	25
	New (Females)			58	78	8	62	109	145	29	106	101	86	22
	Reviews (Females)			54	58	18	72	140	118	8	116	150	77	13
	Total (New & Reviews)			195	234	51	240	432	417	86	360	402	274	60
	New (Males)			11	5	0	7	5	12	6	7	11	5	2
General Surgical Clinic - Adults	Reviews (Males)			39	0	0	3	24	0	3	0	7	9	3
	New (Females)			8	2	0	4	3	9	5	5	9	2	0
	Reviews (Females)			22	0	0	2	14	0	0	0	5	6	2
	Total (New & Reviews)			80	7	0	16	46	21	14	12	32	22	7
	New (Males)			0	67	8	34	27	57	26	39	45	33	6
Orthopaedic Clinic - Children	Reviews (Males)			5	86	35	88	130	124	20	119	74	96	0
	New (Females)			0	47	4	9	24	38	18	20	25	21	3
	Reviews (Females)			2	60	15	12	117	94	19	62	41	89	0
	Total (New & Reviews)			7	260	62	143	298	313	83	240	185	239	9
	New (Males)			8	17	2	3	4	7	8	3	8	8	1
Orthopaedic Clinic - Adults	Reviews (Males)			6	10	2	0	2	0	2	4	8	3	0
	New (Females)			3	9	1	1	1	4	4	1	5	4	0
	Reviews (Females)			3	8	0	0	0	0	0	3	5	0	0
	Total (New & Reviews)			20	44	5	4	7	11	14	11	26	15	1

Clinic closed

Consultation Clinics

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec

Paediatric Surgical Clinic	Reviews (Males)			3	28	7	15	43	20	30	28	19	32	0
	New (Females)			6	19	2	3	14	20	22	2	4	5	0
	Reviews (Females)			3	7	3	8	29	15	24	17	12	18	0
	Total (New & Reviews)			616	1144	248	832	1652	1579	470	1293	1325	1155	154
Urology Clinic	New (Males)			13	17	10	18	32	21	38	25	16	21	3
	Reviews (Males)			23	52	18	46	79	96	72	94	50	89	39
	Total (New & Reviews)			36	69	28	64	111	117	110	119	66	110	42
	New (Males)			119	97	17	52	124	67	12	111	78	68	20
Medical Clinic	Reviews (Males)			110	133	64	72	200	181	30	199	158	211	93
	New (Females)			96	114	20	73	133	78	7	99	84	51	13
	Reviews (Females)			59	228	75	118	187	211	52	225	148	196	100
	Total (New & Reviews)			384	572	176	315	644	537	101	634	468	526	226

Consultation Clinics

	Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
nic - Adults	New (Males)			51	39	0	60	89	103	60	100	91	130	28
	Reviews (Males)			13	21	0	12	13	35	28	45	33	24	5

Optomatology Clinic - Children	New (Females)			32	46	0	32	64	73	55	90	74	113	15
	Reviews (Females)			9	16	0	7	9	24	18	66	24	19	4
	Total (New & Reviews)			105	122	0	111	175	235	161	301	222	286	52
	New (Males)			10	8	0	8	12	20	12	13	17	0	3
Optomatology Clinic - Adults	Reviews (Males)			2	5	0	3	2	4	5	4	8	0	0
	New (Females)			6	5	0	6	8	16	10	10	12	0	2
	Reviews (Females)			1	2	0	0	0	1	3	2	5	0	1
	Total (New & Reviews)			19	20	0	17	22	41	30	29	42	0	6
ENT Clinic - Children	New (Males)			106	75	27	114	140	127	19	78	125	120	35
	Reviews (Males)			21	22	23	29	24	11	7	38	35	52	7
	New (Females)			79	63	16	91	131	105	12	62	92	102	28
	Reviews (Females)			14	19	20	25	30	7	5	27	28	47	4
ENT Clinic - Adults	Total (New & Reviews)			220	179	86	259	325	250	43	205	280	321	74
	New (Males)			13	6	0	20	12	13	4	15	15	13	7
	Reviews (Males)			6	4	0	7	4	8	0	3	5	6	2
	New (Females)			8	5	0	16	14	10	3	12	12	9	4
ENT Clinic - Children	Reviews (Females)			3	2	0	4	5	4	0	2	9	3	1
	Total (New & Reviews)			30	17	0	47	35	35	7	32	41	31	14

Clinic closed

Consultation Clinics

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Males			43	3	0	0	4	8	14	4	7	3	18
Females			22	2	0	0	2	3	5	3	4	2	14
Total			65	5	0	0	6	11	19	7	11	5	32
New (Males)			0	15	0	15	25	26	26	18	30	30	2
Reviews (Males)			0	5	0	4	8	0	2	6	12	6	3

Medical Report	New (Females)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																									
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Family Support Centre

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Sexual Abuse		37	25	29	24	31	45	34	35	35	32	53	38

Indicator	Target	ANGAU Memorial Provincial Hospital W											
		Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Physical Abuse (People living with Disability - Vulnerable population)		44											
Psychological Abuse (People living with Disability - Vulnerable population)		81	62	63	51	78	149	66	124	114	130	145	112
Child Abuse (Sexual)		27	17	20	20	20	33	19	24	25	21	39	28
Child Abuse (Physical)		1	1	3	2	7	2	4	11	7	15	9	21
Child Abuse (Psychological)		29	18	23	22	27	42	23	35	32	36	48	21
Sexual Abuse (People living with Disability - Vulnerable population)		0	0	4	0	0	2	1	4	0	0	2	2
Physical Abuse (People living with Disability - Vulnerable population)		1	0	1	0	0	1	0	2	0	0	0	0
Psychological Abuse (People living with Disability - Vulnerable population)		1	0	5	0	0	3	1	6	0	0	2	2
Total number of clients in 2020		80	62	76	63	84	151	72	111	114	146	145	115

KEY: Green: On Target
Yellow: Close to Target
Red: Did not achieve

Family Support Centre

Corporate Services - Non clinical (support) Services

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Cost per meal per patient		0.76	0.75	0.79	0.85	0.76	0.85	0.9	0.9				
Meal cost per day (PGK)		2.29	2.27	2.23	2.50	2.29	2.57	2.6	2.8				
Total cost of meals in a month (PGK)		28735.4	29596.4	31765.2	28594.97	31190.71	32480.37	360660.0	31'203.46				
Number of Meals/Occupied Bed/Day	3						37779	41.51					

Catering Services

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Cost per Meal (K)	3.00												
Number of washing per day		143											
Number of laundry received (kg)		4465	4790	4735	4945	4889	5472	4690	5125				
Number of linen re-supplied				4820	5220								
Number of linen discharged				4820	5220								
Kg of Linen/Occupied Bed/Day	0.45												
Kg of Clinical Waste/Occupied Bed/Day	0.6												
Total weight of medical waste received (20 bags/day)	20 bags/day	926295	1134523	1264315	1331315	1761202.0	1100433.0	1266411.00	1689204.00				
Total weight of general waste received (25 bags/day)	25 bags/day	1516638	1847731	1989613	2969113	180272.0	124684.0	1177011.00	2320210.00				
Total weight of waste burnt (kg)		941858	150031	1283875	1349972	1778033.5	113125.0	1280609.00	1700569.00				
Total weight of waste disposed (kg)		1516638	1847731	1989613	2969113	180272	124684.0	1177011.00	2320210.00				
No. of incidences reported		2	0	0	1	0							
No. of vehicles in use		12	12	12	12	14							
No. of vehicles on service/maintenance		0	1	2	4	4							
Total fuel used in the month		4000	4000	4000	4000	4000	4000	4000					
Daily fuel consumption rate		137	137	137	137	137	137	137					

Corporate Services - Non clinical (support) Services

Indicator	Target	Jan	Feb	Mar	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec
Total # of maintenance jobs done		8	5	7	25	15	15	15	20				
Total number of blackouts in a month		4	3	7	2	3	2	10	6				

Key Performance Indicators	Target	Actual	Variance	Status	Comments	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030
Human Resources	Total fuel used for back up																
	Not achieved																
	Number of sewer blockage in a month	1	0	0													
	Total no. of staff on payroll																
	No. of staff absent in a month																
Human Resources	No. of staff on leave																
	Staff Turnover Rate																





FINANCIAL STATEMENTS

For Year Ended 31 December 2019



MOROBE PROVINCIAL HEALTH AUTHORITY

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MOROBE PROVINCIAL HEALTH AUTHORITY

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 Morobe Provincial Health Authority have been drawn up so as to give a view of the receipts and payments of the Authority for the year ended 31 December 2020.
- 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 Consolidated Statement of Receipts and Payments for the year ended 31 December 2020 is correct.
- e) As at the date of this statement there are reasonable grounds to believe that the Authority will be able to pay its debts as and when they become due and payable.

On behalf of the Board

Signed in Lae this 29th day of June 2021



David Wissink
Chairman



Kipas Binga
Chief Executive Officer



Aung Kumal
Director Corporate Services



MOROBE PROVINCIAL HEALTH AUTHORITY

CONSOLIDATED STATEMENT OF ACCUMULATED FUNDS AS AT 31 DECEMBER 2020

	FY 2020	FY 2019
Accumulated Funds brought forward	18,598,946	30,208,744
Operating surplus / (deficit)	(3,032,487)	(11,609,798)
Morobe Provincial Operating Account opening bank balance not taken up previously	3,319,813	0
Net movement for year	287,326	(11,609,798)
Total Accumulated Funds	18,886,272	18,598,946
Represented by :		
Operating account - Morobe Provincial Health Authority	610,969	0
Operating account - Angau Hospital	35,591	1,176,777
Trust account - Angau Hospital	19,671	14,671
Project account - Angau Hospital	18,220,041	17,407,498
Net Cash / Funds Available	18,886,272	18,598,946

MOROBE PROVINCIAL HEALTH AUTHORITY

CONSOLIDATED STATEMENT OF RECEIPTS & PAYMENTS FOR YEAR ENDED 31 DECEMBER 2020

Notes	Total		Receipts/Payments Controlled by		Payments by other		Payments by		Receipts/Payments Controlled by		Payments by other		Payments by	
	FY 2020	FY2019	Entity FY 2020	Entity FY 2020	Government FY 2020	External Parties FY 2020	Entity FY 2020	Government FY 2020	Entity FY2019	Government FY2019	Entity FY2019	External Parties FY2019		
RECEIPTS														
3	62,391,844	52,973,731	19,309,135	43,082,709	0	0	14,130,488	38,843,243	0	0				
4	933,703	1,127,946	933,703	0	0	0	1,127,946	0	0	0	0			
	63,325,547	54,101,677	20,242,838	43,082,709	0	0	15,258,434	38,843,243	0	0				
PAYMENTS														
5	45,421,368	40,331,821	6,912,053	38,509,315	0	0	5,539,330	34,792,491	0	0				
	3,672,629	3,264,846	3,672,629	0	0	0	3,264,846	0	0	0	0			
6	4,576,394	4,082,147	3,000	4,573,394	0	0	31,395	4,050,752	0	0				
7	831,264	1,018,599	831,264	0	0	0	1,018,599	0	0	0	0			
8	8,669,941	9,150,419	8,669,941	0	0	0	9,150,419	0	0	0	0			
9	3,186,438	7,863,643	3,186,438	0	0	0	7,863,643	0	0	0	0			
	66,358,034	65,711,475	23,275,325	43,082,709	0	0	26,868,232	38,843,243	0	0				
INCREASE / (DECREASE) IN CASH														
	(3,032,487)	(11,609,798)	(3,032,487)	0	0	0	(11,609,798)	0	0	0	0			
10	18,598,946	30,208,744												
	287,326	(11,609,798)												
10	18,886,272	18,598,946												



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

1. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The Morobe Provincial Health Authority provides primary health and Authority services to the people of Morobe Province, mainly funded by the Government of Papua New Guinea. The objectives of the Authority 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 Authority and in the rural area.

The Morobe Provincial Health Authority is established under the Provincial Health Authorities Act 2007 which regulates the services and functions of the Authority, its Board, its CEO and the appointment of officers. The Authority 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 2020.

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.



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

1.2 Basis of Consolidation (Cont)

Project codes are assigned in the Authority's financial system that enables the Authority 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 Authority 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 Authority's Board.

1.8 Payments

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

1.9 Taxation



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTSfs FOR THE YEAR ENDED 31 DECEMBER 2020

1.10 Events Since Balance Date

There is no event occurring after the balance date that could materially affect the financial position of the Authority as at 31 December 2020.

1.11 Economic Dependency

The Authority is to a significant extent dependant on monies received from the Government to fund its operations. In 2020, funding from Government represented 98.5 % (2019: 97.9%) of the total receipts.

1.12 Payments by Other Government Entities – Department of Finance

The Authority benefits from payments made by Department of Finance. These payments constitute cash receipts and payments of the Authority, and are controlled by the Authority, 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 Authority 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 10 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
FY 2020	430,992	405,204	46,595	2,303,647	3,186,438

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 Authority 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 Authority 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 Authority 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 Authority through the Annual Budget and the Department of Health which are received in the operating account to finance the Authority's operational requirements.

	FY 2020	FY2019
3. Appropriations from Government		
Government grants - CFC's	12,586,734	0
Government grants - Health Function	1,000,000	0
Government grants - Cancer	3,000,000	4,130,488
Government grants - Projects	500,000	3,000,000
Government grants - Covid	2,222,401	0
Other funds paid by government agencies	43,082,709	38,843,243
Funds received - Morobe PHA	0	7,000,000
	<u>62,391,844</u>	<u>52,973,731</u>



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
4. Other Receipts		
Hospital fees	384,929	560,452
Housing rentals	96,717	117,653
Interest Income	0	43,244
Subsidy for CEO remuneration	412,712	0
Other income	39,345	161,345
Proceeds from sale of vehicles	0	238,927
Donation	0	6,325
	<u>933,703</u>	<u>1,127,946</u>

5. 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.

Salaries & allowances	35,565,265	32,096,394
Wages	3,696,256	1,991,351
Overtime	607,762	307,065
Leave fares	1,816,557	1,948,677
Superannuation	2,944,050	2,696,097
Retirement benefits & pensions	791,478	1,292,237
	<u>45,421,368</u>	<u>40,331,821</u>

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 operating bank account. Payments made through Concept payroll must be added to salaries & wages paid from the Angau bank accounts to determine total personal emoluments.

6. Utilities

Power	2,710,182	2,750,318
Water	1,863,212	1,315,829
Telephone & internet	3,000	16,000
	<u>4,576,394</u>	<u>4,082,147</u>



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
7. Administrative expenses		
Administration & consulting	68,035	97,060
Transport & fuel	355,405	379,542
Training	54,152	97,791
Office materials & supplies	353,672	444,206
	<u>831,264</u>	<u>1,018,599</u>
8. Other expenses		
Travel & subsistence	308,077	254,779
Rental of properties	5,153,696	5,324,061
Routine maintenance	544,072	642,261
Other operating expenses	2,888,100	2,882,911
Interest expense	0	50
Membership & subscriptions	31,310	46,357
2019 cheques written back	(255,314)	0
	<u>8,669,941</u>	<u>9,150,419</u>
9. Capital expenditure		
Land & building	0	0
Office equipment	430,992	693,966
Motor vehicles	46,595	0
Plant & equipment	405,204	1,370,247
New construction, renovations	2,303,647	5,799,430
	<u>3,186,438</u>	<u>7,863,643</u>
10. Cash at Bank		
Operating account - Morobe Provincial Health Authority	610,969	0
Operating account - Angau Hospital	35,591	1,176,777
Trust account - Angau Hospital	19,671	14,671
Redevelopment account - Angau Hospital	18,220,041	17,407,498
	<u>18,886,272</u>	<u>18,598,946</u>



MOROBE PROVINCIAL HEALTH AUTHORITY

NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS FOR THE YEAR ENDED 31 DECEMBER 2020

11. Related Party Transactions

The key management personnel (as defined by IPSAS 20 *Related Party Disclosure*) of the Authority 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 Authority.

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

Aggregate Remuneration:	K65,930	Number of members	4 persons
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Note – There are 7 members of the Board of Morobe Provincial Health Authority. 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 1,536,062
Number of persons	4 persons

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:

	2020 K	2019 K
Lae Builders & Contractors Limited (Northern Housing Project – Stage 2)	0	4,266,666
Total	0	4,266,666

MOROBE PROVINCIAL HEALTH AUTHORITY
NOTES TO AND FORMING PART OF THE FINANCIAL STATEMENTS
FOR THE YEAR ENDED 31 DECEMBER 2020

12. Commitments (cont)

The following amounts were unclaimed for work that had not yet been completed as at 31/12/2020 :

	2020	2019
	K	K
Lae Builders & Contractors Limited (Northern Housing Project – Stage 2)	0	1,586,638
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Total	0	1,586,638
	-----	-----

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

In the normal course of business, the Authority 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 MOROBE PROVINCIAL HEALTH AUTHORITY - OPERATING ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
RECEIPTS		
Appropriations from government	14,686,734	0
Other receipts	424,757	0
Transfers from Angau Hospital Operating Account	1,400,000	0
Transfers from Angau Hospital Project Account	500,000	0
Total receipts	17,011,491	0
PAYMENTS		
Salaries, wages and employee benefits	6,912,053	0
Supplies and consumables	2,885,913	0
Utilities	3,000	0
Administrative expenses	816,465	0
Other expenses	8,831,635	0
Capital expenditure	271,269	0
Total payments	19,720,335	0
INCREASE / (DECREASE) IN CASH	(2,708,844)	0
Cash at Beginning of the Year	3,319,813	0
Increase / (decrease) in cash	(2,708,844)	0
Cash at end of the Year	610,969	0



MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS ANGAU HOSPITAL - OPERATING ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
RECEIPTS		
Appropriations from government	0	130,488
Other receipts	3,500	120,140
Transfers from Morobe Provincial Operating Account	0	7,000,000
Transfers from Angau Hospital Project Account	0	7,000,000
Total receipts	3,500	14,250,628
PAYMENTS		
Salaries, wages and employee benefits	0	5,542,782
Supplies and consumables	0	2,303,429
Utilities	0	31,395
Administrative expenses	0	972,777
Other expenses		8,860,495
2019 unpresented cheques written back	(255,314)	0
Transfer to Morobe Provincial Health Operating Account	1,400,000	0
Capital expenditure	0	199,872
Total payments	1,144,686	17,910,750
INCREASE / (DECREASE) IN CASH	(1,141,186)	(3,660,122)
Cash at Beginning of the Year	1,176,777	4,836,899
Increase / (decrease) in cash	(1,141,186)	(3,660,122)
Cash at end of the Year	35,591	1,176,777



MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS ANGAU HOSPITAL - TRUST ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
RECEIPTS		
Appropriations from government	0	0
Other receipts	505,446	968,064
Total receipts	505,446	968,064
PAYMENTS		
Salaries, wages and employee benefits	0	0
Supplies and consumables	435,473	827,209
Utilities	0	0
Administrative expenses	13,039	0
Other expenses	46,265	3,352
Capital expenditure	5,669	127,480
Total payments	500,446	958,041
INCREASE / (DECREASE) IN CASH	5,000	10,023
Cash at Beginning of the Year	14,671	4,648
Increase / (decrease) in cash	5,000	10,023
Cash at end of the Year	19,671	14,671

MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS ANGAU HOSPITAL - PROJECT ACCOUNT FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
RECEIPTS		
Appropriations from government	4,622,401	7,000,000
Other receipts	0	43,194
Total receipts	4,622,401	7,043,194
PAYMENTS		
Salaries, wages and employee benefits	0	0
Supplies and consumables	351,243	134,208
Utilities	0	0
Administrative expenses	1,760	45,822
Other expenses	47,355	286,572
Capital expenditure	2,909,500	7,536,291
Transfer to Angau Operating Account	500,000	7,000,000
Total payments	3,809,858	15,002,893
INCREASE / (DECREASE) IN CASH	812,543	(7,959,699)
Cash at Beginning of the Year	17,407,498	25,367,197
Increase / (decrease) in cash	812,543	(7,959,699)
Cash at end of the Year	18,220,041	17,407,498



MOROBE PROVINCIAL HEALTH AUTHORITY

STATEMENT OF RECEIPTS & PAYMENTS OTHER GOVERNMENT AGENCIES FOR THE YEAR ENDED 31 DECEMBER 2020

	FY 2020	FY2019
RECEIPTS		
Appropriations from government	43,082,709	38,843,243
Other receipts	0	0
Total receipts	43,082,709	38,843,243
PAYMENTS		
Salaries, wages and employee benefits	38,509,315	34,792,491
Supplies and consumables	0	0
Utilities	4,573,394	4,050,752
Administrative expenses	0	0
Other expenses	0	0
Capital expenditure	0	0
Total payments	43,082,709	38,843,243
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



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