MILNE BAY PROVINCIAL HEALTH AUTHORITY

ANNUAL REPORT 2017

A YEAR OF ACCOMPLISHMENTS

675- 6411205, 6411200, 675-72319309

Milne Bay Provincial Health Authority Locked Bag 402, Alotau. Milne Bay Province.
Email: mbpha@milnebay.gov.pg.

Features;

Our facts;

-  We were supported with budget expenditures of K 20.128 million
-  737 total Workforce-61% females.
-  Hospital deaths 2%
-  552,491 Access our services
-  190 total health facilities
-  321, 262 Pop'n
-  4 Districts, 16 LLGs

Message

FROM BOARD CHAIRMAN - MR PETER NEVILLE

The year 2017 is the Milne Bay Health Authority's seventh year of implementation since its inception in 2011. It also marks the second half of the implementation of the National Health plan 2011-2020.The Milne Bay Provincial Health Board's final term in office as this is the third year since they were sworn into office in early 2015. I wish to acknowledge that 2017 has been a challenging year however with the support of the CEO and Senior Executive Management I'm proud to say that there has been significant achievements. This goes to show the board and management's commitment in fulfilling their mandatory obligations and functions as required under the Provincial Health Authority Act 2007 and also the functional determinations under the Provincial Government for the health sector

The government reform in the health sector through Provincial Health Authority continues to enable vital health services to reach the rural and remote areas of the province as indicated by the improved key health indicators for the province. This positive health outcome is attributed to strenghtening of the health systems including health workforce, financing, information, medical supplies distribution, leadership and good governance. Utilization of health services is not only determined by assessment but quality of health services made possible through implementation of the National Health Services Standards.

On behalf of the MBPHA board, management and staff I'm delighted to present 2017 report that highlights the performance of all divisions within MBPHA and MBPHA partners in the implementation of the National Health Plan 2011-2020 and the Integrated Provincial Development Plan 2011-2015. This medium term plans are achieved through their respective Annual Work Plans in 2017. In this report we present summary of our achievements of the key health performances indicators and the minimum priority activity indicators.

The effects of the current economic trend on health services has been challenging and much stronger than the last five years however MBPHA continue to perform well. This year it is one of the top five performing provinces in the country. Some of the significant achievements includes: improvements in health infrastructure and health facility operations in compliance with National Health Services Standards; outreach clinic and patrols particularly special medical officers visits to the rural areas; and active participation by our partners in health services delivery.

I acknowledge the important role of our partners and stakeholders in health service delivery and their contribution to health sector's achievements. Finally, an organization is as good as its people, I would like to congratulate the senior management and staff of the MBPHA for making this 2017 a successful year.

MESSAGE

FROM CHIEF EXECUTIVE OFFICER-M R BILLY NAIDI

In compliance with section 28 of the Provincial Health AuthoritiesAct 2007, the board and management of Milne Bay Provincial Health Authority presents the 2017 annual report highlighting the organization's performance.The MBPHA continues to emphasize the importance of service delivery to the rural and remote communities, including the urban disadvantaged. This is done through the implementation of its Heath Service Strategic Plan and NHP 2011-2020 through the Annual Work Plan 2017.

The government's focus is to improve service delivery and health services delivery continue to be at the forefront of it's agenda. The Provincial Health Authority reform aims to strengthen health systems and in doing so improving health service delivery. Therefore, MBPHA continues to make improvements in its financing arrangements, human resources, ICT, medical supplies and technologies, infrastructure, leadership and governance which are important system requirements needed to support health services delivery. This is accomplished through the implementation of Corporate Plan 2016-2018, Health Service Strategic Plan and the Annual Work Plan 2017.

The notatble achievements and changes to health systems include: direct facility funding to the district; establishment of PGAS stand-alone at Samarai Murua and rollout to other districts; major restructure to meet critical health personnel; improvement in internet connectivity, networking and e-NHIS; rollout of Provincial Medical Transit Stores and establishment of m-Supply; and infrastructure improvement.

The year 2017 have been challenging given the changing context in terms of: population dynamics and pressure exerted on health service delivery, double burden of having to deal with infectious diseases and increase in non-communicable diseases, climate change and associated issues; and the limited fiscal space as a result of the economic down turn. However the organization was able to adapt well to these changes and performed consistently.

This annual report includes a summary of Milne Bay Provincial Health Authority achievements in 2017; reviews progress in relation to the National Health Plan 2011-2020 KRAs and priority outcomes including a provincial review of key health performance indicators; outlining our partners contributions; contains directors brief experiences; and a financial statements of our performance summary .

Accomplishments for the year 2017 is a result of strong partnership and collaboration therefore I acknowledge the efforts of all our service and developement partners, state agencies, stakeholders and our hard working staff that contributed to our success.

*Milne Bay Provicial Health Authority (**MBPHA**) is a public sector organization established under the Provincial Health Authorities Act 2007 (**PHA Act**) as part of the government's overall reform in the health sector to strengthen the health system so that it can effectively and efficiently deliver health services. Under the PHA Act MBPHA is mandated to provide health services delivery systems in the province with the assistance of its partners, provide advice on policy matters to stakeholders and partners, coordinate and monitor the implementation of the National Health Plan 2011-2020. Health services in Milne Bay Province is delivered through a network of health facilities. These facilities include 147 Aid Posts, 4 Community Health Post, 39 Health Centres, 1 Rural Hospitals and 1 Provincial Hospital. There are a total of 772 approved positions however 739 positions are occupied by staff employed by MBPHA to provide health care at these facilities.*

Who we are : MILNE BAY PROVINCIAL HEALTH AUTHORITY

OUR VISION

A healthy Province with affordable, equitable, and quality health care accessible by all men, women, boys and girls.

OUR MISSION

Milne Bay Provincial Health Authority is committed to improving, transforming, and providing quality health services to the people of Milne Bay Province through innovative approaches supporting primary health care and health systems development, and good governance at all levels.

OUR VALUES

The Milne Bay Health Authority upholds the following essential values – we are, always:

- *Accountable to all clients;*
- *Client orientated and people focused;*
- *Committed to continual learning and improved performance;*
- *Focused on maintaining high ethical standards;*
- *Striving for fairness and equitable health acre*
- *Pursuing innovative , high quality and safe outcomes*
- *Acknowledging the diverse nature of the province and uniqueness of each setting.*
- *Working as a team in partnership with all stakeholders.*

"Working as a team in partnership with all stakeholders"

OUR GOVERNANCE STRUCTURE AND TEAM

*The MBPHA Board of Governance (the **Board**) oversees and governs MBPHA, and ensures that the services provided by the MBPHA meet all relevant legal requirements.It monitors MBPHA'sprogress towards the achievement of the Key Performance Indicators in the National Health Plan andthemeeting of the PNG millennium development goals and visions. It also reports to relevant stakeholders through this Annual Reportas a requirement of section 28 of the Provincial Health Authorities Act 2007 including the S119 report in accordance with the requirements under Section 119 of the Organic Law on PLLG.*

The Board meets a minimum of four(4) times per year. In 2017 only four (4) meetings were convened for the year. The MBPHA board Partnership Commitee conducted three meetings, Health Services conducted Committee one meeting, and Finance Resources and Audits Committee four meetings in 2017. In addition the following sub-committees conducted their respective meetings: Quality Improvement , Planning and Budgeting, Project Management, Patient Care, Human Resources, Finance and Infection Control sub-committee. These sub-committees meet to deliberate on issues at the operational level and make recommendations to the board committee to advise the MBPHA board.

Since the inception of MBPHA in 2011 the senior executive team remain unchanged, and in most cases their contracts were renewed. The senior management team comprise the CEO, appointed by the Board under the PHA Actand four directors appointed by the CEO. The Senior Management is responsible for the management of MBPHA operations. The senior executives meets every month and reporting regularly to the board in the board meetings.

Board of Governance Summary meeetings

No.	Type Of Meeting	Schedule	Held
1	Board	4	4
2	Special	-	2
3	Finance& Audit	6	4
4	Partnership	6	3
5	Health Service	6	1

MBPHA Board Members

Mr. Peter Neville-
Board Chairman
-Member business

Mr. Jamil Yaganegi
Deputy Chairman & Member

Mrs .Lilly Israel
Member – General
Community

Mrs. Gloria Warren
Member- Local Business rep.

Mrs Piwen Sibunakau
Member - Women

Mrs. Cabrini Lemeki
Member -CHURCHES

Mr Wilson Lote
Member –District Representative

Mr. Elijah Imatana
Member- Community

Mr Ken Wai
NDoH Representative

Mr Michael Kape
PA - Ex-Offico Member

MBPHA Executive Management Team

Backrow: *Dr Perista Mamadi – Director of Curative Services; Mr Titus Staley-Director Policy Planning & Cordination, Dr Jacob Morewaya – Director of Public Health Services*; Front row*: Mr Steven Enore- Director of Corporate Services; Mr Billy Naidi -Chief Executive Officer*

The senior executive members comprises four executive Directors and Chief Executive Officer. The executive members' overseers operations through the administration and implementation of Board governance processes.

Senior Executive meetings;

No.	Type Of Meeting	Schedule	Held
1.	Senior executive meetings	12	10
2.	Quality Mgt Committee	6	5
3.	Finance Committee	12	6
4.	Project Management	12	8
5.	Planning Budget & monitoring	6	2
6.	Infection Control	6	4
7.	Human Resource	6	1

2017 AT A GLANCE

MILESTONES AND HIGHLIGHTS

The Gulf Team Visit to MBPHA

The Gulf team comprising of the Provincial Administration, representatives from the Gulf Provincial Government and Provincial Administration visited MBPHA. The purpose of the visit was to see first hand the progress of PHA rollout in Milne Bay Province and share expiriences as MBPHA is one of the three pilot provinces to implement PHA reform. The Gulf team visited Milne Bay Administration, MBPHA SEM, and the director's of MBPHA. They also visited Lamhaga Aid Post to see the new infrastructures in the rural setting. According to the Gulf team the visit worthwhile in that they were not only able to get valuable information on PHA but see tangible results of its impact in MBP.

Gulf Team visit to MBPHA

DFAT visit

The DFAT Counsellor visited the province on an official engagement and found time to visit the new Provincial Medical Transit Store that was officially opened in 2016. The facility was funded by the Provincial Government, NDoH and DFAT. DFAT provided funding and technical support. This initiative by DFAT aims at strengthening the health system , particularly medical supplies. The DFAT Counsellor met with the Medical Stores staff who took him through the mSupply arrangement, general storage area, coldchain facility, and Project management Unit.

DFAT Counselor's visit to PTS

Launching of Stand-Alone PGAS in Samarai Murua District

The MBPHA is in the process of rollingout the Stand-Alone PGAS in all districts. Samarai Murua District is the first district to establish the PGAS Stand-Alone to facilitate timely disbursement of health function grant received via the District Treasury operating account through the direct facility funding arrangement. In addition the PGAS will also improve monitoring and reporting, and accountability of health functional grants at the district. The CEO, Director Corporate, Director Curative Health, and Director Policy Planning were present to witness the launching together with the DDA CEO and the District Finance Officer. The operations of PGAS in Samarai Murua should provide valuable lessons that will assist rollout of PGAS to other districts.

Launching of Facility Base Budgeting PGAS at

Official opening and handover of new CHP facility at Gurney

Roll out of Community Health Post Concept

Community Health Post is an impact project of the GoPNG to address the high maternal and infant mortality rate. Among other health services it will provide supervised delivery, immunization, health promotion and education. Under the Rural Primary Health Services Project funded by the GoPNG, DFAT and other development a total of four CHP have been planned and implemented in MBP. In 2016 Bubuleta CHP was completed and opened while in 2017 Gurney CHP facility was opended, and handed over by RPHSDP to MBPHA. Work is currently progressing on the two remaining CHP facility at Sinaketa and Kaduwaga. All CHP facility should be completed by md 2018.

Induction Training for MBPHA new employees at District

Employees of MBPHA in Kiriwina Goodenough District were given an oportunity to be formally inducted into the public service. The Public Service Induction course was formally opened by the Acting CEO Dr Perista Mamadi. MBPHA HRM and directors, and certified trainers from DPM facilitated the course. This course is a requirement for all government employees as will facilitate permanent employment. Most importantly new employees are oriented on the MBPHA and government's requirements, and employees entitlements. The representative of the participants expressed that the course has been beneficial.

Staff induction at Kiriwina Good Enough District

Rehabilitating Primary Health Care Facilities

The Medium Term Development Plan and the National Health Plan deliverables include the rehabilitation of Primary Health Care facilities. The first point of contact in health service delivery for the majority of the rural and remote population is the Aid Post. MBPHA has gone out of its way to rehabilitate and improve Aid Post facilities to meet the National Health Services Standards. In 2017 an Aid Post and CHW house was constructed at Djaru. The MBPHA team led by CEO and the CEO DDA were present to open the new Aid Post facility.

*Official opening of Djaru Aid Post Samarai Murua District by MBPHA **CEO***

Partnership with DDA

The District Development Authority through the respective open members have contributed in rehabilitating Aid Posts. The CEO and Director Public Health officiated at the opening of Pwanapwana Aid Post. This is the first Aid Post funded by DDA in Esaála District to meet the National Health Services Standards as technical support was provided by MBPHA Project Management unit, Public Health and Curative Health Services. This is a good indication of good partnership to progress district health services.

Official opening of the Pwanapwana Aid post by Esaála Open Member with CEO – MBPHA, DDA & MBPHA in partnership

The medium review of the National Health plan 2011-2020 generally indicate poor trends in the achievement of key health indicators in the first five years of the NHP however Milne Bay Province continue to do well. This goes to show that the PHA reforms to strengthen the health system is achieving its intended purpose of improving health service delivery, particularly to the rural majority and urban poor. This is assisted by the government and partner's support in health investment in the province and most importantly rural health infrastructure. In 2017 improvements in the following building block for health: health financing; human resources; medical supplies, drugs and vaccines; health information and ICT; and leadership and governments continues to under pin MBPHA core business of providing health services. Major challenges in this area include finance as a result of current global economic trends, and recruitment of critical manpower however the board and management has negotiated these challenges by working within the organization's limited resources. Resources were maximized through better partnership and coordination to meet the minimum priority areas including operations of rural health facilities, outreach clinic and patrols, and drugs distribution.

HEALTH REFORM OF PHA SUPPORTING CORE BUSINESS FOR 2017

Finance

Since the inception of MBPHA there has been significant improvement in the fund flow to the district health facilities through District Treasury operating accounts. However, cash flow issues have been the biggest challenge due to the current economic trend and this has had a significant impact on delivery of public goods including timely quality health services. Improvements have been made at the provincial and district level to ensure timely disbursement of operational funds to the periphery where service delivery takes place this includes rollout of stand-alone PGAS system at the district level. Further to that improvements in planning and budgeting processes, accountability and financial reporting through quarterly budget reviews.

The health function grant and the MBPHA funds is used to support implementation of the Annual Work Plans and minimum priority activities including rural health facility operations, outreach clinics and patrols, and drug distribution. Despite the current economic trend there hasn't been any marked reduction in the health sector budget for 2017. The recurrent budget is complemented by donor support through HSIP, DFAT and the government's public investment program through Public Investment Program and Service Improvement program.

Human Resources

Health services rely on skilled health workers to deliver a quality service. The performance of the health system is very dependent on the skills, training and commitment of the health workforce, and their accessibility by the population.

The MBPHA merged structure is currently implemented since 2013 and all funded vacancies will be filled by 2018. This includes the minor refinements to capture essential positions that are not on the merged structure. A major restructure and budget was submitted for implementation of the major organizational restructure in 2016 however due to current economic downturn this has been pended.
Human Resources Management has also implemented all outstanding and new industrial awards for CHWs, Nurses, Doctors, Allied Health Workers and HEO's awards. Furthermore, training of MBPHA staffs both in-country and externally is ongoing. Training programs also includes in-service training locally through short refresh courses, clinical attachments and weekly in-house trainings.

Medical Supplies System

The National Department of Health outsources the distribution of medical supplies and equipment to a logistical company. However, medical supply to all health facilities hasn't been so effective due to procurement issues at the national level. This has result in shortage of essential medical supplies and equipment in health facilities in 2017 compared to previous years.
Despite of this set back MBPHA has gone out of its way to ensure it meets its minimum requirements in terms of ensuring sufficient supplies of medicines and equipment to provide quality health services. MBPHA has strategized by: procuring medical supplies and equipment locally; and sending pharmacy team to Area Medical Store Badili every quarter to sort out outstanding orders. Furthermore, the Provincial Transit Store project was completed

and opened for use in 2016. This facility will address the drug issue in the long run where all medical supplies will be ordered and despatch from a central location to all health facilities. This process is facilitated by a new database system, M-supply that is linked to the Area Medical Store.
At the facility level the training on the Standard Operating Procedures (SOP) for users is currently underway and will continue in 2018 to build the capacity of health workers in medical supplies management.

Information Communication Technology (ICT)

Information and Communications Technology (ICT) is an integral component of the health system and MBPHA operations. The use of IT equipment can enhance the delivery of health services and ICT can be used to improve the PHA's management information systems (MIS). It is the policy of the PHA Board for the Authority to maintain a comprehensive management information system that has the capacity to support the clinical, public health and the corporate services provided by the organization.
In 2017 ICT development involved hooking up the MBPHA management and key personnel public health, curative health and rural health staff on Digicel CUG and Telecom network for effective communication. HF Radio maintenance has progressed throughout the year however most health facility's HF radios needs replacement as parts are obsolete and cannot be easily maintained. By 2018 MBPHA will have its own internet server and domain for email, and a new Telekom land line communication system will be installed for the provincial hospital and MBPHA office.
Health Infrastructure

Under the determination of roles and responsibilities the Provincial Government and Local Level Governments are mandated to invest in health infrastructures. The MBPHA Health Services Plan guide health infrastructure development as it will clearly identify current and future infrastructure development for the next five years. The organization continues to implement government's impact project of CHP, rehabilitation of primary health infrastructure and rehabilitation of the hospital. Significant projects undertaken in 2017 are: Gurney CHP; Djaru Aid Post and staff house; and Naura Aid Post. However, the projects in progress include Budibudi Aid Post, Kaduwaga CHP and Sinaketa CHP to be completed in 2018. In addition, numerous projects have been undertaken at the district through PSIP and DSIP funding which are yet to be reported to MBPHA.

Leadership and Governance

The MBPHA Board is in its third and final year in office and has successfully endorsed major policy decision governing the operations of the organization assisted by governance committees and sub-committee that continues to provide advice to the MBPHA Board. In 2017 these committees were fully functioning and providing advice and recommendations to the board for policy decisions. Furthermore, the Senior Executive Management has been meeting regularly and advising the MBPHA board accordingly. While other relevant management sub-committees had been functioning according to their terms of reference.
The 2017 annual management report has been compiled pending certified audits report and the S119 mandatory report for 2017 has been submitted as required under *section 28 of the Provincial Health Authorities* and under *Section 119 of the Organic Law on PLLG* respectively. Feedbacks have been received on 2016 S119 and issues highlighted were addressed through the performance monitoring and review process.

Our experience

DR. JACOB MOREWAYA ,
DIRECTOR – PUBLIC HEALTH SERVICES

The most significant 2017 event was the headquarter office been *flooded again and* relocation. We will continue to do this until a proper permanent office is built for the division. The team is divided into 3 sites, Provincial Transit Medical Store, Tawali rental building and old Provincial AIDS building in the CBD. The retirees waiting and resignations will continue to challenge staff replacements. The division comprises : (I) Family Health Services – Family Planning, Nutrition, Child Health and Cold Chain and Safe motherhood.(II) Environmental health – water and sanitation, vector control, surveillance and quarantine are some of their program activities. (III)Disease Control – communicable and non-communicable diseases.(IV)Health Promotion(V)Dental and Oral Health (VI)Medical Supplies and equipment.(VII) Directorate administrative support services

- **Family Health Services**

Notable is mass retirees of staff. HEO Alex Ilaitia joins the team as Coordinator of the program replacing Mr Joshua William who is on retirement waiting list. We thank him for his tireless efforts over the years. Topa Healthy Island Concept was initiated however needs comprehensive support. Graduating communities having achieved Healthy Island Checklist Indicators will be a sustainable focus. Solar fridge cold chain rollout continuing.

- **Disease Control**

There was a Croup outbreak at Tarakwaruru and mop up immunization done with able support from the Family Health Services. Alotau district administration support was welcomed.

- **Environmental Health program**

Usual quarantine of ships and surveillance activities continues. One officer, Ms Dawaleia Norris is doing a Master's degree in Flinders University, Australia.

- **Dental and Oral Health**

Combine medical patrol to Yeleyamba area visiting schools and doing public health in communities including other district visits as well. Health promotions on betelnuts chewing and smoking a very strong focus for children and communities with IEC materials. Most of the dental officers at the district will be on retirement waiting list except Elliot Awaun in Rabaraba Health centre.

Health Promotion

Trips to Misima and Kitava communities to scope the Healthy Island concept. A positive for Intensive Community Care Unit (iCCU) as shown on caption (a).

Fig: (a) Healthy Island Concept – Kumwageya from the air At ground level, any change in healthy behaviour

- **Medical supplies and Equipment**

Berthsheebah Isei is the new pharmacists whose engagement has progressed a few workshops on medical supplies. Two are pending and visits to Area Medical Store needs to be regular to follow up on bimonthly `Pull systems` orders. Dedicated Manager, Theresa David retires after 28 years of service to the community, caption (b) on AMS trip.

The major activities that were conducted by the unit as per 2017 AIP were;

- *Management and Supervision* -which included Supervisory Visits to the HFs in the districts, Registration of 6 bimonthly drug orders for the 41 HFs, Quarterly drug follow up at AMS, Program Reviews and SOP and in-house training workshops.
- *Medical Supplies and Equipment*- this activity concentrated on purchase of buffer stock, Medical Oxygen cylinder exchanges for all 41 HFs and urgent purchase of Medical Equipment.
- *Distribution of Supplies and Equipment*- the number of freights handled and urgent consignment of medical supplies by air.
- *Warehouse and Store Management*- this involved housekeeping, vehicle maintenance, purchase of stationery and cleaning detergents and purchase of pallets and packing materials.(fig.c)

Fig: (b) Thresa David at Area Medical Stores, POM, her penultimatum Medical Supplies trip for the province.

Training our next generation - Berthsheebah Isei, Pharmacist – St. Barnabas School of Nursing training – guiding the next health

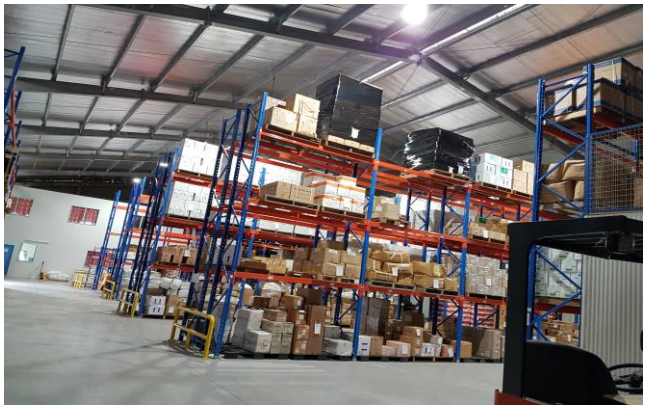


Fig c: Provincial Medical Store Stock management system

Administrative Support

The following administrative support activities transpired in 2017: Esaala Aid Post opening at Salakadi, Pwanapwana and Sanaroa in active partnership with Esaala team; Public Health program reviews at Driftwood; Met the Chinese team for Fast Elimination of Malaria by Source Eradication (FEMSE) in Port Moresby and Alotau; Public Service Induction program for Kiriwina Goodenough district health staff, a first for MBPHA at the district level for DPM facilitators; and Director attending Medical Symposium and laboratory specialty meeting as guest speaker.

Bertsheebah Isei again on Medical Supplies with Secretary for Health, Pascoe Kase and CEO – Billy Naidi at the Provincial Medical store.

In conclusion, Public Health Division will continue to advocate and carry out objective based programs. The immunization coverage, the safe motherhood and supervised deliveries are effectively monitored to strategize to optimize resources. A healthy environment is not a choice but a basic human right. The family must make decisions to safe guide and guard the family from within and outside of the home regarding bad influences.

Continuing Medical Education, Medical symposium 2017, Port Moresby

DR.PERISTA MAMADI, DIRECTOR CURATIVE HEALTH SERVICES

The delivery of Curative Health Services continues to be a challenge. A major contributing factor is the limited fiscal space due to current economic downturn. Despite these challenges Curative Health Services was able to see the year end successfully in 2017. From the onset the Curative Health Services would like to acknowledge the tireless effort of everyone in ensuring that health services remain open throughout the year. Despite of PHA reforms been implemented in the province since the inception of MBPHA in April 2011, services delivery has been quite a challenge due to health system issues. One of the major setbacks is the delay in the organizational restructure which affected health services delivery at all levels. Another concern is the management of medical officers and the need to see them as team leaders in delivery of health service. Within this difficult environment, the curative team has done exceptionally well in fulfilling its mandatory functions. .

Officers making a point on challenges in health service standards

- **Reorganization of curative health services**

The merging of MBPHA structure in 2011 didn't adequately address how the Alotau Hospital will be organized. A minor reorganization was done to establish Alotau Hospital Management Team headed by the Deputy Director Curative Health Services (as Hospital Administrator). This arrangement is necessary to ensure the provincial referral hospital is managed effectively and efficiently. More work is still in progress to organize curative services at the district level, and we hope to do that in 2018 onwards.

Performance Review

After the establishment of Alotau Hospital Management Team regular program performance reviews were done starting in 3rd quarter. The participation in the review was impressive however there is still room for improvements

- **Tuberculosis a significant challenge**

In the fourth quarter, 2017 statistics indicate TB as one of the top six causes of morbidity and mortality. This situation is aggravated by multi-drug resistant TB which is a serious concern in the province and will definitely be a priority in 2018. This changes in the landscape calls for TB to be given prominence in the annual work plan and budget as well as strengthening of capacity including TB wards in the districts.

Rural outreach medical officers patrol

- **District Hospitals**

The Vision 2050 and other overarching plans emphasises the need to establish district hospital. This year preliminary work was done with the support of Policy Planning & Coordination division, District Administration and Division of Lands and Physical Planning to roll out district hospitals in Esaála and Alotau District. Proposal has been submitted for funding in 2018.

- **Medical Officer's Rural Outreach and Supervisory Visits**

Medical Officers and Specialists visits to districts and rural health facilities is an ongoing activity it includes clinical supervision, training and other technical support. Four visits were conducted at Losuiade LLG, Yaleyamba LLG, Esaála, and Kiriwina.

- **Specialist Medical Officer's Training**

The organization has supported Specialist medical Officer's training since specialist medicine was introduced starting with Dr Kennedy James as the first candidate. In 2017 two more Medical Officers, Dr William Mataio (Emergency Medicine) and Dr Dennis Tony (Internal Medicine) enrolled at the School of Medicine and Health Sciences and passed the part one master's program exams. In addition, APH also supported training program for doctors from other provinces and Solomon Islands currently working in Milne Bay Province.

Dr .James Kennedy, surgeon with Visiting Specialist Prof Paddy. Dewan MBPHA invest in Continue medical education

- **Continuing Education, Personal and Professional development**

Continuing education is ongoing and has proven successful over the years in providing the environment for learning, mentoring and for senior managers to meet and greet with staff. This continuing education program is the flagship of Curative Health Services at the Provincial Hospital. This program should impact MBPHA's capacity and eventually improve health service delivery.

- **District Medical Officer**

The province has one district hospital at Misima however currently there is not Medical Officer there. However Dr Siaelo Panta has developed interest in rural medicine and will relocate to Misima District Hospital in 2018. Having a Medical Officer there will fulfil one of the requirements of the National Health Services Standards for level 4 district hospital.

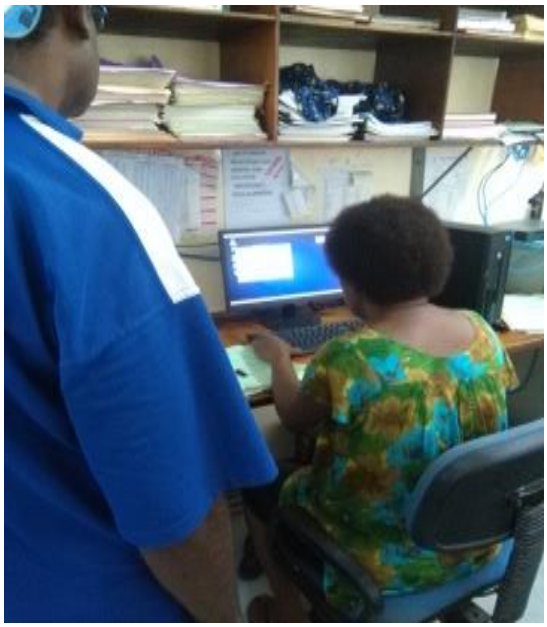
- **Alotau Hospital upgrade and infrastructure improvements**

Ongoing projects and improvements for APH include the following:

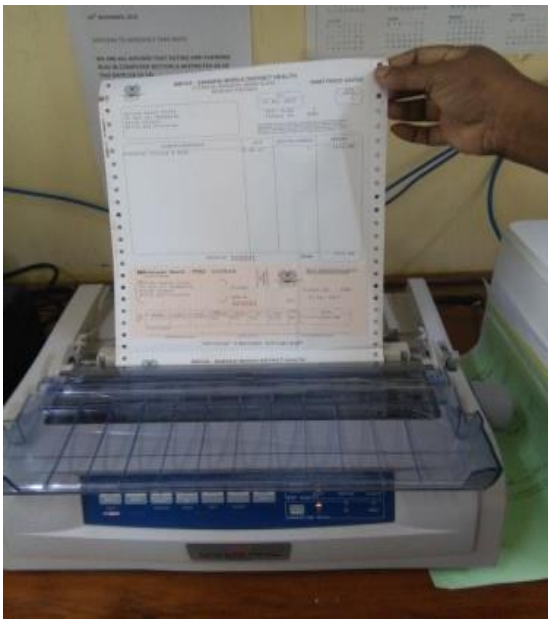
- Radiology facility improvement were done however the X-ray machine is yet to arrive from Port Moresby to be installed
- Laundry building work is in the design and costing stage which has been delayed for a while due to delays in technical support
- Blood Transfusion building is at design and costing stage
- Assessment is done to operating theatre air conditioning duct system and awaiting report and recommendations
- Emergency Medicine on-call room, storm drainage, histopathology laboratory extension, waste management staff shower, in-patient care fencing, and hospital kitchen tiling is pending to be funded and completed in 2018
- Hospital beautification is yet to start and will take place in 2018

MR.STEVEN ENORE - DIRECTOR CORPORATE SERVICES

Since the implementation of PHA reform in Milne Bay, Corporate Services has performed exceptionally in a volatile and demanding health services environment. There were factors of financial constrain particularly availability and timely release of recurrent budgets that has prompted Corporate Services to manage resources prudently to achieve expected deliverable outcomes. Good financial management practices over the eight years has contributed to successful achievement of PHA deliverables such as supporting major health facilities projects including staff housing projects. Looking back from 2017 to 2010 in implementing PHA agenda, the last eight years provided many important learning experiences. In spite of the many challenges Corporate Services has been a silent achiever. The Corporate Service provides the following: financial services, human resources management, housekeeping, facilities, and general administration including assets and housing. The Office of Director Corporate with the support of Policy Planning and Coordination has documented Direct Health Facility Funding (DHFF) guidelines and also established PGAS stand-alone system in Samarai /Murua District in 2017. Similar arrangement will be rolled out to the other Districts as soon as administrative arrangements are completed. Annual financial statements from 2013-2016 had been submitted to Auditor General Office and audit opinion is pending. The annual financial statement for 2017 has yet to be submitted as PGAS cash books and bank statement is yet to be reconciled and concluded. Currently NDoH finance support branch is assisting in completing the data input back dated to 2013 to have the bank reconciliation balanced and reconciled. The management recognizes the importance of internal audit meetings that has been conducted for CEOs by NDoH and Department of Finance which CEO and DCS attended and presented financial report for the organization.



a. PGAS Stand-Alone Office at Samarai Murua District



b. Printing of first cheque at Samarai Murua District from newly established PGAS stand-alone

Manpower issues have been a contentious issue that the organization is faced with putting pressure on the Human Resources Unit to perform at a higher level. This is difficult given the high turnover rates in the human resources senior staff. To address this situation new senior human resources staff and support staff have been recruited enabling this important arm of Corporate Services to perform effectively to implement outstanding deliverables that had become impediments to the organisation.

Improved capacity in human resources staff has assisted the Human Resources Unit to perform its functions effectively. Among other achievements, positions and employee's data cleansing was completed in order to establish one position – one person-one pay(PPP) with Alesco payroll system functionality enabled. Furthermore, there has been marked improves in client and advisory services and implementation of contracts and awards in a timely manner.

Hospital Corporate Services is a new initiative with the aim of strengthening support to Alotau Provincial Hospital in the following service area: catering, laundry; sewing and domestic services. These services have contributed significantly to working environment within Alotau Provincial Hospital and MBPHA headquarters. The functions of general administrative services include vehicle fleet management, management and removal of medical waste, and facilities management. There is a high demand for maintenance of infrastructure, static plant and medical equipment. However, several minor hospital projects were carried out in 2017 particularly maintenance of three (3) institutional houses, new medical ward ramp and relocation of ward manhole.

Finally, Corporate Service will continue to meet its mandatory obligations as a support service to Curative Health and Public Health as well as other major stake holders of MBPHA to ensure delivery of quality health services for the people of Milne Bay and Papua New Guinea.

MR. TITUS STANLEY - DIRECTOR POLICY PLANNING & COORDINATION

The Policy Planning and Coordination division is responsible for management and delivery of five core functions to support health services delivery in the province: Planning and Budgeting; Monitoring and Evaluation; Health Information System; Partnership and Development Projects. The division provides support in these areas to curative and public health services including the completion and submission of Annual Work Plan and Budget; district program performance reviews; provincial program performance reviews; budget reviews; submission of annual management report and S119 report; management of infrastructure projects; eNHIS reporting; ICT support and facilitate formal partnership agreement.This report provides summary of highlight of significant achievements, discuss issues and challenges and way forward for 2017, and acknowledges the contributions of senior management and staff of MBPHA, and partners.

HEALTH PROJECTS - IMPROVING HEALTH SERVICES DELIVERY

Increasing access to quality health services for rural majority and the urban poor Rehabilitated and strengthened Primary Health Care infrastructure and equipment

Deliverv at new CHP at Bubuleta

Assess to quality health services is imperative particularly those who live in rural and remotes locations. To realize this the health system needs to be responsive including ensuring availability of sufficient funds to support outreach programs, improve realiable drug distribution, referral of patients, improve health infrastructure and equipment and ensure availability of critical health personnel at the district.

In 2017 the MBPHA continues to implement health sector MTDP, IPDP 2016-2020 and the Health Services Plan aimed at addressing the health infrastructure development in line with the National Services Standards. Furthermore the Corporate Plan 2016-2018 focuses on providing the management with the internal support and conducive environment to effectively deliver the core business of the organization which is "health services delivery". Among other health system requirements ensuring availability of sufficient funds at the periphery where service delivery takes place.

To improve health services delivery the following targets were set for 2017:

(i) Establish 1 CHP in Alotau District and 2 CHP in Kiriwina District
(ii) Build 3 new Aid Post and staff house
(iii) Submit PFD for 10 new projects (5 CHPs, 2 land payments and 3 new Aid Posts)
(iv) Acquire standards Aid Post equipment for three new Aid Posts

(v) Registration of 3 new CHPs at Bubuleta, Sinaketa and kaduwaga
(vi) Establish PGAS stand-alone system at Samarai Murua District
(vii) 100% of Rural Hospital, Health Centre, and CHP to be operational
(viii) 80% of Aid Post be operational
(ix) State to acquire 3 CHP land at Liak, Tobowada and Liluta
(x) 80% of labour ward with running water
(xi) 100% of Health facilities with working HF radios

Opening of Djaru Aidpost-Samarai Murua District

Towards this target we achieved the following outcomes:

- Completion and official opening of Gurney new CHP facility
- Work progressing within budget and timeframe for Sinaketa and Kaduwaga CHP
- Completion and opening of Njaru Aid Post and staff house
- Work progressing at Naura Aid Post project at 50% completion
- PDF submissions done for Liluta, Tubowada, Gwabegwabe, Motorina and Boilave CHP; Brooker, Damunu and Lelehudi Aid Post and staff house; and Liak, Liluta and Tubowada land payment
- Land use agreement, survey, LIR, and valuation done and awaiting acquisition of land for Tubowada, Liluta, and Liak health facility land
- Medical equipment acquired and distributed for Djaru, Nuakata and Lamhaga Aid Post
- Registration of Bubuleta CHP done, while registration for Sinaketa and Kaduwaga in progress
- 100% (1/1) rural Hospitals fully operational
- 97% (38/39) Health Centres fully operational
- 100% (2/2) Community Health Post fully operational
- 67% (100/149) Aid Post fully operational
- Routine maintenance of all health facilities under recurrent funding;
- Ongoing maintenance of VHF and HF radios at HCs; and
- 70% of Health facilities have running water to labour ward

Partnership Committee meeting

PUBLIC PRIVATE PARTNERSHIP
Implementation of Partnership Policy

Since the establishment of the Partnership Committee with all stakeholders in 2013 there has been regular consultation not only at the partnership board committee meetings but also in other important avenues. These avenues of include PEC and LLG presidents orientation, health planning consultation meetings, partnership agreement consultation meetings, and district management meetings. This has significantly strengthen partnership and improved

coordination resulting in improved performance as partners effectively implement the National Health Plan and the National Health Servicse Standards.In 2014 we had a target to establish partnership agreements with all the partners.

Towards this target we achieved the following outcomes:

- 18 partners signed a partnership charter;
- Three (3) new partnership agreements signed by United Church Health Services, Marie Stopes and St. Barnabas School of Nursing;
- A total eleven (11) partnerhsip agreements have been signed with YWAM, TOR, PNG IMR, Marie Stopes PNG, Kula Palm Oil Ltd, Spesim Pikinini, Rotary Australia, Anglican Church Health, catholic Church Health, SDA Chuch Health
- Draft MOU done for YWAM Newcastle Ships;
- Meeting with YWAM Liberty team and YWAM Ship Newcastle team
- PEC and LLG Council President's orientation;
- Meeting with DDA CEO for Kiriwina Goodenough, Samarai Murua, Esa'ala and Alotau; and
- Briefing with Samarai Murua and Esa'ala Open members

e-NHIS reporting tablet

- HEALTH INFORMATION, MONITORING AND EVALUATION

  Coordinate and monitor implementation of National Health Policy

Target for 2017 includes 100% reporting through NHIS, condcting 4 provincial quarterly performance reviews, attend 4 district performance reviews, submitting S119, attend 1 IPDP review, Corporate Plan review, HSP review and role out eNHIS to all health facility

- Towards this target we achieved the following outcomes:
- 100% NHIS reporting by 41 health facilities (39 HC, 1 RH and 1 PH);
- Submission of S119 report for 2016;
- Conducted 3 provincial quarterly performance reviews;
- Corporate Plan review darft report done
- Health Services Plan review pending
- Attended 1 IPDP review for 2016
- eNHIS reporting done for all HCs, RH and Alotau Provincial Hospital

- PLANNING AND BUDGETING

  Improve financial resource management for health service delivery

There hasn't been much increase in funding for the recurrent budget and development budget in the last three years. Furthermore timely release of funding is a challenge and the management has strategized to support delivery of health services.

The target for 2017 includes: implementation of AWP and Budget 2017; submission of recurrent and development budget 2018; tranfer of all function grants directly to the district health facilities; and establshment of PGAS stand-alone at the district..

Towards this target we achieved the following outcomes:

- Annual Work Plan and Budget 2017 implemented and performance review conducted;
- Annual Work Plan and Budget submitted and funded for 2018;
- Development Budget submitted for 2018 (PSIP, DSIP, LLGSIP and DPs);
- All district health function grants transferred to District Treasury operating account for 4 DHQs and 15 government health centres; and
- One PGAS tsnd-alone launched at Samarai Murua District

It has been a challenging year given the added responsibilities and the limited fiscal space however the Policy Planning and Cordination Division was able achieve some of its deliverables for 2017. Significant achievements include: new Corporate Plan 2016-2018; rollout of PGAS stand alone system Samarai Murua District; rollout of eNHIS reporting system; establsihment and roll out of CHPs at Gurney, Sinaketa and Kaduwaga impact projects; 2018 AWP and Budget submission; advocacy with polical leaders and keystakeholders; integration and improvement of ICT; performance monitoring and evaluation of program implementation through performance reviews. The division will continue to fulfill its mandatory functions to provide support to Curative Health, Public Health, Coprporate Services, and CEO's Office.

Working with partners lands, Division - MBA, Budget Officer, DDA district support Esaála District with PLPP, PMU and CHS team

PERFORMANCE TOWARDS NHP KEY RESULT AREAS

The National Health Plan 2011-20120 defines the overall policy framework for the PNG health sector. MBPHA has developed its strategic plan which aligns with the NHP 2011-2020 and the MTDP 2011-2015. The strategic plan is operationalize annually through the Annual Work Plans that focuses on implementing the NHP KRAs and NEFC's MPAs.In terms of the the implementation of the NHP 2011-2020, we have reached the mid point and started on the second half of journey.The health sector continues to monitor and evaluate its performance through the health sector review process, identify issues in the implementation of the NHP and come up with the best options for improvements. In the 2017 annual report, the MBPHA presents to its stakeholders a summary of its performance based on the health sector key performance indicators.

KRA 1 – IMPROVING SERVICE DELIVERY

Access to quality health services

The average outpatient visits per person each year to the hospitals and health centres has shown an increasing trend in the last five years (*refer to figure 1*). This indicates that people are accessing and utilizing health care at the health facility.

It is also indicative of the following: the health facility efficient in terms of good organization; sufficient equipment, supplies and infrastructure; health workers are available and performing their duties; and good patient demand on health services due to accessibility, high perceived quality of care, availability of service and confidence in the health worker. These factors have contributed to high productivity of health staff.

With improvements in transport and communication, increase income opportunity, improve quality of services and other enabling environment this trend will continue to increase. This trend in accessibility is also reflect by improvements in other key indicators. The achievement for 2017 seem to follow the same trend with Alotau, Esaála and Kiriwiwna Goodenough District's achievement above the provincial average of 1.72 visits per person. The provincial performance is above the national average of around 1.2 visits per person.

Figure. 1

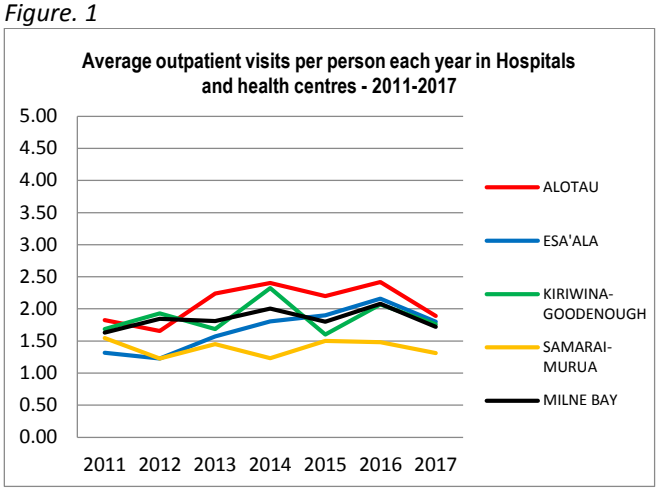
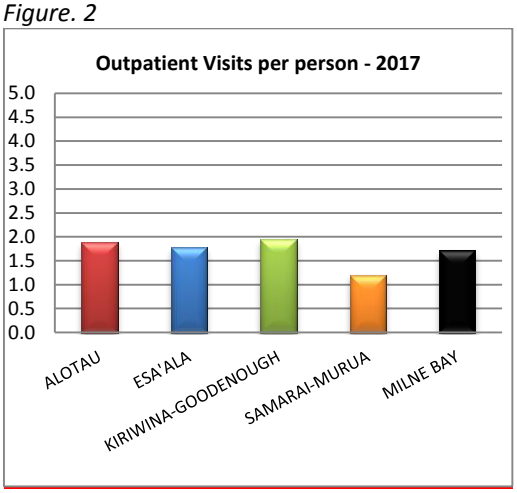


Figure. 2



Source: NHIS and Health Sector Review 2017

Rehabilitated Primary Health Care Infrastructure and Equipment

The health service in Milne Bay Province is delivered through health facilities managed by the government and church health services. These health facilities range from level one to level five health facilities that offers specific functions and health services. There are altogether 192 health facilities in the province comprising of 1 provincial hospital, 1 rural hospital, 39 health centres, 2 Community Health Posts and 149 Aid Posts. Out of the 192 health facilities 142 (74%) are open and functioning. The health facilities closed are mostly Aid Post facilities due to poor infrastructure. However, 100 (67%) of the number of Aid Posts open and functioning which is above the national average (*refer to table 1, figure 3 & 4*).

Priority infrastructure development is targeted toward Primary Health infrastructre through the governments public investment program (including DSIP, and PSIP). Over the last five years the number of Aid Post open remain almost static however in 2017 the government has made some health investments, particularly rehabilitating the Aid Post infrastructure. New Aid Post and staff house was completed at Djaru, and work commenced on new Naura and Budibudi Aid Post facility.

In addition to Aid Posts, investments was made through RPHSDP to rollout CHPs in the district. In 2017 Gurney HC was rehabilitated using the larger version of the CHP design while two CHP at Sinaketa and Kaduwaga started construction phase. Preliminary work was done by MBPHA, Lands Office and DDAs at Rabaraba and Esa'ala to secure land and make a submission for the proposed district hospital.

Table. 1 Status of rural health facilities

Summary Status (End of Year)	Health Centres			Community Health Posts			Aid Posts			District Hospital			Provincial Hospital			%
	Govt	NGO	Total	Govt	NGO	Total	Govt	NGO	Total	Govt	NGO	Total	Govt	NGO	Total	
Open	13	25	**38**	2	0	**2**	91	9	**100**	1	0	**1**	1	0	**1**	74%
Partially Open	1	0	**1**	0	0	**0**	0	0	**0**	0	0	**0**	0	0	**0**	0.5%
Closed	0	0	**0**	0	0	**0**	45	3	**48**	0	0	**0**	0	0	**0**	25%
Unknown	0	0	**0**	0	0	**0**	1	0	**1**	0	0	**0**	0	0	**0**	0.5%
Total	**14**	**25**	**39**	**2**	**0**	**2**	**137**	**12**	**149**	**1**	**0**	**1**	**1**	**0**	**1**	

Source: S119 Report

Figure3.

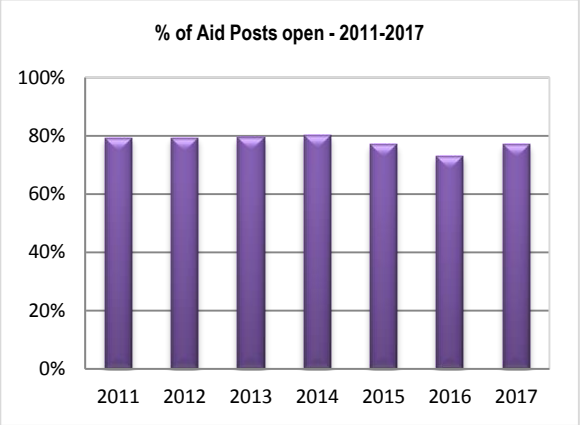
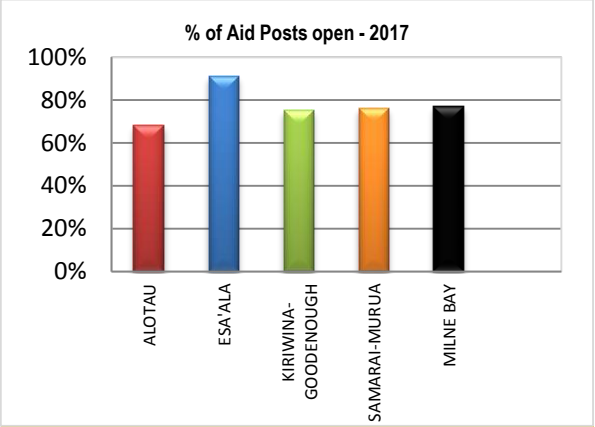


Figure 4.



Source: NHIS and Health Sector Review 2017

KRA 2 – STRENGTHENING PARTNERSHIPS AND COORDINATION WITH STAKEHOLDERS

Milne Bay Provincial Health Authority acknowledges the unique experience and expertise that partners bring to assist in health services delivery. Since the inception of MBPHA make significant progress was made in strengtheing partnership and coordination through formal agreements.

Implementation of Partnership Policy and Expending Partnership

Todate 18 partnership charters have been signed and a total of 11 partnership agreements executed. In 2017 three partnership agreements were signed between MBPHA and its partners (United Church Health, Marie Stopes PNG and St. Barnabas School of Nursing).

Partnerships and Collaboration to expand the reach of quality health services

Out of the 11 partners engaged with MBPHA several partners continue to be actively and assisted MBPHA to expand the reach of health services, they are:

- Church Health Agencies – The Catholic Church, United Church, Anglican Church and SDA have been our traditional partners, providing more than 60% of health services in remote and rural communities in the province. Health services provided include curative services and public health services.
- Asian Development Bank (ADB)

  The ADB through the Rural Primary Health Services Delivery Project continues to engage in strengthening capacity of health personnel, improving health infrastructure, community engagement in health through empowerment and health promotion activities. In 2017 RPHSDP delivered the new CHP for Gurney and started work on Sinaketa and Kaduwaga Aid Post. Furthermore, assistance was provided for to rollout the e-NHIS by way of training and establishment database at in the province. The engagement of RPHSDP expertise has also improved the Project Management Unit's capacity.
- Marie Stopes

  Marie Stopes PNG renewed its partnership agreement with MBPHA in 2017 after been away for several years. The involvement of Marie Stopes PNG further strengthened MBPHA's capacity to effectively implement reproductive health and family planning programs. Program activities mostly involves capacity building at the district level while supporting MBPHA team conduct operational activities.
- The Hands of Rescue Foundation (THOR)

  THOR acquired a new aircraft which has greatly assisted MBPHA to extend its reach of providing women and baby bundles in remote "hard to reach places", particularly the outer islands and inland of Alotau District. The organization under Dr. Berry's leadership continues to provide support in terms of capacity building through skills and competency training on maternal health. The new aircraft has also

assisted in medical evacuation for women with birth complications that needs further treatment at Alotau Hospital

- Kula Palm Oil Limited (KPOL)

  Kula Palm Oil Limited was the first partner to executive formal partnership agreement with MBPHA, and has remained faithful in its commitment. Health Services provided by the company include outpatient services and limited in-patient care at its clinics at Hagita, Waigani and Sagarai Estates. There has been a strong collaboration with other partners such rolling out family planning, dental eye care activities, snake bite treatment, immunization and providing medical emergency assistance. MBPHA continues to provide KPOL assistance in curative and public health outreach program activities. There is plans to establish CHPs at the estates and current MBPHA is assisting to ensure all NHSS requirements are complied with.

- PNG Institute of Medical Research (PNGIMR)

  PNGIMR has conducted a number of researches on malaria, TB, STIs and review of the VBA program in Milne Bay Province in the past. The results of these researches were used to inform national health policy and review current practices. At present the organization continues to carryout research work and provides reports during the Partnership Committee meetings.

- YWAM Ships

  Since acquiring the new ship "YWAM PNG" several trips were conducted in Milne Bay Province. The MBPHA Eye and Dental specialties were engaged in the outreach program to the outer islands and other rural areas. As the ship was still undergoing refit and improvements to comply with sea worthiness requirements by 2018 onwards we hope to see frequent outreach trips in Milne Bay Province.

- St Barnabas School of Nursing (SBSoN)

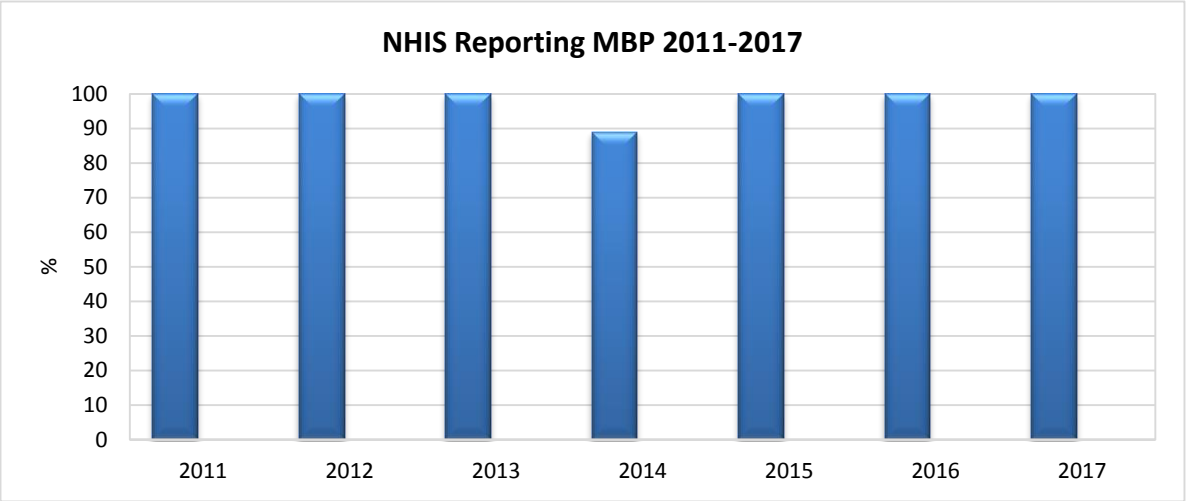
  The SBSoN just signed the formal partnership agreement in 2017 and hopefully by next year they will provide reports to MBPHA on the implementation of their obligations. An understanding was reached as per the agreement that MBPHA will continue to provide the hospital facilities for students to learn and the school will in return graduate qualified nurses that will replenish the aging workforce including those who are exiting the workforce.

Coordinating and Monitoring implementation of National Health Policy

The MBPHA conducted four (4) three quarter program performance reviews and attended three district quarterly performance reviews (for Esaála, Kiriwina and Alotau District), and submitted section 119 report for 2016. MBP continues to maintained NHIS reporting rate at 100% for the last five (5) years (*refer to figure 4*). Rollout of electronic NHIS reporting should improve quality and timeliness of reporting.

The review of various plans is ongoing; this includes the Corporate Plan, Health Services Plan and the Provincial Integrated Development Plan. A new Corporate plan will be documented next as the current plan will expire by end of 2018. Furthermore, the Health Services Plan will be reviewed next year in line with the priorities identified in the National Health Plan mid-term review.

Figure 5.



Source: NHIS and Health Sector Review 2017

KRA 3 – STRENGTHENING HEALTH SYSTEMS AND GOVERNANCE

The MBPHA continues to ensure strengthening of health systems and the governance process to support curative and public health programs. This includes adequate financing, adequate and appropriate human resources, medical supplies and equipment, and innovative information communication technology. Furthermore, good governance and leadership to guide the organization fulfill its mandatory responsibilities.

Some highlights of health system improvements in 2017 include the following: direct facility funding and roll out of PGAS stand-alone system at the district; establishment of Provincial Transit Store, m-Supply and SOP training for district staff; filling all vacancies in the merged structure and major organizational restructure; CUG connecting provincial and district, maintenance and replacement of HF radios in the district facilities, and improved internet connectivity; functioning sub-committees, board committees and board.

Financial resource management for health services

Operational Funds (238 and 275)

In the last two years MBPHA's health function grant allocation for rural health services remain the same with slight decrease of K0.2 million in 2017. Health function grant is used to implement the public health or rural health programmes in line with the Minimum Priority Activities and priority health outcomes of the NHP 2011-2020. Out of the K7.4 million appropriation K0.8 million (11%) was used to fund health facility operation, outreach program activities and medical supplies. As illustrated by *figure 7* there is marked decrease in actual expenditures compared to the appropriation due to cashflow issues and late release of warrants. This has significantly affected implementation of public health programs. To meet this short fall rollover funds from 2016 was used to support implementation of MPAs, particularly at the district and health facility level (*refer to figure 8*).

On the other hand MBPHA operational funds including funds for Alotau Provincial Hospital show similar decreasing trends in the annual appropriation. Compared to 2016, in 2017 K6 million was appropriated a decrease of K1 million. Out of this appropriation K4.49 million was released and K4.48 million was expendended, however the remaining K1.41 million was not received (*refer to figure 6*). This fund is used to support MBPHA operations including Curative Health, Public Health (MO rural outreach), Corporate Services, Executive Management and the Board.

Figure 6.

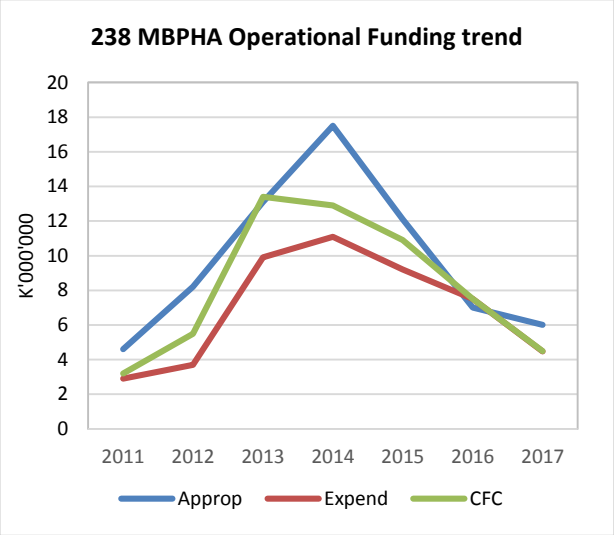
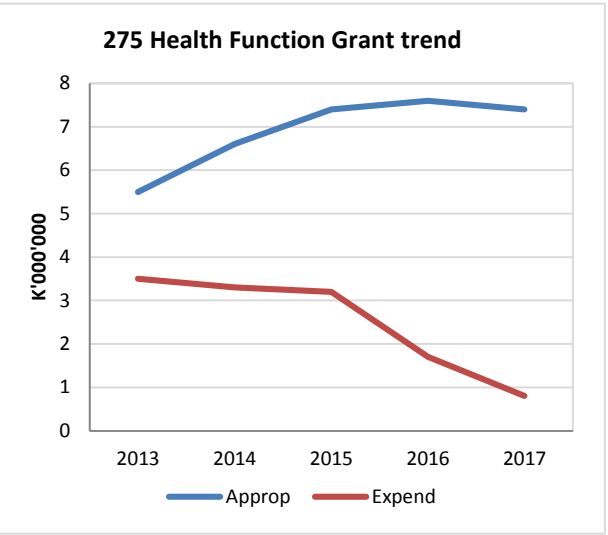
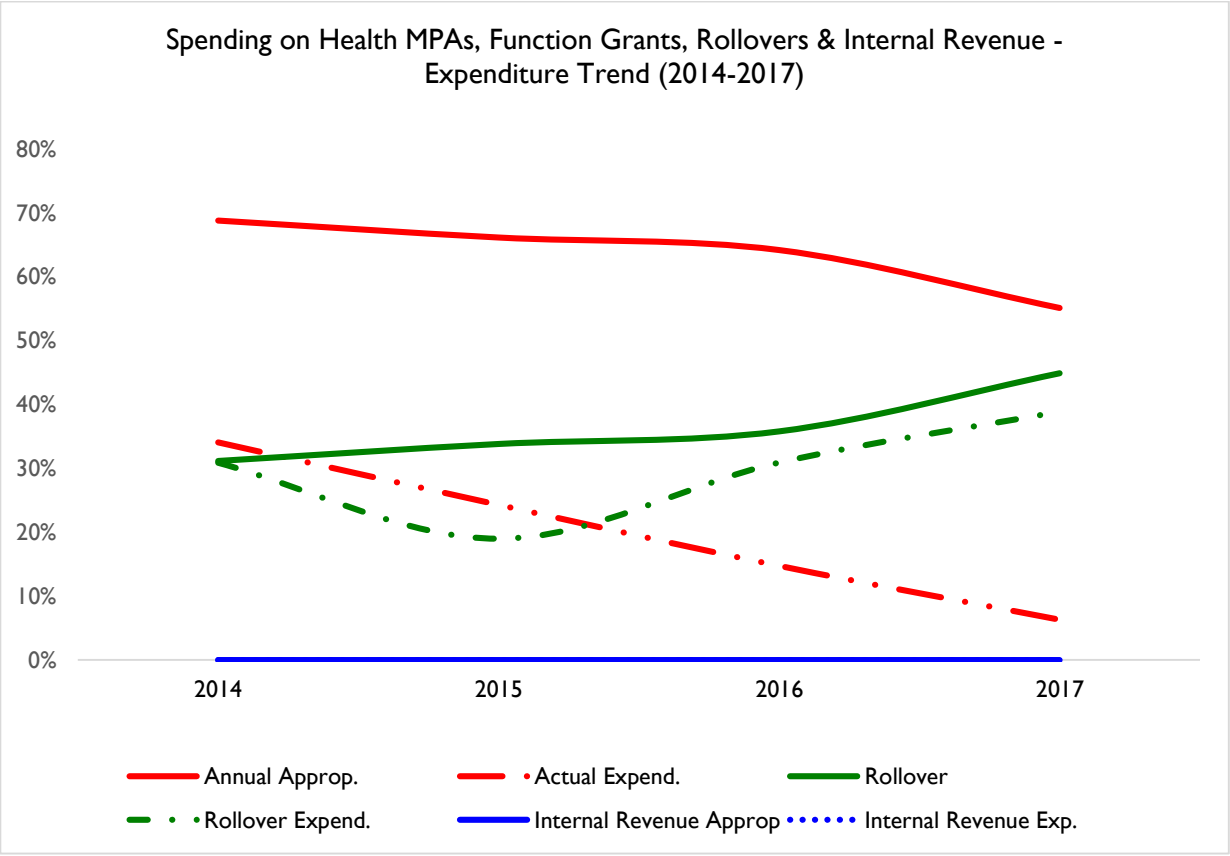


Figure 7.



Source: MBPHA Budget Section

Figure 8.



Source: NEFC

Development Funds

Unlike the recurrent funding health development funds don't always reach MBPHA directly as this funds are provided through LLSIP, DSIP, PSIP and the other government PIP arrangements through the National Planning Office. In 2017 no direct funding was received for major health infrastructure development at Alotau Hospital and the district health facilities. However, the status report below (*refer to table 1)* provides information on ongoing project including those that are funded by partners.

Table 1. Project Status

No	Project	Funding Sources	Funds allocated (Kina)	Funds Spent (Kina)	Project Status
1	Nursing Quarters	PNG Nursing Association	K1, 260, 000.00	K1, 177, 466	75% complete, initially managed by PWU
2	Nursing Duplex Alotau	PNG Nursing Association	K 385, 000.00	K 379, 624	100% complete
3	Naura Aid Post	MBPHA & Huhu LLGSIP	K 200, 000.00	K 199, 765	100% complete
4	Budibudi Aid Post	Samarai Murua DSIP	K 400, 000.00	K 322, 349	100% complete
5	Gurney CHP	GoPNG, DFAT & Donors	K3, 736,825.63	Managed by RPDSHP	100% complete Facility commissioned Open and functioning
6	Kaduwaga CHP	GoPNG, DFAT & Donors	K4, 517,488.80	Managed by RPDSHP	100% complete Facility registered Due for opening in April, 2018
7	Sinaketa CHP	GoPNG, DFAT & Donors	K4, 542, 888.53	Managed by RPDSHP	100% complete Facility registered Due for opening in April, 2018
	Total:		**K15, 042,201**		

Source: MBPHA PMU & Accounts and RPHSDP

Health Workforce

While the PHA reform tries to implement strategies to expand and realign health workforce in the long tern, the organization focuses on maximizing the health system performance in the short term by improving efficiency of service delivery and improving productivity of limited human resources. MBPHA continues to ensure improvement in health facilities effeciency, cut down on staff absenteeism and work with other stakeholders to ensure the environment is conducive for patients to access health services.

With regards to human resources arrangements MBPHA did a merged structure that was approved when Alotau Hospital and Provincial Health was integraterd into MBPHA. Currently there is total of 772 approved funded positions with 739 positions occupied while the remaining 33 positions are vacant (*refer to table 2*). These vacancies have been advertised and recruitment is in progress, eventually all position should be filled by 2018. This will pave the way for long term plan to accomplish a major organizational restructure in 2018 and implementation in 2019.

Table 2. Milne Bay PHA Staff Summary 2017

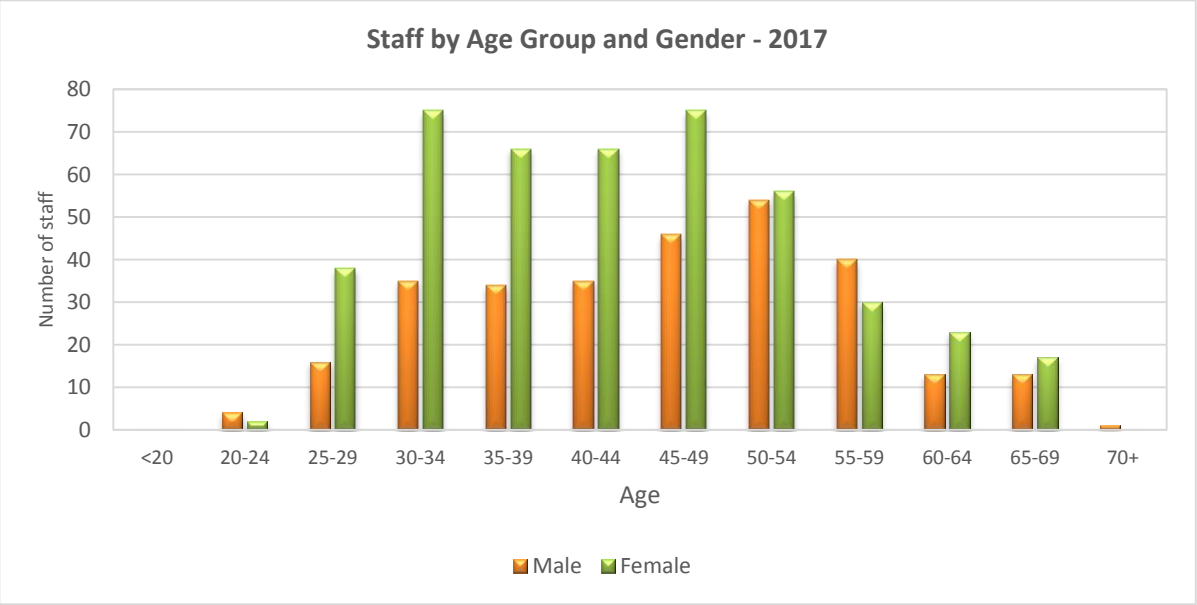
Staff Summary				Position Summary	Number	Percentage
Substantive Positions	**Male**	**Female**	**Total**	**Total Positions**	772	
Permanent	247	410	657	**Occupied**	739	96%
Casual	0	0	0	**Vacant**	33	4%
Contract	13	4	17	**Acting**	2	
Not Stated	31	34	65	**Acting in own Position**	0	
Total	**291**	**448**	**739**	**Acting on Substantive Position**	**0**	
Percentage (%)	39%	61%				
Unattached	**Male**	**Female**	**Total**	**Management Positions**		
Permanent	4	1	5	**Total Positions**	105	
Casual	0	0	0	**Occupied**	99	94%
Contract	0	0	0	**Vacant**	6	6%
Not Stated	0	0	0	**Occupied by Females**	52	
Total	**4**	**1**	**5**	**Occupied by Male**	**47**	
Percentage (%)	80%	20%				
Total Staff	**295**	**449**	**744**			

Source: MBPHA HRIS and HRM report 2017

The MBPHA recognizes the important role that women play in development therefore in line with government gender policy equal opprotunity employment is accorded to both man genders. As reflected in the data presented out of the 739 position occupied, 448 (61%) is held be female and the remaining 291 (39%) male employees. While the out of the 105 management positions 52 (49%) are occupied by female and 47 (44%) position by male employees (*refer to table 2)*.

As it is the general trend in the public sector the workforce is aging and there needs to be succession planning to ensure there is adequate numbers and qualified workforce. Analysis from the HRIS data for MBPHA confirms that 247 (33%) of staff currently employed are at 50 plus years of age and will be exiting the workforce soon. On the other hand 492 (67%) are less than 50 years old this is the result of the drive by MBPHA to recruit new employees to the workforce (*refer to figure 9*). To understand the current situation and respond appropriately MBPHA is in the process of establsihing the HRIS and proving updates that will facilitate its health workforce plan by 2018 onwards.

Figure 9.



Source: HRIS and MBPHA HRM Annual report 2017

Medical Supply procurement and distribution

The percentage of adequate medical supplies decreased significantly in 2016 and 2017. The worst affected districts are Alotau and Esa'ala, below 20%. Kiriwina Goodenough and Samarai Murua were above the provincial average of 23% however below the national average that is around 80% (*refer to figure 10 and 11*). Procurement of medical supply is a national function therefore MBPHA still depends on the NDoH for supply medical supplies however are delays in new supplies reaching the health facilities. A logistics company has been distributing medical supplies however the province continues to experience delays.

To address this problem MBPHA continues to sent Pharmaceutical staff to the Area Medical Store to assist followup on bimonthly order,packing and despatching medical supplies to the province by surface transport. Urgent drugs and oxygen has been purchase when the need arises, and ensuring sufficient buffer stocks while waiting for new supplies. MBPHA has also launched the Provincial Transit Stores in 2016 with the view of strengthening the distribution of drugs within the province. Capacity building has been ongoing in terms of training of district staff in "Standard Operating Procedures" and establsihment of mSupply to improve effectivenes in medical supplies management.

Figure 10.

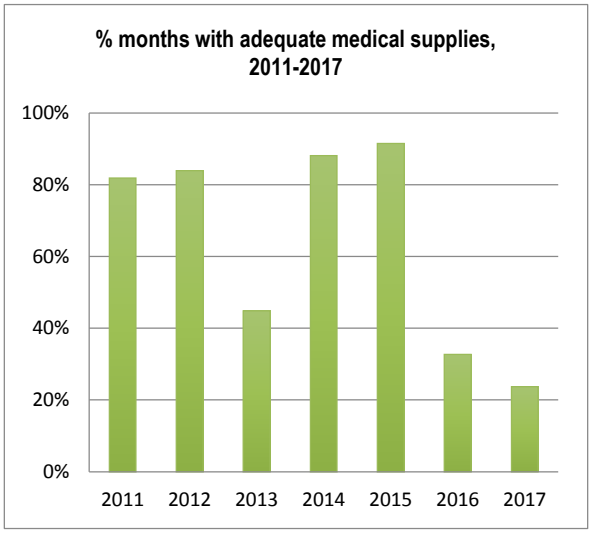
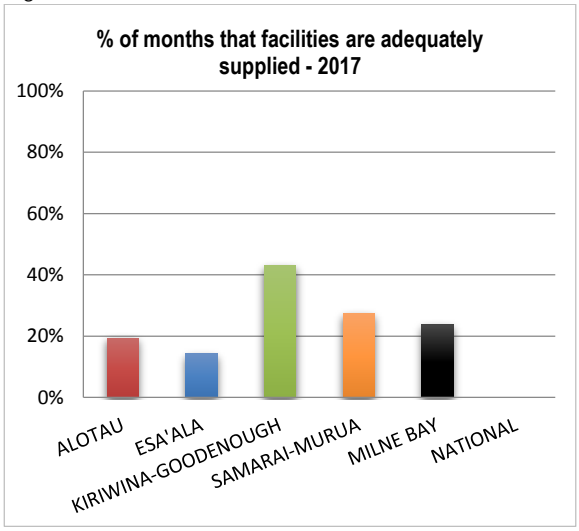


Figure 11.



Source: NHIS and SPAR

KRA 4 – IMPROVE CHILD SURVIVAL

Increase coverage of childhood immunization in children under 1 years

Immunization is an important cost effective intervention, an important component for reducing under five year's mortality. The MBPHA through public health and curative health has strategized to ensure that this target population is immunized at every opportunity; every health facility has the capacity to conduct immunization and provide supplementary immunization. This also includes cold chain and logistics support, and sufficient resource support in terms of staff and financing to conduct regular outreach patrol and clinics.

Even though there many challenges MBPHA continue to do well in its immunization coverage compare to the rest of the country. In 2017 the total outreach clinic held per 1000 children under 5 years was 97 per 1000 children under 5 years above the national average, and one of the highest in the country (*refer to figure 12*). However, since 2014 total outreach clinic held per 1000 children under 5 years has gradually decline, this correlate strongly with the percentage immunization coverage. Both measles and pentavalent coverages shows decreasing trends in the last 4 years (*refer to figure 11 and 12*) .

Figure 10.

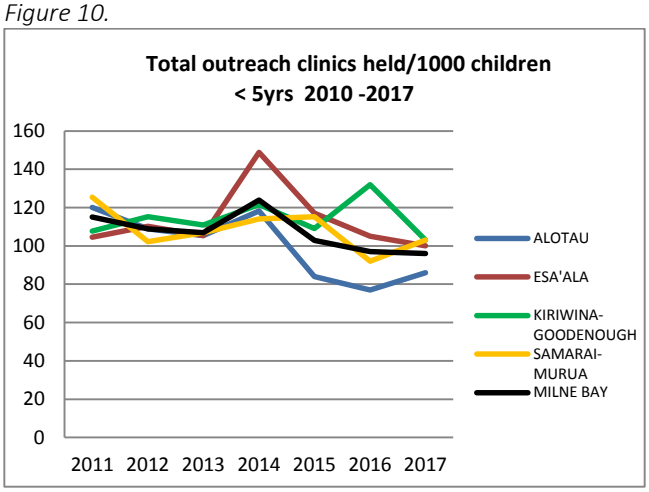
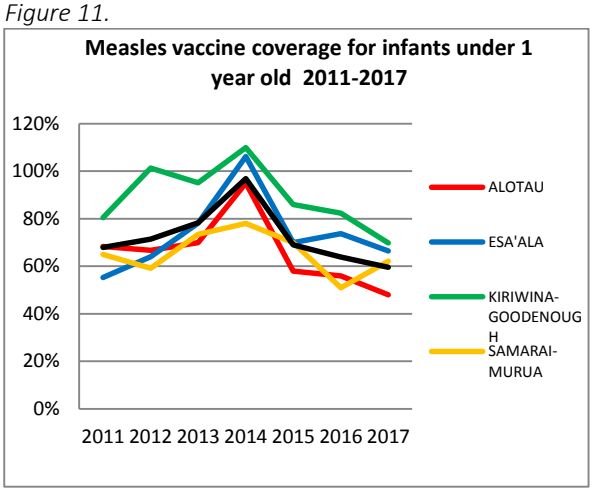
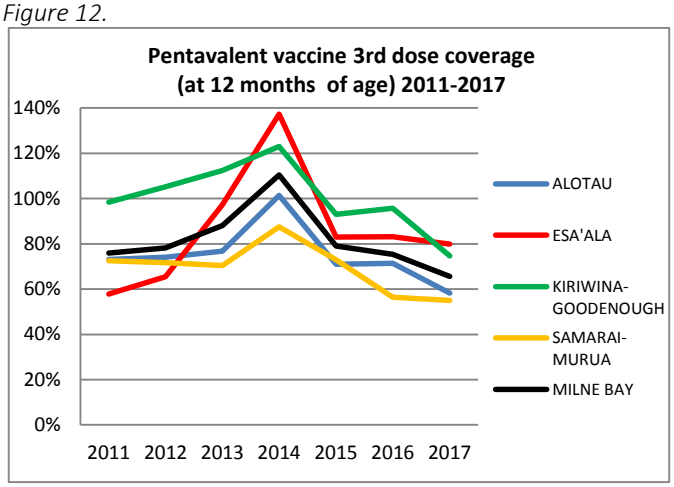


Figure 11.



Source: NHIS and SPAR 2017

Figure 12.



Source: NHIS and SPAR 2017

Insufficient and timely release of funds, shortage of vaccines, geographical and difficult weathers continues to be a challenge. However, MBPHA has strategize to improve its coverage and arrest the current declining trend. There have been improvements in cold chain and logistics support, vaccine supplies, direct facility funding to support outreach clinics and patrols, ongoing support to district and church health services.

Reduce Pneumonia Case Fatality Rate (CFR) for children under 5 years

Since 2014 pneumonia case fatality rate (CFR) has declined however there is an increased from 1.3% in 2016 to 2.3% in 2017, however overall the provincial rate is below the national average of 2.4% which is encouraging(*refer to figure 13*). MBPHA continues to ensure that strategies for reducing pneumonia CFR is working. This includes implementation of integrated management for childhood illness (IMCI), communities with capacity to implement IMCI, and availability of antibiotics and oxygen to treat pneumonia. There is still room for improvements to ensure that pneumonia CFR continues to decline. More effort is required particularly in Samarai Murua District as pneumonia CFR has risen significantly since 2013.

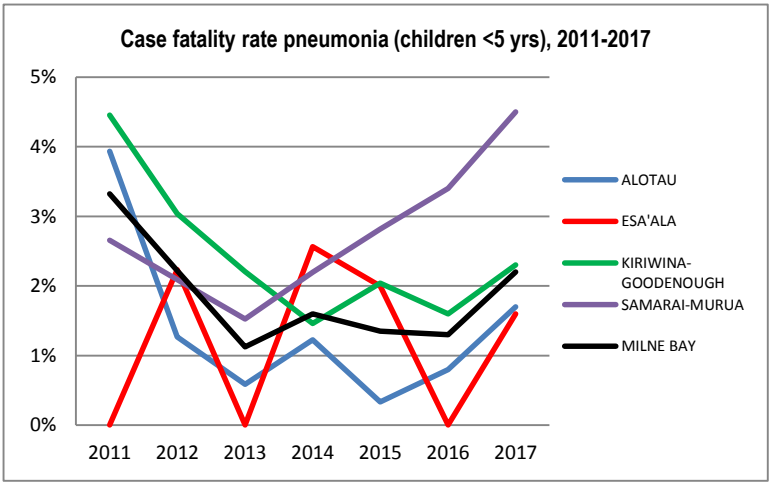


Figure 13.

Source: NHIS and SPAR 2017

Reduce moderate to high malnutrition

Despite Milne Bay Province been regarded as one of the provinces with the highest rate of malnutrition there has been some encouraging signs of decline in malnutrition in the province. In 2017 the malnutrition rate decreased from 35% in 2016 to 27% in 2017, slighly above the national average of 20%. This gradual decline goes to show that interventions to reduce malnutrition is bearing results. To see further improvements more advocacy and promotion needs to be done on breast feeding, all babies under 5 years have access to supplementary nutrition when and where they require it, increase coverage of deworming and increase access for mothers and children to micronutrients supplements. This interventions can be effectively done with support of adequate staff and funding to implement nutritional programmes.

Figure 14.

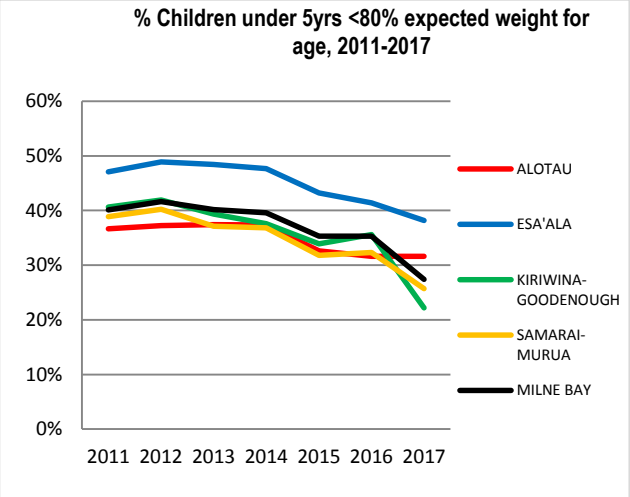
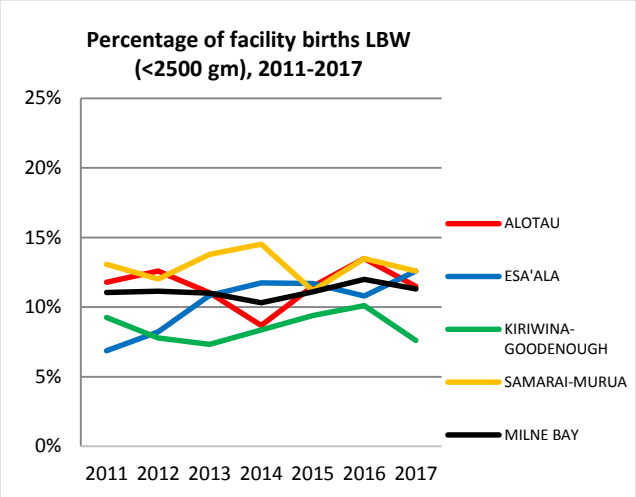


Figure 15.



Source: NHIS and SPAR 2017

KRA 5 – IMPROVE MATERNAL HEALTH

Increase family planning coverage

Milne Bay Province has one of the highest family planning rates in the country. After a decline in 2016 family planning couple years protection (CYP) has increased from 117 in 2016 to 199 per 1000 women of reproductive age in 2017 above the national average of 99 per 1000 women of reproductive age. Trends in the last two years show an increase in CYP in all districts (*refer to figure 16 and 17*). This increase may be attributed to the effectiveness of family planning programs and interventions including contributions from partners such as Marie Stopes, THOR, Rotary Australia, and Spesim Pikinini. MBPHA will continue to improve the capacity of every health facility to provide family planning services, provide awareness on birth spacing and family planning options, and extend the reach of family planning using the VHVs, and community based distribution.

Figure 16.

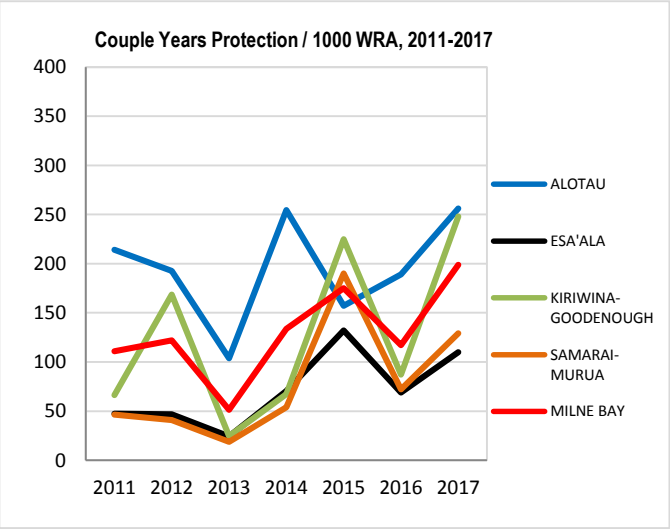
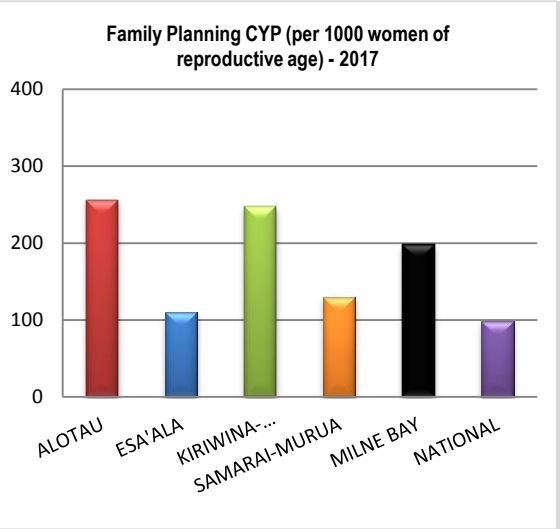


Figure 17.



Source: NHIS and SPAR 2017

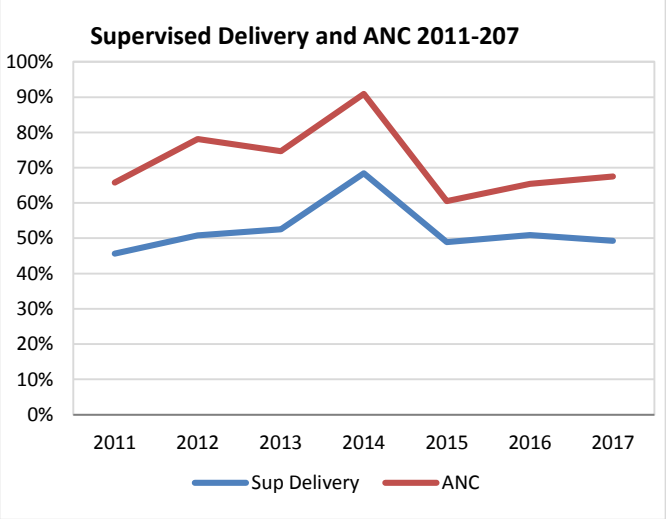
Increase capacity of health facilities to prove safe and supervised deliveries

The supervised deliver coverage has remain static at around 48%-51% in the last three years however the provincial average of 49% is above the national average of 31% in 2017 (*refer to figure 18 and 19*) . The high rate of family planning CYP and new acceptors may have some relationship to the number low supervised births, that is yet to be varified. The other possible cause of low supervised birth is that women prefer to deliver at home unsupervised by a competent midwife, or in some place by a village birth attender. In some remote and rural areas in the province women cannot easily access a birthing facility to deliver their baby.

These challenges has prompted MBPHA to strategize to increasing safe and supervised deliveries each health facility including: increasing capacity to provide supervised delivery (labour ward and postnatal ward with lighting and running water); providing skilled health workers in obstetric care; increasing the capacity to provide antenatal care during delivery and postnatal care; and other incentives such as baby bundles and waiting houses. In addition advocating with local politicians and their respective DDA's support to make accessibility possible to remote communities, improve transport and communication and invest in birthing facilities.

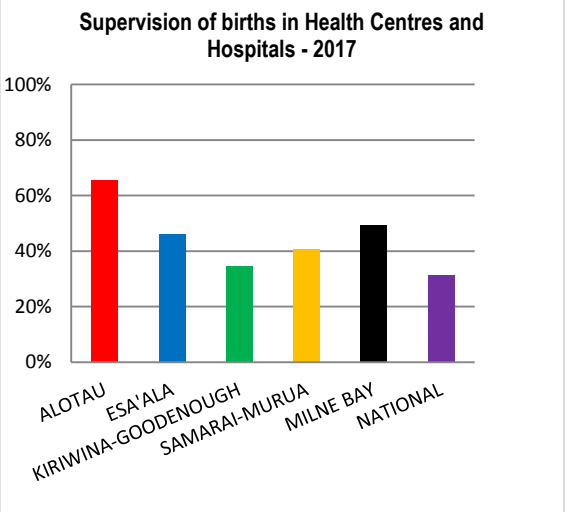
There has been improvements in supervised deliveries due to support from partners particularly distribution of baby bundles and training conducted. Furthermore, the government is also investing in improving infrastructure, transport, communication and supporting medical emergencies.

Figure 18.



Source: NHIS and SPAR 2017

Figure 19.



Source: NHIS and SPAR 2017

KRA 6 – REDUCE BURDEN OF COMMUNICABLE DISEASES

Reduce malaria-related morbidity and mortality

Malaria is a major disease burden in Milne Bay Province as it accounts for the top five causes of morbidity and mortality. The malaria incidence rate decreased from 438 per 1000 population in 2016 to 306 per 1000 population in 2017, higher than the national average of 104 per 1000 population (*refer to figure 20 and 21*).

The public health team has strategized to improve vector control measures, improve access to RDT for malaria and continue solicit political commitment. Emphasis is also placed on integrating with healthy island concept and CAP to improve effectiveness of the malaria control program in the community.

Figure 20.

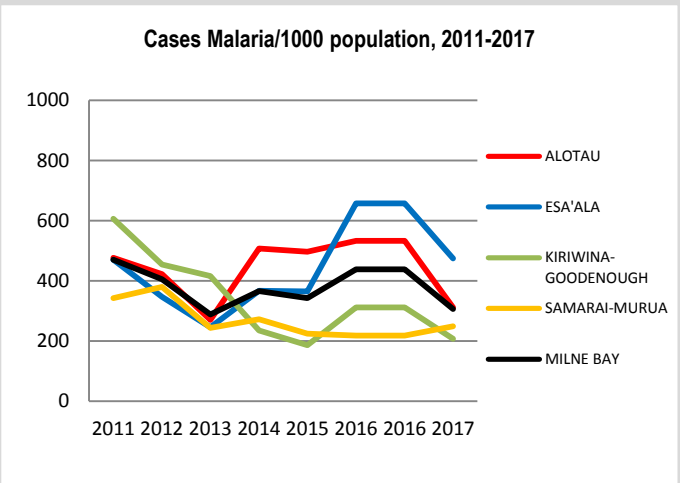
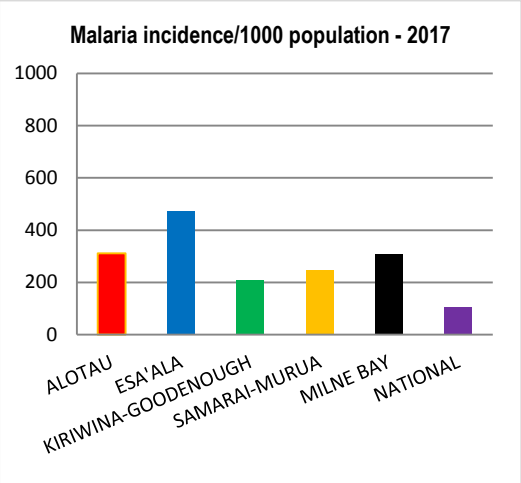


Figure 21.

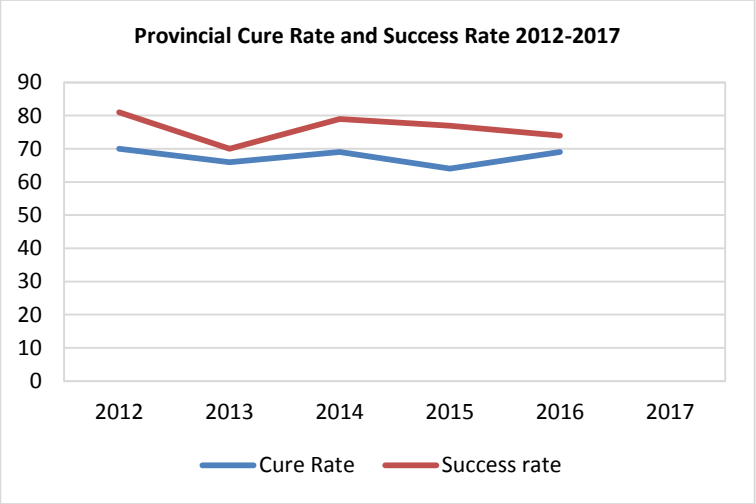


Source: NHIS and SPAR 2017

Control Tuberculosis incidence and reduce cases of multi-drug resistance tuberculosis

NDoH NHIS final statistics for 2017 is not available however, the trends in TB cure rates and success rates in the last 5 years is static between 70% to 80% (*refer to figure 22*). Treatment compliance and monitoring of cases has been challenging due to drugs, laboratory and other capacity issues. MBPHA continues advocate political commitment through its board. There is also efforts to improve supervision and quality of treatment, laboratory services and ensuring that every person with HIV have access to TB treatment. This includes plans to improve current health facilities to cater of Tuberculosis patients and MDR TB as the facilities do not meet the National Health Services Standards.

Figure 22.

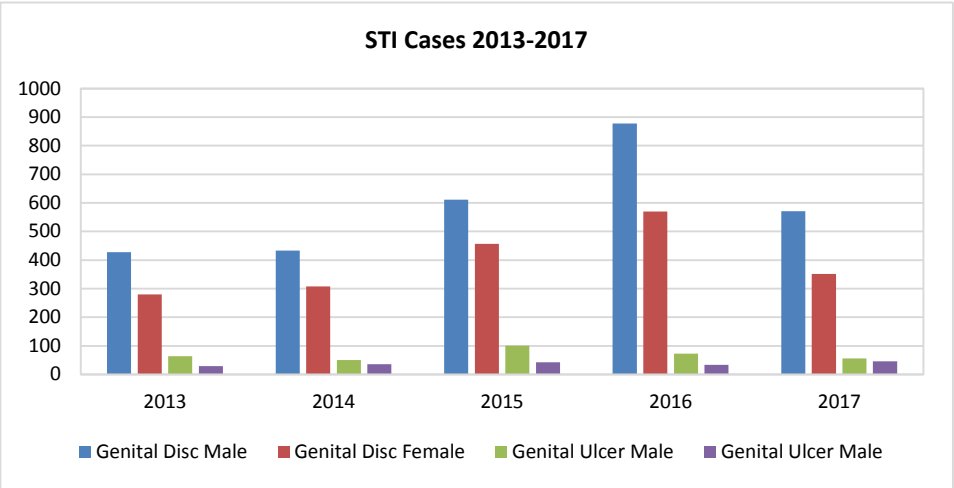


Source: NHIS and SPAR 2016

Scale up prevention, treatment, care and support for sexually transmitted diseases and HIV

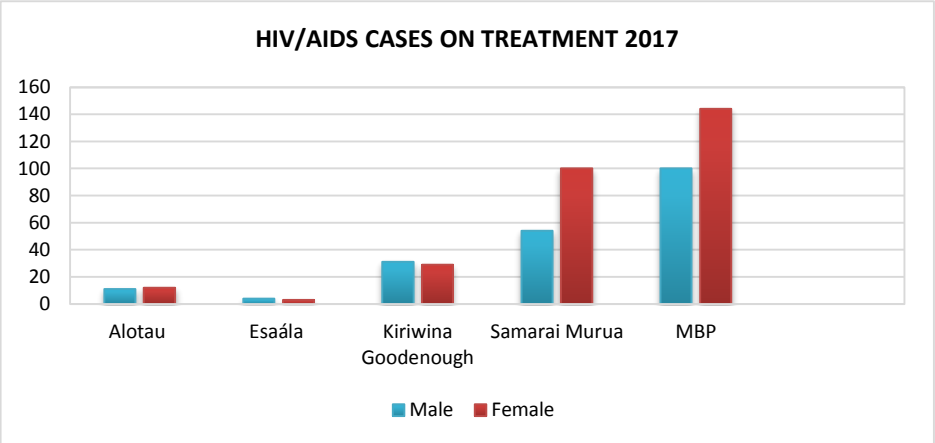
The number of STI cases have increased between 2013 and 2016 however there was a decline in 2017. In 2017 there were a total of 1024 STI cases of which 922 are genital discharges and 102 are genital ulcers. Most patient seen were male (69%) and the remaining 31% are females STI cases (*refer to figure 22*). Most of these STI cases were seen and treated at the outpatient and STI clinics.

Figure 22.



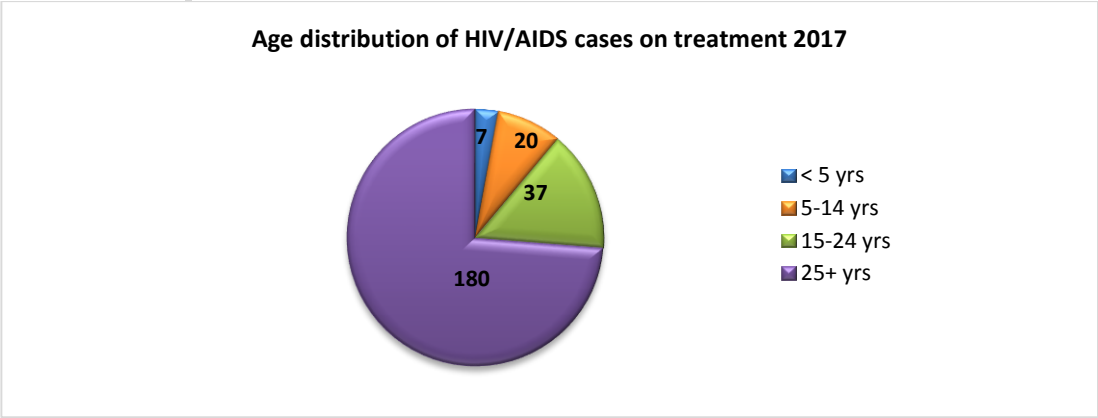
Source: NHIS and Health Sector Review 2017

Figure 24.



Source: NHIS and Health Sector Review 2017

Figure 25.



Source: NHIS and Health Sector Review 2017

The number of HIV/AIDS cases on treatment has declined from 397 in 2016 to 244 in year 2017. Most of the cases treated were from Samarai Murua (154) followed by Kiriwina Goodenough (60), Alotau (23) and Esa'ala (7) District. There were 144 female and 100 males, most cases treated were between ages 15 years to 25 years plus (*refer to figure 24 and 25*). Since the closing of PAC office, MBPHA, and church health services have been screening, treating, distributing condoms and conducting health awareness programs.

MBPHA continues to provide the following STI and HIV prevention, treatment, care and support which includes: quality HIV counseling and testing; antiretroviral treatment; access to condoms; use of post exposer prophylaxis services; and prevention of parent-to-child transmission.

Strengthen communicable disease surveillance

Public Health continues to do disease surveillance and monitoring activities supported Curative Health Services providing laboratory services as rural health laboratories are limited in its capacity. There has been improvement to laboratory servicse at Alotau Provincial Hospital including infrastructure upgrade since 2015, improving the capacity to conduct disease surveillance and monitoring. In addition quarantining of ships and surveillance activities at the ports has been ongoing as Milne Bay Province is a favorite tourist destination.

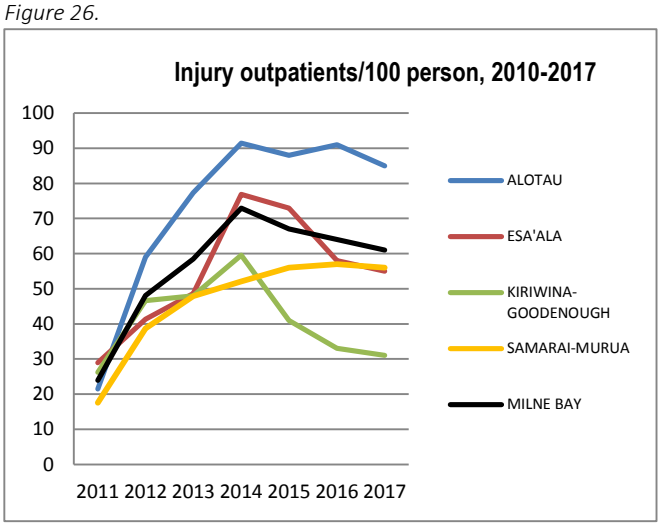
The Public Health and Curative Health Services with the support of the management continues to strengthen capacity for epidemic surveillance and response, provide access to quality and appropriate rapid diagnostics and laboratory testing services.

KRA 7 – PROMOTING HEALTHY LIFESTYLE

Increase health sector response to prevention of injuries, trauma, and violence

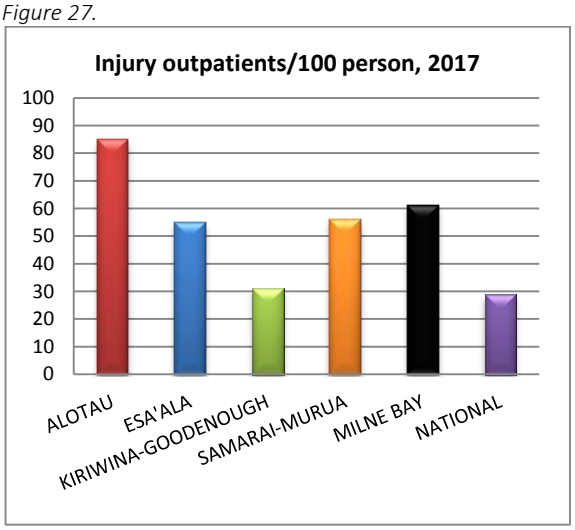
Trauma and injuries is one of the burden of desease in Milne Bay Province. Trends show significant increases in cases of injury at outpatients from 2011 to 2014, however in 2015 the cases drop from 67 per 100 person to 61 per 100 person in 2017 (*refer to fure 26 and 27*). Similar decreasing trends were observed in the districts indicating some degree of success in the programs and interventions to reduce injuries and its consequences. However the injuries seen at OPD per 100 person is still above the national avearage of 39 per 100 person in 2017. It would be interesting to obtain statistics on the types of injuries however data is not available. In future an analysis will be done so that specific interventions can be implemented to prevent and reduce common types of injuries.

Figure 26.



Source: NHIS and Health Sector Review 2017

Figure 27.

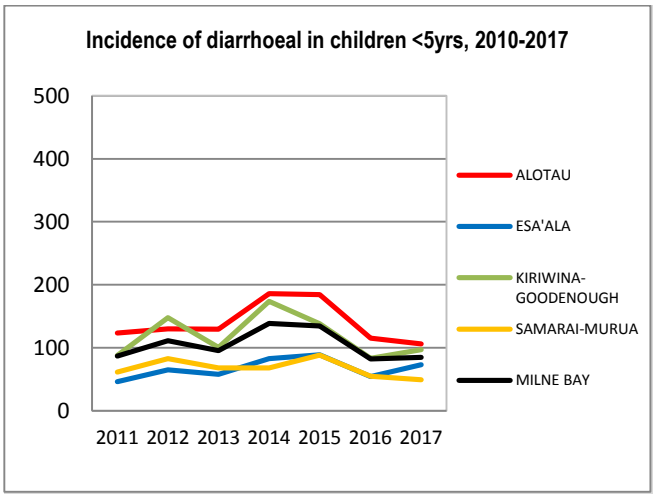


Source: NHIS and Health Sector Review 2017

Reduce the number of outbreak of food and water borne diseases

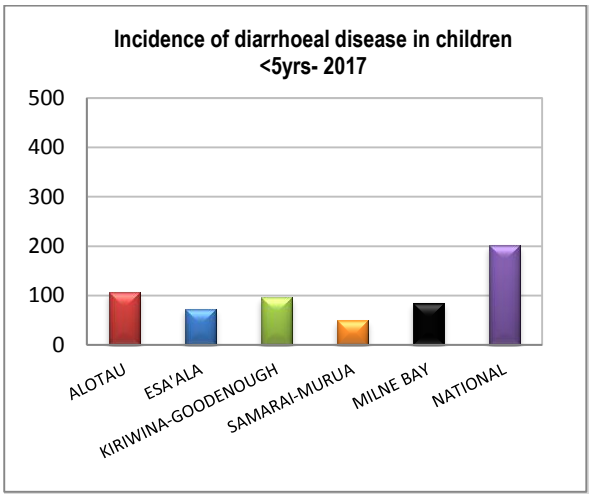
There is a decreasing trend in the incidence of diarrhoreal diseases in children under 5years since 2014 in all the districts and the province. The incidence of diarrhoreal diseases in children under 5years in 2017 is 85 per 1000 children which is below the national average of 202 per 1000 children under 5years (*refer to figure 28 and 29*). This indicates that children under 5 years are seeking care for diarrhoeal disease at the health facilities and there is improvement in water quality, food hygiene and personal hygiene in their lives. However there is still room for improvements particularly in the remote and rural communities, and disadvantage areas such as squatter settlements. Public health intreventions include the following: households with safe drinking water and effective waste disposal and sanitation; health facilities with running water; and appropriate waste disposal and sanitation sytems. Furthermore ensuring compliance to legislations relating to water and sanitation, and providing technical advice to various stakeholders.

Figure 28.



Source: NHIS and Health Sector Review 2017

Figure 29.



Source: NHIS and Health Sector Review 2017

Increase individuals and communities involved in their own health

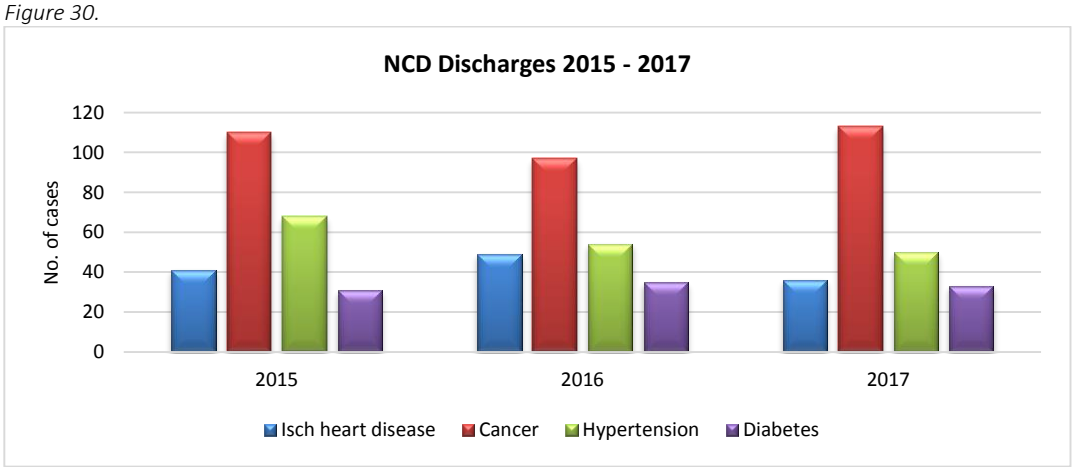
Some highlights of community engagement in 2017 initiated by communities with the support of Public Health division include: Topa Health Island Concept; Misima and Kitava Communities scoping of Health Island Concept. In addition VHV program (VBA) and Community Action and Participation has been ongoing supported by Family Health and Health Promotion section. According to NHIS 2017 a total of 246 births were supervised by Village Birth Attenders. Other community engagement and empowerment initiatives were facilitated by Policy Planning and Coordination division through Rural Primary Health Services Delivery Project in areas where Community Health Posts are located (Bubuleta, Sinaketa and Kaduwaga).

Reduce morbidity and mortality of non-communicable diseases

There is currently double burden of disease as MBPHA has to contend with not only communicable diseases but the increasing cases of non-communicable diseases due to lifestyle changes. Non-communicable diseases particularly ischaemic heart disease, hypertension, cancer and diabetes are among the top ten common causes of admissions and discharges. Trends in the last three years remain the same with high number of cancer followed by ischemic heart disease and diabetes (*refer to figure 30*).

The "At 40" clinic at Alotau Provincial Hospital provides an avenue for people who are well to get regular checks as a preventive measure for non-communicable diseases. In addition Curative Health with the support of Public Health division provide: awareness on substance abuse; physical activity and improved diet; early screening; detection and clinical interventions; promotion of healthy life style in work place; and rehabilitation services (for disabilities).

Figure 30.



Source: NHIS 2017

KRA 8 - IMPROVE PREPAREDNESS FOR DISEASES OUTBREAKS AND EMERGING POPULATION HEALTH ISSUES

Increase capacity to identify, monitor and report on urgent and emerging health threats and address the impact of climate change

Disease surveillance and monitoring is ongoing however no significant disease outbreak has been reported apart from the croup outbreak at Tarakwaruru, Makamaka LLG area. Family Health services responded by doing mop up immunization with the assistance of Alotau district administration.

MBPHA specific interventions include improving provincial capacity to coordinate responses to epidemics, inter-sectoral collaboration, and health sector to review its disaster prepareness plan. At the provincial level the CEO and his alternative Director Public Health are members of the Provincial Disaster Committee. Apart from disease outbreaks and epidemics the province has responded and mitigated effects of disaster such those caused by extreme weather conditions (flood, draught and cyclones).

Note: Planning a type of coastal health infrastructures for disaster situation is important.

ALOTAU PROVINCIAL HOSPITAL SUMMARY PERFORMANCE INDICATORS 2017

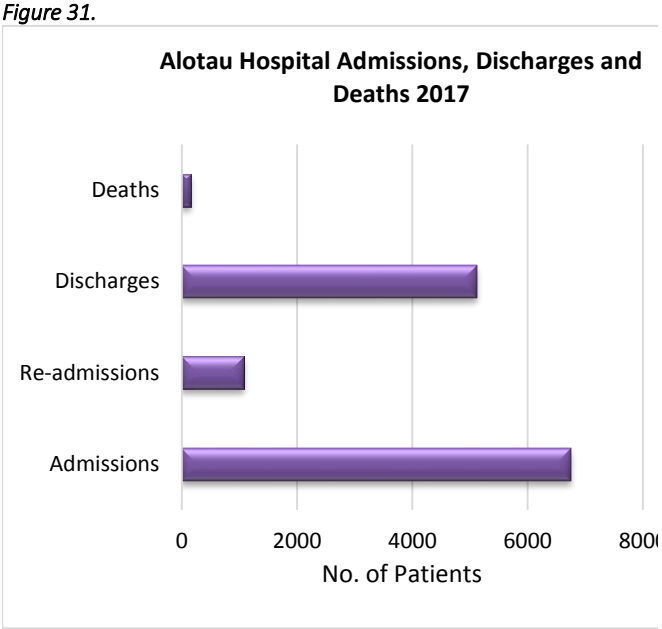
Milne Bay Province have one provincial referral hospital which is a level five hospital that provides general and specialist health services. Apart from the main specialties services provided other services include eye care, dental care and physiotherapy. The hospital performance indicators are from the NHIS 2017 year-to-date report, specifically inpatient and outpatient statistics (refer to table 2).According to Curative Health observations Alotau Provincial Hospital admission rate was consistent throughout 2017 with a total admission 6,750. Almost similar number of patients (5,112) were discharged, however admissions were dependen on the bed capacity. The re-admission rate for 2017 is 21%, the rate for 2016 is not known therefore 2017 figure is taken as the baseline when comparing 2018 performance. The total hospital deaths is 152 which is 2% of all patients admitted with not much variation in the trends over the years (refer to table 1 and figure 31).

Table 2.

Department	Total or Rate for 2017	
In-patient		
Admissions	6,750	
Re-admissions	1,081	
Discharges	5,112	
No. of Deaths	157	
Referrals	Emergencies	279
	In ward	396
	Out-ward	10
Out-patient		
Total attendance	37,170	
Re-attendance	5,746	

Source: NHIS 2017 and CHS Annual Report 2017

Figure 31.



Source: NHIS 2017 and CHS Annual Report 2017

MOVING FORWARD

MANAGEMENT RISKS, CHALLENGES AND THE FUTURE

The Milne Bay Provincial Health Authority continues to perform well compared to the rest of the country however there are risks and challenges to face, moving forward. Some of these risks and challenges are highlighted below

Partners and stakeholders support – drop in confidence and lack of active participation can undermine the efforts of MBPHA and partners in improving delivery health services. Continual dialogue through Partnership Committee, PMT, PCMC and forums is necessary.

Governance and Leadership – Poor leadership from senior management and the board may affect performance of the organization, and support from stakeholders and the public. Therefore, there is a good representation in board members. Furthermore, board and board committee, sub-committee and SEM meetings are held regularly.

Health Systems – Poor support in terms of health financing, human resources, ICT, medical equipment and supplies, and infrastructure may affect delivery of curative and public health services.

MBPHA is working on the following: direct facility funding, establishment of PGAS stand-alone system at the district and timely release of funds; fully implementing the merged structure and doing a major organizational restructure; improvement in current ICT arrangements and roll out of eNHIS reporting; medical supplies reforms through provincial transit store, SOP training, mSupply, and reorganizing purchase of oxygen gases and funding to acquiring essential drug supplies locally; and rehabilitating health infrastructure to meet NHSS requirements.

Provincial Government support – lack of support in its responsibility, particularly funding of health services including investment in health infrastructure may affect health servicse delivery. The MBPHA Services Plan will guide the Provincial Government in health service delivery and health investment. Formal Agreements with DDA will ensure other areas of health services and investment will be adequately supported through DSIP funding.

Provincial Administration and other government sector's support - Poor intersectoral collaboration may may impact negatively on service delivery including health services. MBHA's representation at PMT and PCMC will facilitate support in broader areas including the cross cutting issues, transport, communication, infrastructures and other enabling environment. Furthermore, Milne Bay Administration's representation in the Partnership Committee and the MBPHA Board is imperative.

FINANCIAL REPORT 2017
Unaudited Financial Statement

DECLARATION BY BOARD MEMBER

The Milne Bay Provincial Health Authority Board Members after reviewing the 2017 Financial Statements make the following declaration that:

a. Financial Statement have been reviewed by the following Board Members:
   1. Peter Neville - Chairman
   2. Jamil Yaganegi - Deputy Chairman
   3. Elijah Ematana - Member
   4. Gloria Warren – Member
   5. Pewin Sibunakau – Member
   6. Lilly Israel – Member
   7. Cabrina Lemeki
   8. Ken Wai
   9. Michael Kape – Member

b. The accompanying financial statements of Milne Bay Provincial Health Authority is a true and fair view of the receipts and payments and the general operations of Milne Bay Health Authority for the year ended 31 December 2017

c. The preparation of the Financial Statements of Milne Bay Provincial Health Authority is in compliance with Finance Instruction 2/2004 issued under *Section 117* of the *Public Finance (Management) Act, 1995 (as amended)* and *International Public Sector Accounting Standards*.

d. All records and books pertaining to Milne Bay Provincial Health Authority operating account and trust account have been properly kept. Any omissions that the management and the board are aware of is stated in this Financial Statements.

e. The Statement of Receipt and Payment for the year ended 31 December is true and fair. Any omissions that the management and the board are aware of is stated in this Financial Statements.

f. On the basis of this Financial Statement there is sufficient grounds to believe that Milne Bay Provincial Health Authority is financially capable of settling its debts when they are due and payable.

Signed on behalf of the Board in accordance with a MBPHA Board resolution.

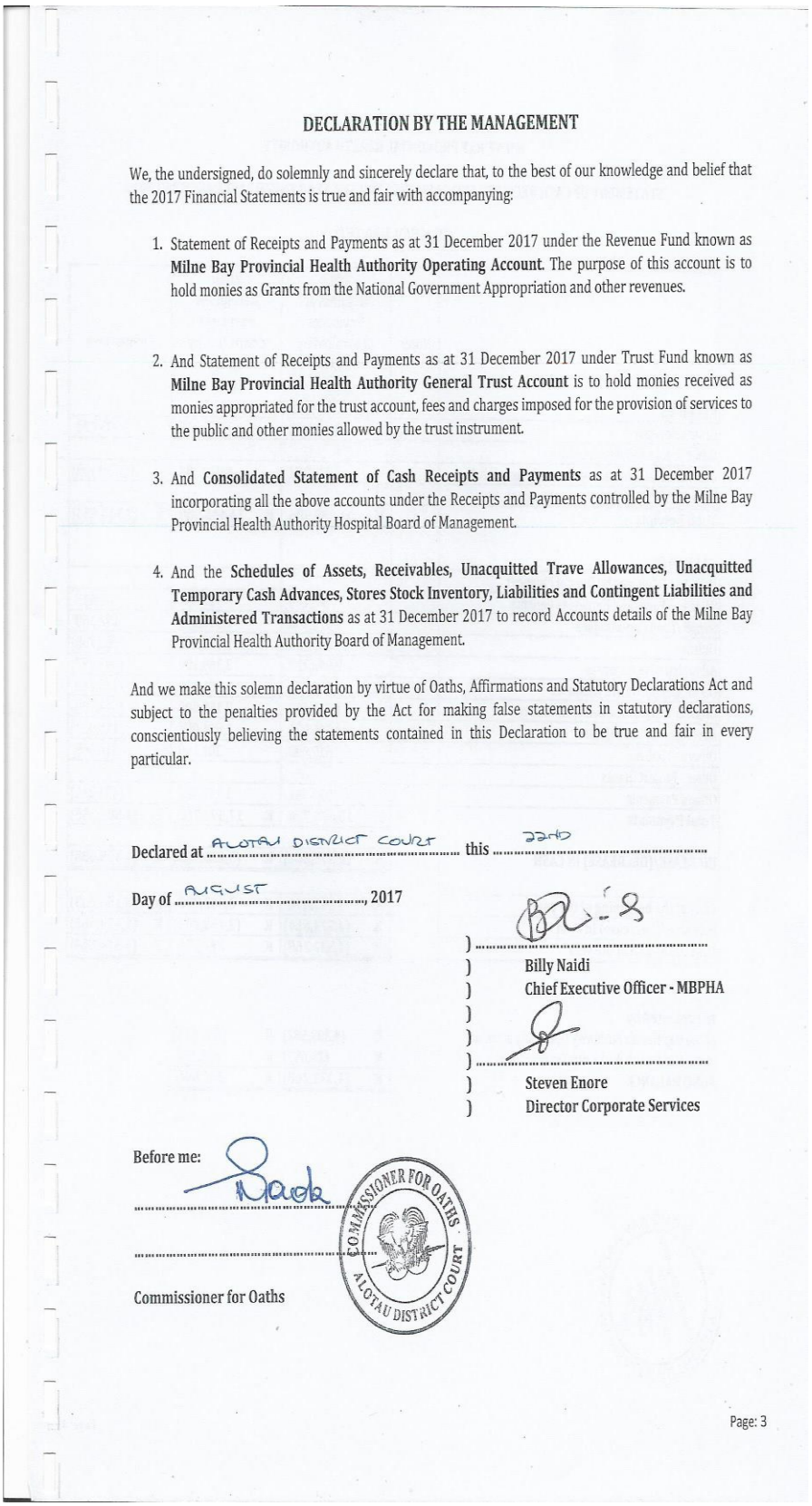
……..
Mr Peter Neville
MBPHA Board Chairman

FINANCIAL REPORT 2017
Unaudited Financial Statements;

"The annual financial statement reports are submitted respectively to Auditor General's office as a statutory requirement to carry out the audits for the year ending 31st December 2017. The audited report was not available to disclose the financial report.

Thus , unaudited financial statements disclosed for statements of receipts & payments , consolidated statements of cash receipts and payments , schedules of assets receivables un-acquitted travel , advance inventory , liabilities and contingent liabilities and administered transactions as at 31st December 2017 are ;

as true records of the account details of Milne Bay provincial Health Authority Board and Management and provided for information only ".



DECLARATION BY THE MANAGEMENT

We, the undersigned, do solemnly and sincerely declare that, to the best of our knowledge and belief that the 2017 Financial Statements is true and fair with accompanying:

1. Statement of Receipts and Payments as at 31 December 2017 under the Revenue Fund known as **Milne Bay Provincial Health Authority Operating Account.** The purpose of this account is to hold monies as Grants from the National Government Appropriation and other revenues.

2. And Statement of Receipts and Payments as at 31 December 2017 under Trust Fund known as **Milne Bay Provincial Health Authority General Trust Account** is to hold monies received as monies appropriated for the trust account, fees and charges imposed for the provision of services to the public and other monies allowed by the trust instrument.

3. And **Consolidated Statement of Cash Receipts and Payments** as at 31 December 2017 incorporating all the above accounts under the Receipts and Payments controlled by the Milne Bay Provincial Health Authority Hospital Board of Management.

4. And the **Schedules of Assets, Receivables, Unacquitted Trave Allowances, Unacquitted Temporary Cash Advances, Stores Stock Inventory, Liabilities and Contingent Liabilities and Administered Transactions** as at 31 December 2017 to record Accounts details of the Milne Bay Provincial Health Authority Board of Management.

And we make this solemn declaration by virtue of Oaths, Affirmations and Statutory Declarations Act and subject to the penalties provided by the Act for making false statements in statutory declarations, conscientiously believing the statements contained in this Declaration to be true and fair in every particular.

Declared at ALOTAU DISTRICT COURT this 22nd

Day of AUGUST, 2017

Billy Naidi
Chief Executive Officer - MBPHA

Steven Enore
Director Corporate Services

Before me:

Commissioner for Oaths

COMMISSIONER FOR OATHS ALOTAU DISTRICT COURT

Page: 3

MILNE BAY PROVINCIAL HEALTH AUTHORITY

STATEMENT OF CASH RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST DECEMBER 2016

CONSOLIDATED

	Notes	2017 Receipts or Payments Controlled by Entity (Kina)	2016 Receipts or Payments Controlled by Entity (Kina)	Comparison
RECEIPTS				
Grants Revenue		9,029,182	7,635,350	1,393,832
Other Grants & Donor Assistance		-	-	-
Other Receipts (Including internally generated)		2,070,724	6,810,208	(4,739,485)
Item 111 (Managed by Dept of Finance)		-	-	-
Total Receipts		**K 11,099,906**	**K 14,445,558**	**K (3,345,653)**
PAYMENTS				
Item 111 (Managed by Dept of Finance)		-	-	-
Salaries, Wages and Employee Benefits		923,264	917,851	5,413
Supplies and Consumables		1,522,606	1,390,248	132,358
Utilities		625,436	1,388,192	(762,756)
Administrative Expenses		2,965,222	3,369,199	(403,977)
Other Administrative Expenses		4,836,376	4,901,439	(65,063)
Grant & Transfers to Public Authoirty		1,513,500	2,158,000	(644,500)
Development Expenditure		1,746,026	1,894,057	(148,031)
Others - Medivac		617,999	301,190	316,809
Other - Project Grants		-	-	-
Others Payments		924,341	1,275,587	(351,246)
Total Payments		**K 15,674,770**	**K 17,595,762**	**K (1,886,555)**
INCREASE/(DECREASE) IN CASH		**K (4,574,864)**	**K (3,150,203)**	**K (1,459,098)**
Cash at the beginning of the year		**K 242,596**	**K 3,392,799**	**K (3,150,203)**
Increase/(Decrease) in cash		**K (4,574,864)**	**K (3,150,203)**	**K (1,424,661)**
Cash at the end of the year		**K (4,332,268)**	**K 242,596**	**K (4,574,864)**

Represented by				
Milne Bay Health Authority Operating account	K	(4,303,582)	K	(645,629)
Milne Bay Health Authority Trust account	K	(28,687)	K	888,225
FUND BALANCE	**K**	**(4,332,268)**	**K**	**242,596**

MILNE BAY PROVINCIAL HEALTH AUTHORITY

STATEMENT OF CASH RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST DECEMBER 2016

OPERATING ACCOUNT

	Notes	2017 Receipts or Payments Controlled by Entity (Kina)	2016 Receipts or Payments Controlled by Entity (Kina)	Comparison
RECEIPTS				
Grant Revenue		9,029,182	7,635,350	1,393,832
Other Grants & Donor Assistance		-	-	
Internal Revenue & Others		579,381	3,906,596	(3,327,215)
Item 111 ***(Managed by Dept of Finance)***		-	-	-
Total Receipts		**K 9,608,563**	**K 11,541,946**	**K (1,933,383)**
PAYMENTS				
Item 111 ***(Managed by Dept of Finance)***		-	-	
Salaries, Wages and Employee Benefits		923,264	917,851	5,413
Supplies and Consumables		1,131,290	1,147,740	(16,450)
Utilities		453,765	1,206,165	(752,400)
Administrative Expenses		2,915,474	3,362,453	(446,979)
Other Administrative Expenses		4,616,883	3,921,423	695,460
Grant & Transfers to Public Authoirty		1,513,500	2,158,000	(644,500)
Development Expenditure		1,709,189	1,894,057	(184,867)
Others - Medivac		-	-	-
Others - Project Grants		-	-	-
Others Payments		3,150	-	3,150
Total Payments		**K 13,266,516**	**K 14,607,689**	**K (1,341,172)**
INCREASE/(DECREASE) IN CASH		**K (3,657,953)**	**K (3,065,742)**	**K (592,211)**
Cash at the beginning of the year		**K (645,629)**	**K 2,420,113**	**K (3,065,742)**
Increase/(Decrease) in cash		**K (3,657,953)**	**K (3,065,742)**	**K (592,211)**
Cash at the end of the year		**K (4,303,582)**	**K (645,629)**	**K (3,657,953)**

PGAS Cash Book Account:	1-1	K 1,957,055	K 1,957,055
PGAS Cash Book Account:	32-238	K (6,260,636)	K (2,602,683)
		K (4,303,582)	K (645,629)
		-	-

MILNE BAY PROVINCIAL HEALTH AUTHORITY

STATEMENT OF CASH RECEIPTS AND PAYMENTS FOR THE YEAR ENDED 31ST DECEMBER 2016

TRUST ACCOUNT

RECEIPTS	Notes	2017 Receipts or Payments Controlled by Entity (Kina)	2016 Receipts or Payments Controlled by Entity (Kina)	Comparison
Grant Revenue		-	-	-
Grants and Other Assistances		-	-	-
Other Receipts		1,326,297	2,767,457	(1,441,160)
Internal Trust Receipts		165,046	136,155	28,891
Total Receipts		**K 1,491,343**	**K 2,903,612**	**K (1,412,269)**
PAYMENTS				
Salaries, Wages and Employee Benefits		-	-	-
Supplies and Consumables		391,315	242,508	148,807
Utilities		171,671	182,027	(10,356)
Administrative Expenses		49,748	6,746	43,002
Other Administrative Expenses		219,493	980,016	(760,523)
Grant & Transfers to Public Authoirty		-	-	-
Development Expenditure		36,837	-	36,837
Others - Medivac		617,999	301,190	316,809
Other - Project Grants		-	-	-
Others [Unknown Exp items]		921,191	1,275,587	
Total Payments		**K 2,408,254**	**K 2,988,073**	**K (225,424)**
INCREASE/(DECREASE) IN CASH		**K (916,911)**	**K (84,461)**	**K (832,450)**
Cash at the beginning of the year		**K 888,225**	**K 972,686**	**K (84,461)**
Increase/(Decrease) in cash		**K (916,911)**	**K (84,461)**	**K (832,450)**
Cash at the end of the year		**K (28,687)**	**K 888,225**	**K (916,911)**

Manual Cash Book Account:	K (28,687)	K 888,225

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MILNE BAY PROVINCIAL HEALTH AUTHORITY BOAED OF MANAGEMENT

A NON-TRADING PUBLIC BODY

Notes to the Financial Statements

1. Accounting Policies

Basis of Preparation

The financial statements of the Milne Bay Provincial Health Authority are prepared based on the converted data from Attache/PGAS Systems. As far as been possible the accuracy of the converted data has been verified with the source documents and adjustment taken up accordingly. The financial statements have been prepared in accordance with Cash Basis International Public Sector Accounting Standards (IPSAS). Financial Reporting in under the Cash Baisi of Accounting.

The accounting policies have been applied consistently throughout the period relating to the Public Finances (Management) Act, 1995.

Reporting Entity

The financial statements are for Milne Bay Provincial Health Authority Board of Management as a Non – Trading Public Body. The financial statement encompasses the reporting entity as specified in the Public Finances (Management) Act, 1995. Milne Bay Provincial Health Authority Board of Management as a Non – Trading Public Body is controlled by the National Government of Papua New Guinea through appropriations from Government.

Milne Bay Provincial Health Authority Board of Management's principal activity is to provide hospital based health care services and public health services to its constituents.

Payments by other government entities

Milne Bay Provincial Health Authority Board of Management benefits from payments made by the Government and other government entities on its behalf.

Payments by external parties

Milne Bay Provincial Health Authority Board of Management also benefits from payments made by external parties for goods and services. These payments do not constitute cash receipts or payment of Milne Bay Provincial Health Authority Management, but do benefit the authority through organizations such as interest groups, faith based organisation, non governmental and donor agencies. Details are disclosed as Other Projects in the Payments by external parties in the Statement of Receipts and Payments and in other financial statements.

Reporting Currency

The reporting currency is in PNG Kina.

2. Cash

Cash comprises cash on hand and cash equivalents. Cash equivalent comprises balances with banks and investments in short term money market instruments. Amounts appropriated to Milne Bay Provincial Health Authority are deposited in the bank accounts and are controlled by Milne Bay Provincial Health Authority Board of Management. All borrowings are undertaken by a central finance entity; hence no borrowings were undertaken by Milne Bay Provincial Health Authority board of Management.

Cash is included in the Statements of Cash Receipts and Payments and comprises the following:

		2017		2016
Cash On Hand:				
Balances with Bank:				
Milne Bay Provincial Health Authority Operating Account		(4,303,582)		(645,629)
Milne Bay Provincial Health Authority General Trust Account		(28,687)		888,225
	K	(4,332,268)	K	242,596
Short-term Investments:				
Investment# 1		-		-
Investment# 2		-		-
Investment# 3		-		-
	K	-	K	-
	K	(4,332,268)	K	242,596

3. (a) Appropriations – Operating Account, Revenue
(b) Appropriations – Operating Account, Expenditure
(c) Appropriations – General Trust Account, Revenue
(d) Appropriations – General Trust Account, Expenditure
4. Schedule of Assets
5. Schedule of Receivables
6. Schedule of Unacquitted Travel Allowances
7. Schedule of Unacquitted Temporary Cash Advances
8. Schedule of Stores Stock Inventory
9. Schedule of Liabilities.
10. Operating Account Total Receipts do not include Item 111 Managed by Dept. of Finance

MILNE BAY PROVINCIAL HEALTH AUTHORITY
Milne Bay Province
ALOTAU

3a. Appropriation Revenue - Operating Account

	Appropriation 2017	Revised 2017	Revenue 2017	Revenue 2016	Variance
Grants and Internal Revenue	(K)	(K)	(K)	(K)	(K)
Grants					
Grant Revenue - NDoH	-	-	5,538,115	5,676,250	(5,538,115)
Grant Revenue - MBP Gov't	-	-	3,491,067	1,959,100	(3,491,067)
	K -	K -	K 9,029,182	K 7,635,350	K (9,029,182)
Other Grants & Donor Assistance	K -	K -	K -	K -	K (18,058,364)
	K -	K -	K 9,029,182	K 7,635,350	K (27,087,546)
Internal Revenue & Others					
Internal Revenue (Operating Account)	-	-	-	-	-
Rollover Funds	-	-		2,879,100	-
Other Receipts	-	-	579,381	1,027,496	(579,381)
Projects	-	-	-	-	-
	K -	K -	K 579,381	K 3,906,596	K (579,381)
Personnel Emolument (Managed by Dept of Finance)					
Item 111	-	-	-	-	-
	K -	K -	K -	K -	K -
Total Operating Account	K -	K -	K 9,608,563	K 11,541,946	K (27,666,927)

3b. Appropriation Expenditure - Operating Account

Recurrent:	PGAS Items	Appropriation 2017 (K)	Revised 2017 (K)	Expenditure 2017 (K)	Expenditure 2016 (K)	Variance (K)
Salaries, Wages, employee benefits						
Salaries and Allowances *(Managed by Dept of Finance)*	111	-	-	-	-	-
		K -	K -	K -	K -	K -
Salaries and Allowances	111	20,688,300	20,688,300	-	-	20,688,300
Wages	112	349,188	420,343	383,476	371,570	(34,289)
Overtime	113	163,851	163,851	126,334	147,683	37,517
Leave Fares	114	150,667	431,107	413,454	365,615	(262,787)
Retirement Benefits, Pensions, Gratuities and Retrenchment	141	45,355	89,542	-	32,982	45,355
		K 21,397,361	**K 21,793,143**	**K 923,264**	**K 917,851**	**K 20,474,097**
Supplies and Consumables		**K 21,397,361**	**K 21,793,143**	**K 923,264**	**K 917,851**	**K 20,474,097**
Office Materials and Supplies	123	616,813	657,013	216,781	170,435	400,031
Operational Materials and Supplies	124	1,193,345	1,595,544	914,509	977,305	278,836
		K 1,810,157	**K 2,252,556**	**K 1,131,290**	**K 1,147,740**	**K 678,867**
Utilities						
Utilities	122	884,509	898,309	453,765	1,206,165	430,744
		K 884,509	**K 898,309**	**K 453,765**	**K 1,206,165**	**K 430,744**
Administrative Expenses						
Travel and Subsistence	121	2,178,338	2,257,517	951,845	832,461	1,226,493
Transport and Fuel	125	502,992	582,092	278,872	353,990	224,120
Rental of Property	127	796,300	1,014,593	953,219	1,497,283	(156,919)
Routine Maintenance Expenses	128	1,128,019	1,278,584	462,053	448,045	665,965
Training	136	943,171	983,871	269,485	230,674	673,686
		K 5,548,820	**K 6,116,657**	**K 2,915,474**	**K 3,362,453**	**K 2,633,346**
Other Operating expenses						
Other Operational Expenses	135	4,163,876	4,371,261	4,616,883	3,921,423	(453,007)
		K 4,163,876	**K 4,371,261**	**K 4,616,883**	**K 3,921,423**	**K (453,007)**
GrantsTransferred to Other Authority						
GrantsTransferred to Other Authority	143	4,313,500	4,503,500	1,513,500	2,158,000	2,800,000
		K 4,313,500	**K 4,503,500**	**K 1,513,500**	**K 2,158,000**	**K 2,800,000**
Others						
Other Receipts		-	-	3,150	-	(3,150)
		K -	**K -**	**K 3,150**	**K -**	**K (3,150)**
Total Recurrent		**K 38,118,223**	**K 39,935,427**	**K 11,557,327**	**K 12,713,632**	**K 26,560,897**
Development:						
Acquisition of Land	211	-	-	-	-	-
Purchase of Office Furniture and Equipment	221	374,097	402,168	144,700	123,496	229,397
Purchase of Vehicle	222	4,000	4,000	-	-	4,000
Plant, Equipment and Machinery	224	1,135,743	1,275,743	653,855	217,912	481,888
Construction,Renovation & Improvement	225	1,486,287	1,486,287	906,685	1,552,649	579,602
Inform & Communication Tech	228	20,000	20,000	3,950		
Total Development		**K 3,020,126**	**K 3,188,197**	**K 1,709,189**	**K 1,894,057**	**K 1,294,886**
Total Operational		**K 41,138,349**	**K 43,123,624**	**K 13,266,516**	**K 14,607,689**	**K 27,871,833**
Other Projects:						
O&G Doctor's Grant		-	-	-	-	-
Project Management Unit Grant		-	-	-	-	-
Public Health Physician		-	-	-	-	-
PNG Incentive Fund Transfer		-	-	-	-	-
St. Barnabas School of Nursing Boys Dormitory		-	-	-	-	-
Lamhaga Aid Post Maintenance		-	-	-	-	-
Nuakata Aid Post Maintenance		-	-	-	-	-
Bou Aid Post Maintenance		-	-	-	-	-
Warehouse Transit Store Project		-	-	-	-	-
General Trust Account (Operations Support)		-	-	-	-	-
Total Projects		**K -**	**K -**	**K -**	**K -**	**K -**
Total Operating Account - Expenditure		**K 41,138,349**	**K 43,123,624**	**K 13,266,516**	**K 14,607,689**	**K 27,871,833**

MILNE BAY PROVINCIAL HEALTH AUTHORITY
Milne Bay Province
Alotau

3c. Appropriation Revenue - Trust Account

Revenue:	Appropriation 2017 (K)	Revised 2017 (K)	Actuals Receipts 2017 (K)	Actuals Receipts 2016 (K)	Variances (K)
Grant Revenue					
National Government	-	-	-	-	-
Provincial Government	-	-	-	-	-
Total	K -	K -	K -	K -	K -
Grants and Other Assistances					
Free Primary Health Care Subsidy	-	-	-	-	-
Medivac Grants (Provincial)	-	-	-	-	-
Donors					
Total	K -	K -	K -	K -	K -
Other Receipts					
Internal Transfers Operating Account	-	-	1,091,570	2,492,286	(1,091,570)
Nursing Association Project Grant	-	-		-	-
Development Funds (NDoH)	-	-		-	-
Other Receipts	-	-	234,727	275,170	
Total	K -	K -	K 1,326,297	K 2,767,457	K (1,326,297)
Total Other Receipts	K -	K -	K 1,326,297	K 2,767,457	K (1,326,297)
Internal Revenue Trust Account					
Other income	-	-	165,046	136,155	(165,046)
Outpatients	-	-	-	-	-
Pharmacy	-	-	-	-	-
Accident & Emergency	-	-	-	-	-
Consultation Clinic	-	-	-	-	-
Pathology	-	-	-	-	-
X-ray	-	-	-	-	-
Public Inpatient	-	-	-	-	-
Intermediate Inpatient	-	-	-	-	-
Dental Clinic	-	-	-	-	-
Services of Private Practisioners	-	-	-	-	-
Other Medical Services	-	-	-	-	-
Housing Rental	-	-	-	-	-
Administration	-	-	-	-	-
Donations	-	-	-	-	-
Total Internal Revenue	K -	K -	K 165,046	K 136,155	K (165,046)
Total Trust Account Revenue	K -	K -	K 1,491,343	K 2,903,612	K (1,491,343)

3d. Appropriation Expenditure - Trust Account

Recurrent:	PGAS Item	Appropriation 2017 (K)	Revised 2017 (K)	Expenditure 2017 (K)	Expenditure 2016 (K)	Variance (K)
Salaries,Wages, Employee Benefits						
Salaries and Allowances	111	-	-	-	-	-
Wages	112	-	-	-	-	-
Overtime	113	-	-	-	-	-
Leave Fares	114	-	-	-	-	-
Retiremnt Benefits, Pensions, Gratuities and Retrenchment	141	-	-	-	-	-
		K -	K -	K -	K -	K -
Supplies and Consumables						
Office Materials and Supplies	123	-	-	331	10,859	(331)
Operational Materials and Supplies	124	-	-	390,984	231,648	(390,984)
		K -	K -	K 391,315	K 242,508	K (391,315)
Utilities						
Utilities	122	-	-	171,671	182,027	(171,671)
		K -	K -	K 171,671	K 182,027	K (171,671)
Administrative Expenses						
Travel and Subsistence	121	-	-	-	-	-
Transport and Fuel	125	-	-	43,067	6,746	(43,067)
Rental of Property	127	-	-	-	-	-
Routine Maintenance Expenses	128	-	-	6,681	-	(6,681)
		K -	K -	K 49,748	K 6,746	K (49,748)
Other Operational Expenses						
Other Operational Expenses	135	-	-	219,493	980,016	(219,493)
Medivac Expenses	135	-	-	617,999	301,190	(617,999)
Others [Unknown Exp items]				921,191	1,275,587	(921,191)
		K -	K -	K 1,758,683	K 2,556,792	K (1,758,683)
Total Recurrent		K -	K -	K 2,371,417	K 2,988,073	K (2,371,417)
Development:						
Acquisition of Lands, Buildings	221	-	-	16,807	-	-
Office Furniture and Equipment	224	-	-	-	-	-
Purchase of Vehicles	222	-	-	-	-	-
Construction, Renovation and Improvement	225	-	-	-	-	-
Construction, Renovation and Improvement - Project	225	-	-	-	-	-
Nursing Association Development Projects	Vrs	-	-	20,030	-	-
Total Development		K -	K -	K 36,837	K -	K (36,837)
Total Fees Trust Account Expenditure		K -	K -	K 2,408,254	K 2,988,073	K (2,408,254)

MILNE BAY PROVINCIAL HEALTH AUTHORITY
Milne Bay Province
ALOTAU

Schedules

	As at 31/12/2017	As at 31/12/2016	Increase/ (Decrease)
4. Schedule of Assets			
Land and Landscape Formation and Buildings	-	-	-
Medical Equipment	-	-	-
Office Furniture, Fittings and Equipment	-	-	-
Tools and Equipment	-	-	-
Plant and Machinery	-	-	-
Marine Vessels	-	-	-
Motor Vehicles	-	-	-
Housing Furniture	-	-	-
Miscellaneous	-	-	-
	K -	K -	K -
			-
5. Schedule of Receivables			-
Medical Debtors	-	-	-
Staff Debtors - Other Than Cash Advances	-	-	-
Staff House Rental Debtors	-	-	-
Staff Debtors - Salary and Cash Advances	-	-	-
Bond and Security Fees Deposits	-	-	-
	K -	K -	K -
			-
6. Schedule of Unacquitted Travel Advances			-
Milne Bay Provincial Health Authority Operating Account	-	-	-
Alotau General Hospital Fees Trust Account	-	-	-
	K -	K -	K -
			-
7. Schedule of Unacquitted Temporary Cash Advances			-
Milne Bay Provincial Health Authority Operating Account	-	-	-
Alotau General Hospital Fees Trust Account	-	-	-
	K -	K -	K -
			-
8. Schedule of Stores Stock Inventory			-
Rations	-	-	-
Detergents	-	-	-
Hardware	-	-	-
Chemicals	-	-	-
Others	-	-	-
	K -	K -	K -
			-
9. Schedule of Liabilities - Expenditure Arrears			-
House Rental Landlords	-	-	-
Utilities	-	-	-
Other Commercial	-	-	-
Alotau Provincial Hospital Board of Management	-	-	-
Alotau Provincial Hospital Staff	-	-	-
State of Papua New Guinea	-	-	-
	K -	K -	K -

ACKNOWLEDGEMENTS

Our sincere apreciation to the following for their support in the implementation of government and health sector plans and policies:

- National Minster & Ministry of Health ,
- Department of Health;
- Milne Bay Provincial Administration;
- Milne Provincial Government and all the MBP Open members;
- All Various Central Agencies including National Department of Treasury , Finance, Planning & Montoring , Department of Personnel Management, DPLGA, Attorney General Office, NEFC, and Auditor General Office;
- Statutory organizations, Our partners including development partners, church health services, private health care providers and NGOs; and
- Business & Private sectors, stakeholders , Alotau- Milne Bay Province & Papua New Guinea .
- Friends of Alotau Hospital & Health-Milne Bay within & abroad , many other individuals and groups , ***unsung Heros.***
- MBPHA Board, Senior Executive Management and all the hardworking staff of MBPHA at the provincial level, district and health facilities.

We also acknowledge the our clients, particularly the men, women, boys and girls of Milne Bay Province who are the reason for the orgaization's existence and mandate. Finally we give glory and honour to our God for his enabling grace that has brough us through another challenging year.

LEST WE FORGET

…….We remember the following staff and one of our board member who have toiled with us in the delivery of health services and have passed on in 2017:

- Mr. Elizah Imatana – MBPHA Board Member (Community Representative)
- Sr. Agnes Aupei – APH Diease Control TB Section
- Sr. Rose Elliot – Losuia Health Centre
- Sr. Basimata Joachim – APH Ward 2 Antenatal Section
- Mr. Arua Wai – APH Intensive Care Unit
- Mrs. Roselyn Moana – Kaibola Aid Post

Your fond memories are in our hearts Aioni….
As we always do, we dedicate this annual report to them and all our people in Milne Bay who this year, despite our best efforts, joined them. In their memory we commit ourselves to providing safe and quality health care to those who are with us in the remote, rural and urban areas of the Province.