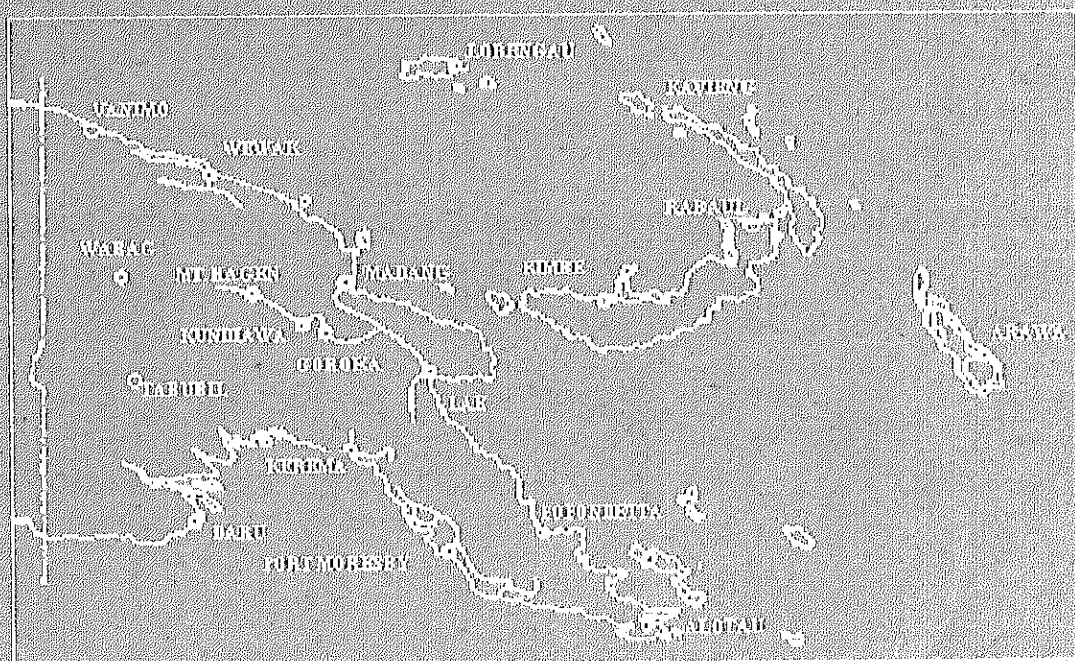


# OVERVIEW OF PAPUA NEW GUINEA HEALTH SECTOR



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**OVERVIEW  
OF  
PAPUA NEW GUINEA HEALTH SECTOR**

**April, 2000**

**PAPUA NEW GUINEA OFFICE  
JAPAN INTERNATIONAL COOPERATION AGENCY (JICA)**

## ABBREVIATION LIST

ADB	Asian Development Bank
AusAID	Australian Agency for International Development
BPC	Budget Priority Committee
CEO	Chief Executive Officer
CHW	Community Health Worker
DDMP	District Disaster Mitigation Plan
DHMC	District Health Management Committee
DHS	District Health Services
DOTs	Direct Observation Treatments
DPI	Department of Primary Industry
DOW	Department of Works
EU	European Union
GDP	Gross Domestic Product
HLTH	Health
HEO	Health Extension Officer
HIV-AIDS	Human Immune Virus - Acquired Immune Deficiency Syndrome
IPU	Implementation Plan Unit
JOCV	Japan Overseas Cooperation Volunteers
JICA	Japan International Cooperation Agency
LLG	Local Level Government
LMICs	Low Middle Income Countries
MCH	Maternal Child Health
MO	Medical Officer
NAC	National AIDS Council
NDOH	National Department of Health
NEC	National Executive Council
NGO	Non Government Organization
NHB	National Health Board
NHP	National Health Plan
NO	Nursing Officer
OPD	Out Patient Department
OTC	Overall Technical Committees
PHA	Provincial Health Administration
PHB	Provincial Health Board
PHA	Provincial Health Administration
PLG	Provincial Level Government
PMGH	Port Moresby General Hospital
PNG	Papua New Guinea
SEM	Senior Executive Management
STI	Sexually Transmitted Infection
TB	Tuberculosis
UNDP	United Nations Development Program
UNICEF	United Nations International Children's Emergency Fund
VBA	Village Birth Attendants
WHO	World Health Organization
WHP	Western Highlands Province



## FOREWARD

The Country Program of Japan International Cooperation Agency (JICA) in PNG emphasizes assistance in the Health sector in the fields of ; 1) Strengthening of Provincial Health, 2) Primary Health Care and 3) Water Supply and Sanitation. Their main objective is to improve the health of the people of PNG by providing infrastructural support and technical cooperation to both the primary and secondary health sectors.

Health service delivery is one of the most vital issues and prioritized areas in Papua New Guinea. The Government of PNG and donor agencies are required to work together in harmony for an effective delivery of goods and services in order to improve rural health based on the National Health Plan and the Health Sector Investment Program.

JICA and other major donors have recognized the significant improvements made to the health sector through the various assisted projects and programs. However, a better coordination among the donors is desired to provide effective and stable support to the health sector in the short and long term basis.

Having fully appreciated the exchange of views and ideas with the Government of Papua New Guinea, other donor agencies and the non government service providers, JICA PNG Office hereby compiles this **Overview of PNG Health Sector** as a part of our contribution to donor coordination by reviewing of health projects and programs in Papua New Guinea. I hope this overview document will be of great assistance to promote much collaboration activities of all personnel concerned in the health sector services in Papua New Guinea.

April, 2000  
Mr. Kaoru IWASAKI  
Resident Representative  
JICA PNG Office

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## EXECUTIVE SUMMARY

Papua New Guinea has a land area of 463,000 square kilometer with a population of 4.3 million people at a growth rate of 2.1% per year. Seventy five percent (75%) of the population live in the Rural area while twenty five percent (25%) live in Urban areas. The current average life expectancy is 52.2 years for men and 52.4 years for women.

The Goal of the new National Health Plan (2001-2010) of Papua New Guinea Government is to improve the health of all Papua New Guineans from the current health status. See page 11.

The existing Health Services Delivery Network which included the National Executive Council, the National Department of Health, the Provincial Health Administration, District Health Administration, the Community and Non Government Health Providers is considered to be the most appropriate network for Papua New Guinea. Therefore it will remain as part of a Vertical Structure for the Delivery of Health Services in the country. See pages 8 & 49.

The Donor Agencies support to Papua New Guinea through Foreign Aid Assistance made a significant improvement in the Health Sector. These include; JICA major projects such as the Redevelopment of Port Moresby General and Provincial Hospitals, supply of medical equipment, improvement of the National Capital District water supply and women and child health project. See pages 37-43.

Since Donors have recognized the significance of their assistance in the Health Sector, a better coordination among them is now desirable for providing effective and concrete programs by which each donor could further extend their Foreign Aid Assistance.

With the prevailing economic situation of the country, the Government and National Department of Health desires maintaining the Foreign Aid Assistance from Donor Agencies and friends of Papua New Guinea. These include, JICA, AusAID, WHO, UNICEF, UNDP, EU and ADB. See pages 16-48.

The strive to improve the health situation has been challenging given the enormity of the challenges and scarce availability of resources in Papua New Guinea. The Government therefore has established eight (8) policy priority programs to address the situation through the National Health Plan (2001-2010). These include the following;

1. Health Promotion
2. Family Health, Focusing on Women's and Children's Health
3. Elimination and Control of priority diseases.
4. Health Protection
5. Human Resource Management
6. Strengthening District Health and Hospital Services
7. Improving Access to Medicines and Medical supplies
8. Strengthening Partnership. See page 9-10.

While PNG has been hailed by the World Health Organization as having one of the best Health Services network in the region, the network has not performed well as expected since 1996. This therefore calls on the various section of the network in strengthening their commitment as follows. See pages 49-55.

The National Department of Health and Provincial Administration in securing Health Sector funding and provision of technical support for the country.

Public Hospital Boards in providing technical support to the District Health Facilities and Aid Posts in Rural areas.

The Provincial Health Board in providing effective technical support to the District Health Management Committees and

District Health Management Committees to support and strengthen the network at the Health Center and Aid Post level for an effective delivery of health services to the majority of people living in the rural areas.

As part of the National Department of Health support to the provinces, several Provincial Hospitals have been prioritized under category A, B and C for Improvement and Redevelopment during the life-time of the new National Health Plan (2001-2010). Priority 'A\*' are: Enga Hospital, Laloki Hospital and Popondetta Hospital. Priority 'B\*' are:

Mt Hagen, Angau and Nonga Hospitals. Priority 'C\*' are: Daru, Kerema, Eda Tano (Central Provincial Hospital) and rest of the Provincial Hospitals in the country. See pages 56-59.

A list of various District Hospitals proposed for improvements and redevelopment during the same period includes; Balimo, Kapuna, Kupiano, Bereina, Oro Bay, Brown, Karkar, Maprik, Telefomin, Kainantu, Tari, Warangoi, Bulolo, Palmalmal and possibly Buin in Bougainville. The list is yet to be prioritized by the National Department of Health and provinces concerned.

The above listed District Hospitals could be the first in Papua New Guinea to be redeveloped inline with the proposed standards currently developed for the Rural Health Facilities. These include; Rural Hospitals, District Health Centers, Health Sub-Centers and Aid Posts. See pages 60-63.

Papua New Guinea Government also faced emergency challenges in recent years. These include; the Rabaul Volcanic Eruption of 1994, Civil unrest at Bougainville, Tidal Wave disaster at Aitape and the Drought of 1997. With these emergencies and experiences, the National Department of Health has now established a Disaster Management Guide to cater for any similar emergencies in future. See page 64.

The Health Sector in Papua New Guinea received a favorable budget allocation for the year 2000. Medical Supplies and Equipment received the highest portion (K32.3 million) from the total of K71.3 million. The next highest was Urban Health Facilities with K16.1 million while the rest of the Programs and Activities shared about K22.9 million. See pages 65-70.

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## INTRODUCTION

Papua New Guinea is the largest developing country in the South Pacific region. It has 463,000 square kilometers of land area and has a population of approximately 4.3 million people.

The country has an abundance of natural resources that have the potential to underpin a relatively bright economic future. These include extensive forestry assets, a significant unrealized potential for formal agriculture production and substantial reserves of gas, oil, gold, and copper.

The GDP per capita was equivalent to about A\$1,500 in 1996. Between 1986 and 1996 real GDP per person grew at an average rate of about 1.8 per cent a year. However, real GDP per person outside the mining (minerals and petroleum) sector grew much more slowly averaging about 0.4 per cent a year over the decade.

Papua New Guinea's population has grown rapidly since 1975, by about 2.1 per cent per year. Half of its total population of 4.3 million people are under 19 years old. While the main social indicators show improvements compared with 1975, they are still well below the averages for lower middle income countries. (LMICs)

### Comparison of Lower Middle Income Countries and PNG

	PNG	PNG	LMIC	LMICs
	1980	1995	1980	1995
Life expectancy at birth	n.a.	57	n.a.	67
Female	52	58	66	70
Male	51	56	60	64
Infant mortality rate	67	64	68	41
Education: net enrolment rates (% of school age population enrolled)				
Total primary	58.5	73.5	101.5	103.5
Total secondary:				
Female	8	10	50	61
Male	15	15	56	65
Health: population	16073	12754	4287	n.a.
Per Physician:				

Source PNG Government and World Bank

## **BRIEF OVERVIEW OF THE HEALTH SECTOR IN PAPUA NEW GUINEA**

According to the 1996 Demographic Health Survey, the projected population was about 4.3 million. With a population growth rate of 2.1%, the 1998-2000 projections are 4.5 million and 4.8 million respectively. Seventy-five percent (75%) of the population will remain rural based, however, there will be tripling of the urban population over the next twenty-five (25) to thirty (30) years, while the Rural population will double over the same period. Of the total population, forty-two percent are under fifteen (15) years, while 1.6 percent are over sixty-five (65) years. Currently the average life expectancy is 52.2 years for men and 52.4 years for women.

While PNG has been hailed by the World Health Organization as having one of the best Health Services network in the region, the network of Aid Posts, Health Centers, District Hospitals and General Hospitals have not performed as well as expected. Infant mortality rate has been seventy-seven (77) per one thousand (1000) live birth as per the 1996 Demographic Health Survey, compared to seventy-two (72) per one thousand (1000) in 1980. Maternal mortality rate has been three hundred and seventy (370) per one hundred thousand (100,000) child birth, compared to 930 per one hundred thousand prior to 1996 Demographic Health Survey. With the current rates, Papua New Guinea has been rated the second worst in the Pacific with Solomon Islands being the first.

For Rural Health Facilities in PNG, 98% have water, 70% have power, 46% have no transport, 41% have no radio, 60% require major renovation and 22% of Aid Posts are currently closed. To minimize the stated poor health situation in PNG, it is of paramount importance that the closed Aid Posts be reopened immediately as well as Transportation, Communication and Medical Supply be provided by the National, Provincial and Local Level Governments.

### **COMPONENTS OF THE STATE DELIVERY STRUCTURE**

The Health Services delivery network which includes the National Department of Health, the Provincial Administration, Aid Posts, Health Centers, District Hospitals, Provincial General Hospitals, Regional Base Hospitals and Non Government Health Care Providers played an important role on the delivery of Health Services to the people from 1996-2000. These facilities will continue to perform this role in future.

The network has been proven to be appropriate for the Health Services in Papua New Guinea. However, it does need support and professional strengthening. This calls for the commitment on the part of the National Department of Health, the Public Hospital Boards, the Provincial Health Boards, the District Health Management Committees and the Local Level Government authorities to support the network for an effective delivery of goods and services.

The armed force and the non-Government bodies such as Defense Force, Churches and Mining Companies manage their own health services. Some of these bodies have recently introduced health insurance coverage for their employees.

The National Government through the National Department of Health monitors the running of hospitals and rural health facilities of the country. Hospital Boards administer individual hospitals, while the Provincial Health Administration administers the District Hospitals and Rural Health Services.

The National Department of Health also cooperates with the Medical Faculty of the University to administer Post Graduate training and Medical Research for the country. Hospitals that provide specialized training for Doctors and Nurses are considered apex of the referral system in Papua New Guinea.

## **1.2 THE PROVINCIAL HEALTH ADMINISTRATION**

A Health Advisor, who is supported by the Officers of various sections, heads the Health Sector of each province. Each provincial Health Office has two implementation sections. They are the Provincial General Hospitals and District Health Services. The former reports to the National Minister for Health through its Hospital Board whilst the latter reports to the Provincial Health Board through the Office of the Health Advisor.

The National Department of Health is currently placing more emphasis on the development and improvement of Rural Health Services in the provinces where 75% of the population live. This emphasis has become part of the new National Health Plan for the year 2001- 2010.

## **1.3 SPECIAL PROGRAMS OF THE NATIONAL GOVERNMENT**

The National Government establishes the policies, priorities and national targets in the health sector, while the provinces implement them. The Government has now established a prioritized program as a policy directive towards achieving the aims and goals of the new National Health Plan. These include:

### *1.3.1 Health Promotion*

This will involve having a national center for material production, public awareness programs through media, health-promoting schools in collaboration with the Department of Education, distribution of materials to the districts and training of staff.

### *1.3.2 Family Health Focusing on Women's and Children's Health*

This includes antenatal and postnatal care for pregnant women, immunization and nutrition clinics that will be provided through the combined services of hospitals, health centers, mobile MCH clinics and VBA programs.

### *1.3.3 Elimination and Control of priority Diseases*

This will involve early diagnosis and treatment of malaria, TB, leprosy, sexually transmitted infection, childhood diarrheal diseases and acute respiratory illnesses. The Central Public Health Laboratory will be upgraded for effective results.

### *1.3.4 Health Protection*

Emphasis will be placed on the provision of safe drinking water for communities, schools and health facilities across the country.

### *1.3.5 Human Resource Management*

A fifteen (15) year Health Work Force rolling plan will be developed, focusing on the training of the District Health Managers of Rural Health Centers and In-service training for other District Health Staff.

### *1.3.6 Strengthening District Health and Hospital Services*

Training of District Health staff in planning and management support systems will be given high priority.

### *1.3.7 Improving Access to Medicines and Medical Supplies*

Supply and distribution of Medical Supplies will be improved and training of staff to improve skills and management will be undertaken and safe level of funding will be sought from the Government.

### *1.3.8 Strengthening Partnerships*

This will include nutrition with the Department of Agriculture and Livestock. The health promoting school programs with the Department of Education, Community mobilization, education and awareness with the Family and Church Services, HIV-AIDS control program with key Government, NGO, private and other agencies and manpower training with relevant tertiary Training Institutions.

## **1.4 DONORS INPUT AND EXPERIENCE**

Foreign Aid Assistance to Papua New Guinea in the past has mostly been implemented in urban areas of the country. The Government's decision in placing more emphasis in supporting and improving the Rural Health Services has been considered a move in the right direction. The Donors are willing to support, however, there has been experiences of delays in implementation of projects due to inadequate counterpart funding and skilled manpower. The number of the projects supported by the Donors were;

### *1.4.1 Support for construction of Rural Health Facilities*

This involves construction of Aid Posts, Health Centers, Staff Housing and Water Supply in rural areas.

### *1.4.2 Support for vertical crash programs in immunization, malaria, acute respiratory infection and diarrhea control*

This has been mainly on the area of logistic and technical support as well as supply of needles and vaccines for the immunization program.

#### *1.4.3 Support for Planning, Management and Supervision at the Provincial Level*

This involved provision of computers and training on the use of computers at the Provincial Level.

#### *1.4.4 Establishing Training Centers and Facilities for the Rural Health Workers*

This includes the upgrading of the Rural Health Laboratories and appropriate In-service training at the Center level.

#### *1.4.5 In-service Training Programs for Doctors, Nurses and the Paramedics*

This includes Officers attending appropriated training both at the local Tertiary Institutions and abroad.

#### *1.4.6 Supply of Cold Chain Equipment and Transportation*

This involved supply of Solar Fridges and vehicles for the Rural Health Facilities.

#### *1.4.7 Supply of Vaccines*

The supply of prescribed vaccines to Hospitals and Provincial Health Facilities.

#### *1.4.8 Supply of Insecticide and Mosquito Nets*

This involved the supply of prescribed insecticides and good quality mosquito nets to provinces for treatment and distribution.

#### *1.4.9 Equipment and Technical support for Disease Surveillance and Management Information Systems*

This includes the provision of Computers and Microscopes in the Disease Control offices at the Provincial Level and appropriate training for the staff on effective utilization of the equipment.

#### *1.4.10 Technical and Material Support for Health Personnel and Mass Media Programs*

This includes the training given to the staff on the use of Radios and Television Stations in promoting a healthy lifestyle among the people in their communities.

### **1.5 STATED GOVERNMENT POLICY FOR THE HEALTH SECTOR**

Given the enormity of the challenges and scarce available resources in Papua New Guinea the National Health Plan (2001-2010) will only focus on the following priorities over the next ten years; Health Promotion, Family Health (Women and Child), Elimination and Control of Priority Diseases, Health Protection, Human Resource Management, Strengthening District Health and Hospital Services, Improve access to Medicines and Medical Supplies and Strengthening Partnership.

## 1.6 GOAL

The goal is to *improve the health of all Papua New Guineans* through the development of a healthy system that is responsive, effective, accessible, affordable, and acceptable to the majority of the people and can be sustained.

## 1.7 POLICY FRAMEWORK

The next National Health Plan (2001-2010) and the Medium Term Development Strategy provide a policy framework and direction for the Health Sector for the next ten years. The framework include the eight priorities as follows;

*1.7.1 Health Promotion;* The promotion of healthy life style will include dissemination of materials to other Government Departments such as Department of Education, Department of Agriculture and Livestock, Department of Home Affairs and the Non Government Organization for a wider Health Awareness among the people.

*1.7.2 Family Health focusing on Women's and Children's Health;* This includes antenatal and postnatal care for pregnant women, immunization and nutrition clinics that will be provided through the combined services of hospitals, health centers, mobile MCH clinics and VBA programs.

*1.7.3 Elimination and Control of Priority Diseases;* This covers designation of responsibilities for the treatment of diarrhea, malaria, pneumonia, HIV/AIDS and tuberculosis with emphasis placed on effective home care approach, Central Public Health Laboratory Services Improvement and Extension of the DOTS Program. This will be done in collaboration with NGOs, Corporate Agencies, communities and other parties involved.

*1.7.4 Health Protection;* This will include improvement of health facilities in endemic areas. For example, water and sanitation services to schools appropriate excreta disposal systems and proper waste management in all the Hospitals.

*1.7.5 Human Resource Management;* Appropriate Training for human resource best practice in the Health Sector will be given a very high priority in the life period of the new National Health Plan.

*1.7.6 Strengthening District Health and Hospital Services;* This will involve all the Hospital extending their Specialist Services to the rural areas of the country and the Government funding to be in accordance with the Minimum Standards.

*1.7.7 Improving Access to Medicines and Medical Supplies;* Accountability will be introduced into the procurement, distribution and provision of medical supplies throughout the country. Provinces will be required to establish Provincial Transit Stores to effectively supply Aid Posts and Health Centers with medicine etc.

*1.7.8 Strengthening Partnership;* This will involve greater collaboration between the Government, Donors and Non Government Organizations in addressing health issues of national concern. Health Insurance Schemes will be explored to allow for the Government to share the risk of health care costs while providing adequate protection and services to the public in the country.

## **1.8 STRATEGIC APPROACH**

*1.8.1* Steps will be taken to explain the National Health Planning process to the Provincial and District Staff and to provide information that compares the local situation to the national average and the National Health Plan targets.

*1.8.2* A review of the current health conditions in the Districts and Provinces including the health status as measured by mortality rates, disease prevalence and trends over time. There will also be a review of Primary Health Care intervention such as immunization and antenatal care, early detection and treatment of diseases and assuring access to necessary medical care.

*1.8.3* The specific situation of the Provinces and Districts will be compared to the eight Health policy priorities of the National Health Plan and the targets that have been set over the planned period. It will be important to communicate how these national policy priorities provide a focus on certain programs.

*1.8.4* It will be important to review and discuss the resource constraints. A major part of this will be to review the National and Provincial Health Budgets and the way they have been distributed over time. The objective is to communicate the budget objectives of the year 2000 and beyond and the effects it will have on the health of the people of Papua New Guinea.

*1.8.5* Annual implementation plans will be established at all level with the budget. Workshops and Seminars will also be conducted to further explain the process of implementation and monitoring.



## 2. INVENTORY OF HEALTH SECTOR MAJOR PAST & FUTURE PROJECTS/ PROGRAMS

Donor	Project	Region	Agency	Start	End	Cost	Sum Page
3.1 AusAID	Rural Health Program	National	Dept of Health	1997	2002	A\$50.0 Mill	16
3.2 AusAID	Hospital Management	5 selected Hospitals	Dept of Health	1994	1999	A\$13.6 Mill	17
3.3 AusAID	Population & Family Plan	Provinces	Dept of Health	1993	1998	A\$15.5 Mill	18
3.4 AusAID	HIV&AIDS Project	Provinces	Dept of Health	1995	1998	A\$7.2 Mill	19
3.5 AusAID	Women & Child Health	Provinces	Dept of Health	1998	2003	A\$43.0 Mill	20
3.6 AusAID	Pig Bell Vaccines	Provinces	Dept of Health	1998	2003	A\$1.3 Mill	21
3.7 AusAID	Support for Malaria Vaccines	Provinces	Dept of Health & Provinces	1996	2001	A\$9.5 Mill	22
3.8 AusAID	MO, Nursing & AHS Training	National	Dept of Health	1996	2000	A\$15.0 Mill	23
3.9 AusAID	Tertiary Health Services	Provinces	Dept of Health	1996	1998	A\$0.9 Mill	24
3.10 AusAID	Health Support Programs	National	Dept of Health	1997	1998	A\$8.0 Mill	25
3.11 AusAID	National Immunization Days	Provinces	Dept of Health	1997	1997	A\$1.8 Mill	26
3.12 AusAID	Legal Identification Study	National	Dept of Health	1997	1997	A\$0.125 Mill	27
3.13 AusAID	Medical Equipment Project	Hospitals & Rural Hospitals	Dept of Health	1998	2003	A\$7.7 Mill	28
3.14 ADB	Capital Works on Clinics etc	Provinces	Dept of Health	1998	1999	K2,067,575.00	29
3.15 ADB	Water Supply	Provinces	Dept of Health	1998	1999	K870,273.00	30
3.16 ADB	Medical Equipment	Provinces	Dept of Health	1997	1998	K1,564,031.00	31
3.17 ADB	Computers for Inform. System	Provinces	Dept of Health	1997	1999	K115,000.00	32

Source: AusAID Program Profile 1998, ADB (Health IPU, 1998 Report)

## 2. INVENTORY OF HEALTH SECTOR MAJOR PAST & FUTURE PROJECTS/ PROGRAMS

Donor	Project	Region	Agency	Start	End	Cost	Sum Page
3.18 ADB	International Consultant	Provinces	DOH	1997	1998	K807,555.44	33
3.19 ADB	Local Consultant	Provinces	DOH	1997	1998	K297,810.07	34
3.20 ADB	Blood Screening	National	DOH	1997	1998	K238,445.75	35
3.21 ADB	Training Fellowships	Provinces	National	1997	1999	K75,604.39	36
3.22 JICA	Women & Child Health Project	Provinces	National	1999	2000		37
3.23 JICA	Redevelopment of Port Moresby Hospital	National	National	1988	1989	Y3,223 Mill	38
3.24 JICA	Provincial Hospital Redevelopment - Phase 1	Provinces	National	1990	1991	Y2,061 Mill	39
3.25 JICA	Provincial Hospital Redevelopment - Phase 2	Provinces	National	1991	1992	Y3,198 Mill	40
3.26 JICA	Medical Equipment	Provinces	National	1987	1987	Y0,524 Mill	41
3.27 JICA	Port Moresby Water Supply	NCD	National	1994	1997	Y1,544 Mill	42
3.28 JICA	OCV Volunteers	Provinces	National	1997	1999		43
3.29 UNICEF	Program of Coop. in PNG	Provinces	National	1998	2002	K5.8 Million	44
3.30 WHO	Technical Support Programs	Provinces	National	1996	1997	US\$3,361,700.00	45
3.31 UNDP	Health Promotion & Prevention Program	Provinces	National	1997	2001	US\$1,701,480.00	46
3.32 EU	Rural Water Supply Program	Provinces	NPO/ Villages	1989	1999	EURO 6,000,000	47
3.33 EU	HIV/AIDS	Provinces	National	2000		EURO 2,065,000	48

Source : Agencies Program Reports and Articles

### 3. HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAMS

#### 3.1 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <b>Title:</b> Rural Health Program	2. <b>Region(s):</b> National
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> Department of Health
5. <b>Cost:</b> A\$50 Million	6. <b>Period:</b> 1997-2002
7. <b>Goal:</b>  Improving services to the Rural Communities of Papua New Guinea	8. <b>Purpose:</b>  To develop the capacity of PNG's National, Provincial and District Health Authorities to deliver cost effective, sustainable Rural Health Services consistent with the National Health Plan (1996-2000)
9. <b>Project Components:</b>  a) Church-Based Services b) Non Government Services c) 160 Health Centres in the country d) 850 Aid Post e) Hire of Technical Experts for provision of professional advice to the Provinces	10. <b>Expected Outputs:</b>  a) Enhance efficiency and improvement of Rural Health Services across the country b) Minimize unacceptable high mortality rates amongst women and children c) Strengthen Management Capacity for Rural Health Workers.
11. <b>Beneficiaries:</b> 75 % of the population living in rural areas of the country	
12. <b>Current Status:</b> This project is a carry over from similar past projects	
13. <b>Implementation Issues:</b>  Provincial and National Level Governments did not provide sufficient funding for the recurrent cost in maintaining the rural health services in the country. These include lack of medical supplies, lack of technical support, lack of transportation and other logistic supports.	

### 3.2 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

<p>1. <b>Title:</b> Hospital Management and Operations Improvement</p>	<p>2. <b>Region(s):</b> Five Selected Hospitals. These include, Port Moresby General, Angau Memorial, Mt Hagen General, Goroka General and Nonga General Hospital.</p>
<p>3. <b>Donor:</b> AusAID</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> A\$13.6 million</p>	<p>6. <b>Period:</b> 1994-1999</p>
<p>7. <b>Goal:</b>  Improvement of operation and Management at the selected hospitals. POM, Angau, Hagen, Goroka, and Nonga hospital</p>	<p>8. <b>Purpose:</b>  a) To improve the management capabilities of hospital staff b) Enhance training of medical Officers, nursing and paramedical workers c) Improve patient care at the wards</p>
<p>9. <b>Project Components:</b>  Selected hospitals: a) Port Moresby General Hospital b) Angau c) Mt Hagen d) Goroka and Nonga</p>	<p>10. <b>Expected Outputs:</b>  Effective Management and Operations at the stated hospitals and including planning and tertiary training.</p>
<p>11. <b>Beneficiaries:</b>  Hospital staff of each hospital and the general public of each of the Province where the General Hospitals are located in the country</p>	
<p>12. <b>Current Status:</b>  Minimum renovations and redevelopment of selected health facilities were done by JICA between 1991-1995</p>	
<p>13. <b>Implementation Issues:</b>  Inadequate staffing and funding from the PNG side in supporting the redevelopment exercise. These caused unnecessary delays on the implementation of the projects</p>	

### 3.3 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> Population &amp; Family Planning</p>	<p>2. <b>Region(s):</b> National</p>
<p>3. <b>Donor:</b> AusAID</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> A\$15.5 million</p>	<p>6. <b>Period:</b> 1993-1998</p>
<p>7. <b>Goal:</b>  Improvement of the reproductive health of women in Papua New Guinea</p>	<p>8. <b>Purpose:</b>  a) Strengthening DOH's Capacity to deliver effective family planning services across the nation. b) Carry out training for Staff in the Rural areas of the country. c) Improve women and children's health.</p>
<p>9. <b>Project Components:</b>  a) Institutional Strengthening for training. b) Public awareness through the use of media. c) Collecting demographic data from Provinces d) Upgrading selected health facilities including Health Centers, Aid Posts and others and e) Training family planning service Providers at the various level of the Health Sector .</p>	<p>10. <b>Expected Outputs:</b>  a) Improvement on the health of mothers and children in PNG. b) Improvement of Delivery Rooms at the District Hospital, Health Centers and Aid Posts level.</p>
<p>11. <b>Beneficiaries:</b>  Mothers, Children and Family Units in the country</p>	
<p>12. <b>Current Status:</b>  The Project is currently in progress with improvement of healthy living amongst women, children and family units in Papua New Guinea.</p>	
<p>13. <b>Implementation Issues:</b>  Lack of Public awareness programs and lack of logistical support especially with transportation in reaching the people at the rural areas.</p>	

### 3.4 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> HIV/AIDS</p>	<p>2. <b>Region(s):</b> Provinces</p>
<p>3. <b>Donor:</b> AusAID</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> A\$7.2 million</p>	<p>6. <b>Period:</b> 1995-1998</p>
<p>7. <b>Goal:</b>  Improve sexual health of people in PNG and prevent the transmission of HIV/AIDS.</p>	<p>8. <b>Purpose:</b>  Provide awareness and care to people with STIs and HIV/AIDS in Provinces of Eastern, Western and Southern High lands, Morobe, East New Britain and the National Capital District.</p>
<p>9. <b>Project Components:</b>  a) Strengthening Management of Government STI/HIV programs and Services. b) Training of Health Workers c) Planning and Implementation of HIV Programs at the Community level</p>	<p>10. <b>Expected Outputs:</b>  a) Better awareness from the General Public about the deadly disease. b) Minimized the high rate spread of HIV/AIDS c) Provision of care to people affected by STI and HIV/AIDS in the Country.</p>
<p>11. <b>Beneficiaries:</b>  People of Papua New Guinea</p>	
<p>12. <b>Current Status:</b>  This project will continue for the next five years to provide support for PNG Government's Medium Term Strategy for HIV/AIDS</p>	
<p>13. <b>Implementation Issues:</b>  a) Inadequate financial support from National and Provincial Governments  b) Cultural Norms and Beliefs about public discussion on matters relating to sex</p>	

### 3. 5 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Women and Child Health	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> Department of Health
5. <b>Cost:</b> A\$43 million	6. <b>Period:</b> 1998-2003
7. <b>Goal:</b>  The goal of this Project is to enhance the quality and coverage of Women's and children's health services across the country, particularly at the Community level.	8. <b>Purpose:</b>  a) To reduce high maternal and child mortality and morbidity rates that are a major health problems in PNG. b) To support health centers and aid post to allow them to establish regular out-reach clinic to schools and villages.
9. <b>Project Components:</b>  a) Training for village health workers. b) Training for Birth attendants. c) Basic advice on nutrition, sanitation and immunization. d) Enhance health administrators at the national, provincial and district level. To plan and manage women's and children's health services through out the country.	10. <b>Expected Outputs:</b>  a) More than 75% coverage of immunization in each province. b) Better trained health personnel and community workers on women and child health services. c) Reduction of deaths amongst women and children in PNG.
11. <b>Beneficiaries:</b>  a) Women and Children. b) Family units in PNG.	
12. <b>Current Status:</b>  This project is a carry-over from the previous years (1995,1996)	
13. <b>Implementation Issues:</b>  Inadequate manpower, financial allocation from Provinces and logistical problems	

### 3. 6 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Pigbel Vaccines	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> Department of Health
5. <b>Cost:</b> A\$1.3 million	6. <b>Period:</b> 1998-2003
7. <b>Goal:</b>  To reduce enteritis necroticans disease known as pigbel in the highlands of PNG	8. <b>Purpose:</b>  a) To assist in developing and effective vaccine  b) Minimize the current cause of death estimated at 1,000 deaths per year in PNG
9. <b>Project Components:</b>  a) Provision of pigbel vaccine Five year funding of the vaccine being made by the commonwealth serum laboratory	10. <b>Expected Outputs:</b>  a) Availability of effective vaccine b) Reduction of deaths in the country c) Enhancement of future research
11. <b>Beneficiaries:</b>  The people of PNG and countries that have similar problems	
12. <b>Current Status:</b>  The project is on going and including medical research	
13. <b>Implementation Issues:</b>  In-adequate availability of vaccines	



### 3.7 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Field Support for Malaria Vaccines	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> Department of Health
5. <b>Cost:</b> A\$9.5 million	6. <b>Period:</b> 1996-2001
7. <b>Goal:</b>  Increase community involvement in vaccine trials and associated research to improve skills of PNG staff	8. <b>Purpose:</b>  To provide alternative vaccine for the current resistance by plasmodium falciparum in the country
9. <b>Project Components:</b>  a) AusAID funding assistance b) Field testing site of Worsera area of Maprik area in the East Sepik province	10. <b>Expected Outputs:</b>  Effective Malaria vaccine for the country in the near future
11. <b>Beneficiaries:</b>  People of PNG and any other countries with malaria problem	
12. <b>Current Status:</b>  The project is currently being implemented in Maprik District of East Sepik Province.	
13. <b>Implementation Issues:</b>  Inadequate monitoring by the staff at the District level.	

### 3.8 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> : Medical Officers, Nursing and Allied Health Science Training Project</p>	<p>2. <b>Region(s):</b> National</p>
<p>3. <b>Donor:</b> AusAID</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> A\$15 million</p>	<p>6. <b>Period:</b> 1996-2000</p>
<p>7. <b>Goal:</b>  To meet the acute need of specialist medical officers, nursing and allied health personnel</p>	<p>8. <b>Purpose:</b>  Specialized trained personnel to work in PNG Hospitals</p>
<p>9. <b>Project Components:</b></p> <ul style="list-style-type: none"> <li>a) Specialised training carried out in PNG Institutions</li> <li>b) Specialised training done in Australia</li> </ul>	<p>10. <b>Expected Outputs:</b></p> <ul style="list-style-type: none"> <li>a) Papua New Guinea will become self sufficient with own trained specialists</li> <li>b) Minimize the recruitment of medical and nursing specialist from overseas due to budgetary constraints</li> </ul>
<p>11. <b>Beneficiaries:</b></p> <ul style="list-style-type: none"> <li>a) Specialized staff of hospitals</li> <li>b) Patients in PNG</li> <li>c) National and Provincial Health Administration</li> </ul>	
<p>12. <b>Current Status:</b>  The National Department of Health is currently implementing this project</p>	
<p>13. <b>Implementation Issues:</b>  Inadequate financial allocation from the National Government</p>	

### 3.9 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Tertiary Health Services	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> A\$0.9 million	6. <b>Period:</b> 1996-1998
7. <b>Goal:</b> a) To provide tertiary health services to people who cannot afford to travel outside the country for urgent medical attention	8. <b>Purpose:</b> The program compliments training of specialist medical officers, nursing and allied health sciences officers
9. <b>Project Components:</b> a) Australian specialist assistance in PNG b) Improvement and upgrading of operating theaters in PNG 's selected hospitals c) Training of local specialists	10. <b>Expected Outputs:</b> a) Provision of urgent medical attention b) Improvement of Surgical facilities c) Complimenting specialized training for nursing, medical officers and allied health personnel
11. <b>Beneficiaries:</b> Hospital staff, patients and the general public	
12. <b>Current Status:</b> This project is in progress with a three year Second Phase commencing in 1998	
13. <b>Implementation Issues:</b> Inadequate ward space for patients operated under the program and funding from provincial hospitals in referring patients to selected hospitals for specialized medical attention	

### 3.10 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <i>Title:</i> Health Support Program	2. <i>Region(s):</i> National
3. <i>Donor:</i> AusAID	4. <i>Implementing Agency(s):</i> National
5. <i>Cost:</i> A\$8 million	6. <i>Period:</i> 1997-1998
7. <i>Goal:</i>  To support the expansion of preventive health services in rural areas of Papua New Guinea.	8. <i>Purpose:</i>  a) To support the implementation of Papua New Guinea's National Health Plan 1996-2000 b) Upgrading and maintaining buildings and equipment c) Provision of vehicles for logistic Support
9. <i>Project Components:</i>  a) Building, Equipment and Furniture b) Vehicles and river boats c) Biomedical equipment for hospitals across the country	10. <i>Expected Outputs:</i>  a) Effective delivery of preventive health services in the rural areas b) Support in the implementation of the National Health Plan 1996-2000 c) In-service training of rural health workers
11. <i>Beneficiaries:</i>  a) Rural Health Workers b) Provincial Health Administration c) Provincial Hospitals d) National Health Department staff	
12. <i>Current Status:</i>  This project is currently being implemented under the rural health improvement program	
13. <i>Implementation Issues:</i>  Lack of logistic support in transportation and appropriate skill worker at the District Hospital	

### 3.11 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <b>Title:</b> National Immunization Days	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> A\$1.8 million	6. <b>Period:</b> 1997
7. <b>Goal:</b>  To eliminate poliomyelitis and neonatal tetanus and control measles through and immunization campaign conducted in all provinces	8. <b>Purpose:</b>  Over 80% of children in a target population were immunized
9. <b>Project Components:</b>  a) Training of Health-Manpower b) Logistic support c) Technical advise	10. <b>Expected Outputs:</b>  a) About 80 % of children in a target population were immunized
11. <b>Beneficiaries:</b>  a) Health targeted population (under age of five) b) Health workers	
12. <b>Current Status:</b>  International immunization were a component of PNG's declaration of 1997 as the year of immunization. The project was completed in 1997.	
13. <b>Implementation Issues:</b>  Logistic problems in reaching the isolated rural villages of the country.	

### 3.12 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <b>Title:</b> Legal Identification Study	2. <b>Region(s):</b> National
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> A\$125,000	6. <b>Period:</b> 1997
7. <b>Goal:</b>  To determine the scale and scope of changes needed in existing PNG Health related legislation	8. <b>Purpose:</b>  To enable the National Department of Health to implement its activities under the new Organic Law which affects Provincial and District responsibilities for Health Administration
9. <b>Project Components:</b>  a) Reviewing existing health legislation b) Reviewing rural health programs c) Pharmaceutical supplies	10. <b>Expected Outputs:</b>  Availability of new Organic Law to cater for the range of health services problems now entrenched in Papua New Guinea
11. <b>Beneficiaries:</b>  National Department and Provincial Health Divisions	
12. <b>Current Status:</b>  The project was completed in 1997	
13. <b>Implementation Issues:</b>  Lack of legal knowledge amongst many health workers	

### 3.13 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <i>Title:</i> Medical Equipment Project	2. <i>Region(s):</i> Rural Hospitals
3. <i>Donor:</i> AusAID	4. <i>Implementing Agency(s):</i> National
5. <i>Cost:</i> A\$7.7 million	6. <i>Period:</i> 1998-2003
7. <i>Goal:</i>  To improve equipment procurement and management practices within the PNG health sector to ensure that appropriate, serviceable and cost effective equipment is provided for Primary and Secondary Health Services	8. <i>Purpose:</i>  To enhance the reliability of Equipment used in the health sector through improving PNG's capacity to maintain and repair Biomedical Equipment
9. <i>Project Components:</i>  a) Surveying of existing medical equipment b) Servicing and replacing of faulty equipment c) Training of Biomedical technician	10. <i>Expected Outputs:</i>  a) Improve medical equipment services b) Trained Biomedical Technicians
11. <i>Beneficiaries:</i>  a) Hospitals across the country b) Biomedical Technicians c) Hospital Managers	
12. <i>Current Status:</i>  Duration of project is from 1998-2003	
13. <i>Implementation Issues:</i>  a) Lack training of Biomedical engineers b) Non-availability of training facilities c) Lack of trained Biomedical technicians	

### 3.14 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <i>Title:</i> Capital Works Clinics etc.	2. <i>Region(s):</i> Provinces
3. <i>Donor:</i> ADB	4. <i>Implementing Agency(s):</i> National
5. <i>Cost:</i> K 2,067,575.00	6. <i>Period:</i> 1998-1999
7. <i>Goal:</i> a) To enhance improvement of health facilities in the selected sites b) To support Provincial health administration operations and management	8. <i>Purpose:</i> a) To support National and Provincial health workers in implementing the National Health Plan 1996-2000 b) To provide better training facilities to selected Health Training Institutions
9. <i>Project Components:</i> a) Regional Support Units in Manus, Oro and East New Britain b) HEO Training Classroom at Kainantu c) New Dormitory at the College of Allied Health Sciences, Madang d) Various Health Centers & Clinics in the selected areas of PNG	10. <i>Expected Outputs:</i> a) Effective delivery of Health Services in selected areas b) Enhancement of training more health workers c) Supporting the implementation of the National Health Plan 1996-2000
11. <i>Beneficiaries:</i> a) Selected Provincial Governments b) Selected Training Institutions c) National Department of Health d) Primary Health care providers in the rural areas	
12. <i>Current Status:</i>  This Project is currently in progress and is likely to overlap with the Rural Improvement Project for 1999-2003 period	
13. <i>Implementation Issues:</i>  Delays in implementing various projects and logistic problems in transporting materials	



### 3.15 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <i>Title:</i> Water Supply Project</p>	<p>2. <i>Region(s):</i> Provinces</p>
<p>3. <i>Donor:</i> ADB</p>	<p>4. <i>Implementing Agency(s):</i> National</p>
<p>5. <i>Cost:</i> K 870,273.00</p>	<p>6. <i>Period:</i> 1998-1999</p>
<p>7. <i>Goal:</i></p> <ul style="list-style-type: none"> <li>a) To improve quality of drinkable water in the rural communities</li> <li>b) To reduce diarrhea and other water related diseases</li> </ul>	<p>8. <i>Purpose:</i></p> <ul style="list-style-type: none"> <li>a) Provide safe drinkable water to the rural communities</li> <li>b) Enhance healthy life-style among the people in the rural communities</li> </ul>
<p>9. <i>Project Components:</i></p> <ul style="list-style-type: none"> <li>a) Testing of existing water source</li> <li>b) Conducting Training workshops</li> <li>c) General visits and inspection of water and sanitation in rural areas</li> </ul>	<p>10. <i>Expected Outputs:</i></p> <ul style="list-style-type: none"> <li>a) Eliminate common illnesses relating to drinkable water</li> <li>b) Provides good drinkable water to everyone living in a rural community</li> </ul>
<p>11. <i>Beneficiaries:</i></p> <p>Communities from the rural areas of Papua New Guinea</p>	
<p>12. <i>Current Status:</i></p> <p>This Project is a carry over of the previous water supply project and is likely to be incorporated with the new rural improvement project</p>	
<p>13. <i>Implementation Issues:</i></p> <ul style="list-style-type: none"> <li>a) Non availability of spare parts for manual pumping systems</li> <li>b) Vandalizing of pumps, Plastic pipes and tanks for water supplies</li> </ul>	

### 3.16 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <b>Title:</b> Medical Equipment	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> AusAID	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> K 1,564,031.00	6. <b>Period:</b> 1997-1998
7. <b>Goal:</b> <ul style="list-style-type: none"> <li>a) To support delivery of curative care in the District Hospitals and Health Centers</li> <li>b) To replace non-functional existing medical equipment</li> </ul>	8. <b>Purpose:</b> <ul style="list-style-type: none"> <li>a) To enhance improvement of Curative Health Care in the rural areas of Papua New Guinea</li> </ul>
9. <b>Project Components:</b> <ul style="list-style-type: none"> <li>a) Replacement of non functional equipment</li> <li>b) Training of technicians and users</li> <li>c) Supply and installations</li> </ul>	10. <b>Expected Outputs:</b> <ul style="list-style-type: none"> <li>a) Improved support services in the curative health care from the rural hospitals</li> </ul>
11. <b>Beneficiaries:</b> <ul style="list-style-type: none"> <li>a) People living in the selected Districts of Papua New Guinea where equipment were supplied</li> </ul>	
12. <b>Current Status:</b>  This project has been scaled down on implementation but will be in cooperated with the Rural Health Improvement Project	
13. <b>Implementation Issues:</b>  Implementation Issues: General lack of skilled workers at the District level	

3.17 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Computers for Information System	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> ADB	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> K115,000.00	6. <b>Period:</b> 1997-1999
7. <b>Goal:</b>  To assist Provinces in improving their health information system and database	8. <b>Purpose:</b>  To provide a reliable health information and database across the country
9. <b>Project Components:</b>  a) Supply of computers to provinces b) Training to the users	10. <b>Expected Outputs:</b>  a) Improved Information System and Database from Provincial Health Divisions b) Trained manpower in the use of computers
11. <b>Beneficiaries:</b>  Provincial Health Division, District Health Services, National Department of Health and National Government	
12. <b>Current Status:</b>  This project is still in progress	
13. <b>Implementation Issues:</b>  a) General lack of knowledge in the use of computers b) Lack of maintenance service availability at the provincial level	

3.18 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> International Consultants	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> ADB	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> K807,555.44	6. <b>Period:</b> 1997-1998
7. <b>Goal:</b>  National Inventory of Health Facilities throughout the country	8. <b>Purpose:</b>  To identify the level of need in improving existing infrastructure for budgetary purposes
9. <b>Project Components:</b>  Survey and Inventory of existing Health Facilities	10. <b>Expected Outputs:</b>  Identification of Health Facilities across the country for realistic planning and Budgetary purposes
11. <b>Beneficiaries:</b>  a) District Health Services b) Provincial Health Offices c) National Department of Health d) National Government	
12. <b>Current Status:</b>  International Consultants task have been completed and NDOH has the Inventory of all Health Facilities in the country	
13. <b>Implementation Issues:</b>  Delay of survey forms and inadequate information and data from some provinces were encountered during the inventory period	

### 3.19 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> Local Consultantant</p>	<p>2. <b>Region(s):</b> Provinces</p>
<p>3. <b>Donor:</b> ADB</p>	<p>4. <b>Implementing Agency(s):</b> National</p>
<p>5. <b>Cost:</b> K 297,810. 07</p>	<p>6. <b>Period:</b> 1997-1998</p>
<p>7. <b>Goal:</b></p> <p>To improve the Health Centers and Clinics in the country</p>	<p>8. <b>Purpose:</b></p> <p>To improve the health facilities in the country and to enhance reduction of high rate of infant mortality</p>
<p>9. <b>Project Components:</b></p> <p>a) Visit to Provinces  b) Provision of Architectural Drawings  c) Manage Tender Bids for capital works projects</p>	<p>10. <b>Expected Outputs:</b></p> <p>Improved Health Facilities in Urban and Rural areas of selected Provinces towards better health care services</p>
<p>11. <b>Beneficiaries:</b></p> <p>a) Women and Children  b) Provincial Health Division  c) National Department of Health</p>	
<p>12. <b>Current Status:</b></p> <p>This project is still in progress due to the delays in some of the projects. However, it is expected to be completed in year 2000</p>	
<p>13. <b>Implementation Issues:</b></p> <p>Logistical problems involving communication and transportation of materials to the project sites</p>	

3.20 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

1. <b>Title:</b> Blood Screening	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> ADB	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> K 238,445.75	6. <b>Period:</b> 1997-1998
7. <b>Goal:</b>  Supply of Reagents to the rural hospitals	8. <b>Purpose:</b>  Support delivery of curative health care at the district hospitals
9. <b>Project Components:</b>  a) Supply of Laboratory equipment b) Supply of Reagents c) Training of rural Lab Technicians	10. <b>Expected Outputs:</b>  Improve health care delivery at the district level
11. <b>Beneficiaries:</b>  a) People living in the rural areas b) District Health Staff	
12. <b>Current Status:</b>  The project was completed in 1997 but may be incorporated with the new project for Rural Health Improvement	
13. <b>Implementation Issues:</b>  a) Inconsistent electrical supplies and b) Delays on the arrival of laboratory materials	

### 3. 21 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> Training Fellowships</p>	<p>2. <b>Region(s):</b> Provinces</p>
<p>3. <b>Donor:</b> ADB</p>	<p>4. <b>Implementing Agency(s):</b> National</p>
<p>5. <b>Cost:</b> K 75,604.39</p>	<p>6. <b>Period:</b> 1997-1999</p>
<p>7. <b>Goal:</b></p> <p>To upgrade knowledge and skills of Health Workers from the Provinces at the local Institutions</p>	<p>8. <b>Purpose:</b></p> <p>To improve the delivery of Health Services at the Provincial and National level through appropriately trained manpower</p>
<p>9. <b>Project Components:</b></p> <ul style="list-style-type: none"> <li>a) Board and Tuition Fees for 16 students taking up Diploma in Health Teaching and Education at Goroka University</li> <li>b) Health Extension Officers Training in Environmental Health at the Lae Technical College involving Maths, Physics, Microbiology and Chemistry</li> </ul>	<p>10. <b>Expected Outputs:</b></p> <p>Properly Trained Manpower for Provincial Health Divisions and National Department of Health</p>
<p>11. <b>Beneficiaries:</b></p> <ul style="list-style-type: none"> <li>a) Provincial Health Office staff</li> <li>b) National Department of Health staff</li> <li>c) Health Training Institutions</li> </ul>	
<p>12. <b>Current Status:</b></p> <p>Project is still in progress</p>	
<p>13. <b>Implementation Issues:</b></p> <p>Some of the staff assisted under this project were School leavers who had been serving the Government for many years with limited training</p>	

### 3.22 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Women and Child Health Project	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> JICA	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b>	6. <b>Period:</b> 1999-2000
7. <b>Goal:</b>  a) To increase the immunization coverage to 80% and maintain EPI coverage at its maximum coverage of 95% through upgrading and supply of cold chain equipment by JICA with appropriate management training	8. <b>Purpose:</b>  To enhance reduction of high rate infant mortality in Papua New Guinea
9. <b>Project Components:</b>  a) Rehabilitate Cold Chain Logistics and Management b) Supply and install new equipment c) In-service training for the Users d) Monitor District and Provincial Government immunization progress	10. <b>Expected Outputs:</b>  a) Improvement of cold chain equipment and b) Reduction of infant mortality rate in the country
11. <b>Beneficiaries:</b>  a) Women and Children in Papua New Guinea b) Provincial Health Division and National Department of Health staff for training	
12. <b>Current Status:</b>  The project has recently being signed between JICA and the National Department of Health and is currently in progress	
13. <b>Implementation Issues:</b>  This is yet to be implemented, however, the common problems involving logistics and communication may be encountered	



### 3. 23 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> Redevelopment of Port Moresby General Hospital</p>	<p>2. <b>Region(s):</b> Provinces</p>
<p>3. <b>Donor:</b> JICA</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> Y3,223 million</p>	<p>6. <b>Period:</b> 1988-1989</p>
<p>7. <b>Goal:</b></p> <p>The goal of this Project is to enhance the quality and coverage of Women's and children's health services across the country, particularly at the Community level.</p>	<p>8. <b>Purpose:</b></p> <p>To provide modern facilities for patient in Port Moresby and Papua New Guinea.</p>
<p>9. <b>Project Components:</b></p> <ul style="list-style-type: none"> <li>a) First Phase ,Y 1,300 million, Second Phase Y1,923 million</li> <li>b) Construction of the Modern New Wing Hospital</li> <li>c) Supply and Installation of new medical equipment</li> <li>d) Training of managers and users of the new equipment</li> </ul>	<p>10. <b>Expected Outputs:</b></p> <ul style="list-style-type: none"> <li>a) Replacement of very old Wards</li> <li>b) Enhancements of new skills and knowledge amongst the users</li> <li>c) Provision of better Curative Health Services in the country and Port Moresby</li> <li>d) Strengthening friendship between the people of Japan and Papua New Guinea</li> </ul>
<p>11. <b>Beneficiaries:</b></p> <ul style="list-style-type: none"> <li>a) People of Papua New Guinea and</li> <li>b) Other residents from overseas working in the City of Port Moresby</li> </ul>	
<p>12. <b>Current Status:</b></p> <p>This project has been completed and is currently being fully utilized</p>	
<p>13. <b>Implementation Issues:</b></p> <p>Some of the High Tech. Medical Equipment installed by experts from overseas could not be serviced and maintained by the local technicians. However, there is now a Biomedical training program in the country that may address this issue</p>	

### 3.24 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS / PROGRAM

<p>1. <b>Title:</b> Provincial Hospital Redevelopment, Phase 1</p>	<p>2. <b>Region(s):</b> Provinces East Sepik, Western Highlands and Morobe</p>
<p>3. <b>Donor:</b> JICA</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> Y 2,061 million</p>	<p>6. <b>Period:</b> 1990-1991</p>
<p>7. <b>Goal:</b>  Strengthening the social infrastructure in meeting the basic human needs of Papua New Guineans</p>	<p>8. <b>Purpose:</b>  To enhance quality and effective health care services at the Provincial General Hospitals</p>
<p>9. <b>Project Components:</b>  a) Design, planning and construction of selected hospitals;     * Lae Hospital     * Mt Hagen Hospital     * Wewak Hospital Stage 1 cost was Y 1,784 million and Stage 2 cost was Y . 277 million</p>	<p>10. <b>Expected Outputs:</b>  a) Improved wards for patient care b) Added skill and knowledge from the staff who attended the training c) Appreciation of better environment at the General Hospitals concerned</p>
<p>11. <b>Beneficiaries:</b>  People of Papua New Guinea and those living in Port Moresby</p>	
<p>12. <b>Current Status:</b>  This project was completed in 1992, however there is a need to carry out a full-scale completion on these three hospitals</p>	
<p>13. <b>Implementation Issues:</b>  Inadequate funding allocations from the Government of Papua New Guinea in meeting its cost component of the project. Unnecessary delays were encountered as a result.</p>	

### 3.25 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

<p>1. <b>Title:</b> Provincial Hospital Redevelopment, Phase 2</p>	<p>2. <b>Region(s):</b> Provinces East New Britain, Madang and Simbu</p>
<p>3. <b>Donor:</b> JICA</p>	<p>4. <b>Implementing Agency(s):</b> Department of Health</p>
<p>5. <b>Cost:</b> Y 3,198 million</p>	<p>6. <b>Period:</b> 1991-1992</p>
<p>7. <b>Goal:</b>  Strengthening of Social Infrastructure and Improving curative care in the provinces</p>	<p>8. <b>Purpose:</b>  Meeting the relevant basic human needs in relation to health in the Provinces of PNG</p>
<p>9. <b>Project Components:</b>  Construction of New Wing Hospital Facilities at Rabaul, Madang, and a complete new hospital at Kundiawa Stage 1 costed Y 1,557 million and Stage 2 costed Y 1,641 million</p>	<p>10. <b>Expected Outputs:</b>  a) Replacement of outdated Ward OPD, Diagnostic and Operating facilities  b) Provision for better delivery of health care at the provisional Hospitals</p>
<p>11. <b>Beneficiaries:</b>  a) People from the neighboring provinces b) Health office and hospital workers within each province and c) The general public, including children</p>	
<p>12. <b>Current Status:</b>  The project was completed in 1987, however there is now a need to complete the Redevelopment of Madang and Rabaul Hospitals</p>	
<p>13. <b>Implementation Issues:</b>  Inadequate funding allocation from Papua New Guinea Government on the cost component and landowner claims for compensation payment on the Kundiawa Project</p>	

### 3 . 26 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <i>Title:</i> Medical Equipment	2. <i>Region(s):</i> Provinces
3. <i>Donor:</i> JICA	4. <i>Implementing Agency(s):</i> Department of Health
5. <i>Cost:</i> Y. 524 million	6. <i>Period:</i> 1987
7. <i>Goal:</i>  Strengthening Curative Health Care delivery at the Provincial Hospitals	8. <i>Purpose:</i>  To assist in reducing high infant mortality rate at the district level of selected Provinces who received the equipment
9. <i>Project Components:</i>  a) Technical cooperation with the Government of PNG for the supply and installation of medical equipment b) Training of users at each hospital	10. <i>Expected Outputs:</i>  Improvement of Curative Health Care at each Provincial and District Hospitals that received the equipment
11. <i>Beneficiaries:</i>  a) Patients from Provincial and District Hospitals b) Women and Children in the rural areas of the country	
12. <i>Current Status:</i>  This project was completed in 1987 but equipment are still being used with some of them now in need of replacement	
13. <i>Implementation Issues:</i>  Lack of skilled manpower in maintaining the equipment	

### 3.27 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Port Moresby Water Supply	2. <b>Region(s):</b> National Capital District
3. <b>Donor:</b> JICA	4. <b>Implementing Agency(s):</b> National Government
5. <b>Cost:</b> Y 1,544 Million	6. <b>Period:</b> 1994-1999
7. <b>Goal:</b>  To improve the water supply demand to the city residents. Current population is about 500,000	8. <b>Purpose:</b>  Provision of drinkable water as part of basic human need in the City of Port Moresby
9. <b>Project Components:</b>  a) Feasibility Studies b) Equipment Supply c) Construction work d) Training of Staff	10. <b>Expected Outputs:</b>  a) Adequate water supply to every city dwellers on daily basis b) Improve the Sanitation system in the city Technically trained staff for management purposes
11. <b>Beneficiaries:</b>  The whole City of Port Moresby and tourists that passes through Port Moresby	
12. <b>Current Status:</b>  This project was completed in 1997, however some related matters are still being attended with excellent results to date	
13. <b>Implementation Issues:</b>  Lack of local skilled manpower and a need to upgrade existing storage tanks in selected locations of the city	

**3.28 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM**

1. <i>Title:</i> JOCV Volunteers	2. <i>Region(s):</i> Provinces
3. <i>Donor:</i> JICA	4. <i>Implementing Agency(s):</i> National
5. <i>Cost:</i> Y. 340 Million	6. <i>Period:</i> 1997-1999
7. <i>Goal:</i>  Assist the Government of Papua New Guinea in implementing the programs in the country	8. <i>Purpose:</i>  Maintain a friendly relationship between the people of Japan and Papua New Guinea through Health Care Approach
9. <i>Project Components:</i>  a) Support Paramedical activities at the Provincial and District Hospitals b) Training of health staff by the Volunteers from Japan	10. <i>Expected Outputs:</i>  Effective delivery of curative health services in selected provinces where volunteers are serving
11. <i>Beneficiaries:</i>  a) Provincial health staff b) District health services c) National Department of Health	
12. <i>Current Status:</i>  This project is currently progressing with excellent results and should be further developed by Japan and PNG	
13. <i>Implementation Issues:</i>  a) General Law and Order problems on the safety of Volunteers b) Lack of pharmaceutical supplies in hospitals often causes set backs on the implementations	

### 3. 29 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Program of Cooperation in PNG	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> UNICEF	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> K 5. 8 million	6. <b>Period:</b> 1998-2002
7. <b>Goal:</b>  Special emphasis on the provision of Primary and Preventive Health Care, Public Health Education and reduction of infant mortality	8. <b>Purpose:</b>  Every child has the right to a standard of living adequate for his or her physical, spiritual, moral, and social development
9. <b>Project Components:</b>  a) HIV/AIDS program for youths b) Capacity Development c) Nutrition d) Child and Maternal Health e) Water Supply and Sanitation	10. <b>Expected Outputs:</b>  a) Reduction of high infant mortality rate b) Improve mothers' health c) Improved Water Supply and Sanitation
11. <b>Beneficiaries:</b>  Children and Women of Papua New Guinea	
12. <b>Current Status:</b>  This project is in good progress at present	
13. <b>Implementation Issues:</b>  a) Logistic Problems in the delivery of goods and services at the rural areas  b) Lack of staff at the provincial level to manage the implementation process	

### 3. 30 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <i>Title:</i> Technical Support Programs	2. <i>Region(s):</i> Provinces
3. <i>Donor:</i> WHO	4. <i>Implementing Agency(s):</i> Department of Health
5. <i>Cost:</i> US\$ 3,361,700	6. <i>Period:</i> 1996-1997
7. <i>Goal:</i>  Technical support to the National Department of Health	8. <i>Purpose:</i>  To enhance training of human resources towards effective delivery of health services in the rural and urban areas of Papua New Guinea
9. <i>Project Components:</i>  a) Human Resource Development b) Women and Child Health c) Health Promotion d) Nutrition and etc	10. <i>Expected Outputs:</i>  a) Trained manpower b) Reduction of deaths amongst women and children c) Public awareness for healthy life style
11. <i>Beneficiaries:</i>  a) Health workers b) Provincial health Divisions c) General public in the country d) National Department of Health	
12. <i>Current Status:</i>  This project is currently being implemented with impressive results. It is projected to continue until year 2001	
13. <i>Implementation Issues:</i>  Lack of funding support from the Provincial level Governments for the implementation of each Programs	



### 3. 31 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> Health Promotion and Prevention Program	2. <b>Region(s):</b> National
3. <b>Donor:</b> UNDP	4. <b>Implementing Agency(s):</b> National
5. <b>Cost:</b> US\$ 1,701,480 (12%) of the total UNDP Programs	6. <b>Period:</b> 1997-2001
7. <b>Goal:</b>  To assist the Government in the decentralization of the health system from the national to provincial and district levels to enable more cost-effective coordinated delivery of services	8. <b>Purpose:</b>  To contribute to the National efforts to reduce the high maternal mortality and infant mortality rate and promote healthy lifestyles and workplace
9. <b>Project Components:</b>  a) Immunization of children b) Growth Monitoring c) Maternal health amongst women d) Other Programs that will involve, UNFA, UNICEF, WHO, ILO etc	10. <b>Expected Outputs:</b>  Sustainable Human Development for the people of Papua New Guinea
11. <b>Beneficiaries:</b>  Rural people of Papua New Guinea comprising 75% of the total population.	
12. <b>Current Status:</b>  This program is currently being implemented with special focus on Bougainville	
13. <b>Implementation Issues:</b>  Law and Order problems and lack of logistic support by the Provincial Health Divisions	

### 3.32 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

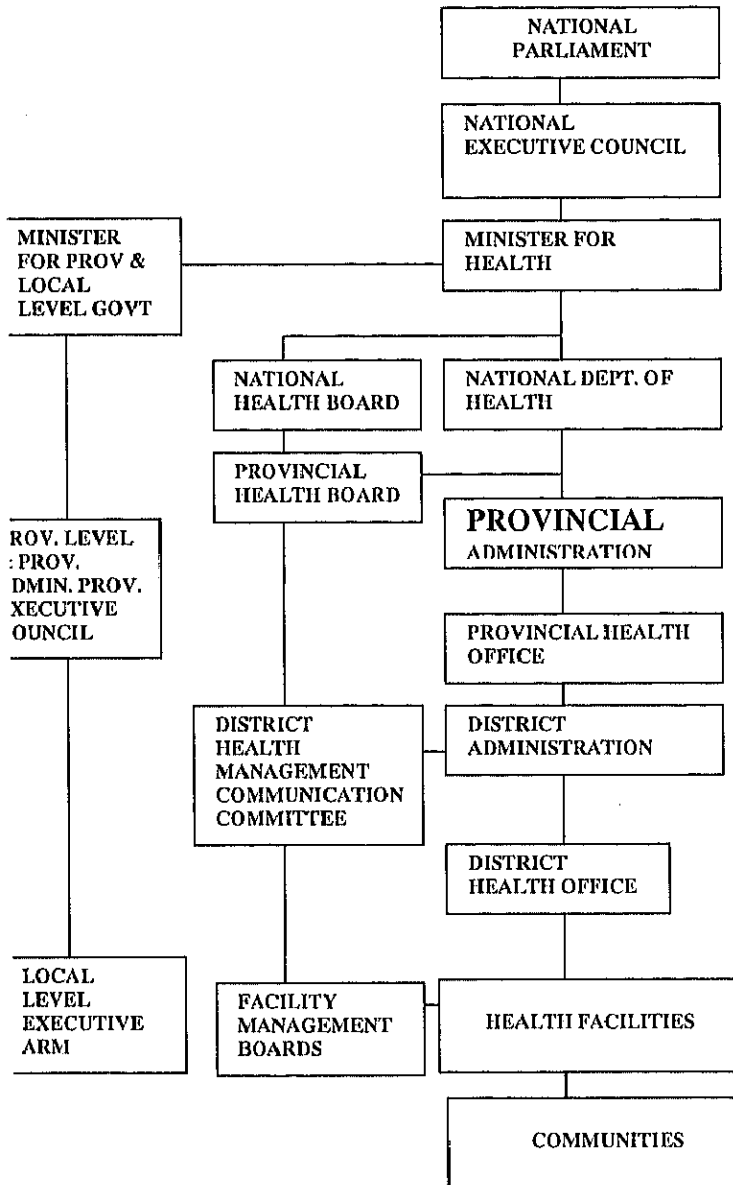
<p>1. <b>Title:</b> Rural Water Supply Program Phases 1&amp;2</p>	<p>2. <b>Region(s):</b> 12 Provinces</p>
<p>3. <b>Donor:</b> European Union</p>	<p>4. <b>Implementing Agency(s):</b> NPO/Villages</p>
<p>5. <b>Cost:</b> : EURO. 6,000,000</p>	<p>6. <b>Period:</b> 1989-1999</p>
<p>7. <b>Goal:</b>  Improve living standard in Rural Communities</p>	<p>8. <b>Purpose:</b>  Supply of safe drinking water by appropriate technology to village communities selected on health criteria</p>
<p>9. <b>Project Components:</b></p> <ul style="list-style-type: none"> <li>a) TA</li> <li>b) Volunteers</li> <li>c) Village labour</li> <li>d) 70 shallow wells and hand Pump</li> <li>e) 46 gravity feed system</li> <li>f) 36 Solar powered pumping systems</li> <li>g) 493 rain water storage tanks</li> </ul>	<p>10. <b>Expected Outputs:</b></p> <ul style="list-style-type: none"> <li>a) Safe water supply in participating villages</li> <li>b) Improved health in participating villages</li> <li>c) Villages able to maintain infrastructure.</li> </ul>
<p>11. <b>Beneficiaries:</b>  274 Village Communities</p>	
<p>12. <b>Current Status:</b>  Completed</p>	
<p>13. <b>Implementation Issues:</b>  A detailed evaluation is available. Main recommendations avoid mono-sectoral approach to health; select and enable communities more carefully; improve co-operation mechanisms with province/districts</p>	

### 3.33 SUMMARY OF HEALTH SECTOR FOREIGN AID ASSISTED PROJECTS/PROGRAM

1. <b>Title:</b> HIV/AIDS Program	2. <b>Region(s):</b> Provinces
3. <b>Donor:</b> European Union	4. <b>Implementing Agency(s):</b> NPO/Government
5. <b>Cost:</b> EURO 2,065,000	6. <b>Period:</b> 2000 and onward
7. <b>Goal:</b>  To improve the national strategy on peer education relating to HIV/AIDS	8. <b>Purpose:</b>  To fill key gaps in the activities of other donors
9. <b>Project Components:</b>  a) Training for peer groups b) Media approach training for the general public c) Logistical support	10. <b>Expected Outputs:</b>  Members of peer groups will be made aware of the dangers of AIDS and become more responsible towards a healthy lifestyle
11. <b>Beneficiaries:</b>  a) Peer group members who choose to remain healthy b) Independent state of Papua New Guinea through healthier human resources	
12. <b>Current Status:</b>  To commence in February 2000	
13. <b>Implementation Issues:</b>  Areas of concentration are to be selected during the design process.	

## 4. ORGANIZATIONAL CHARTS

### 4.1 STATE DELIVERY STRUCTURE



#### NATIONAL LEVEL

1. Maintain effective liaison with PHB.
2. Formulate and administer the NHP&S.
3. Responsible for the Education Resource Centre including Medical Board, Nursing Council and the Institute of Medical Research
4. National Health Advocacy
5. Ensure National Health Standards are maintained

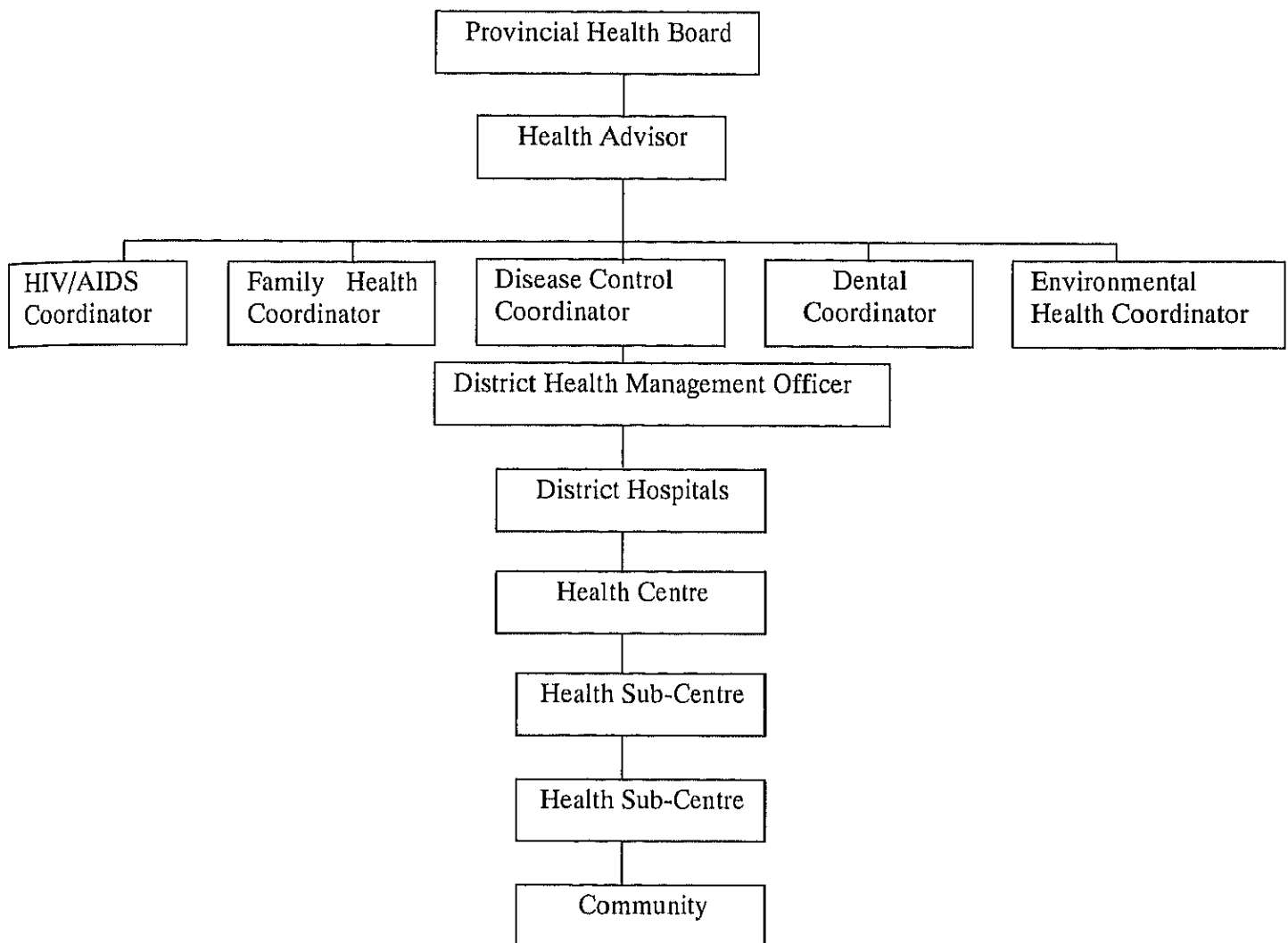
#### PROVINCIAL LEVEL

1. Monitor Health Programs in the Province
2. Approve and submit PHB
3. Approve building of new Health Facilities in line with approved policies
4. Appointment of all senior Health Managers at Provincial District and Facility level (not including Aid Post)
5. Security finance and other resources for effective and efficient delivery of services
6. Advocate for health in the province
7. Monitor standard of Health Care in the Province
8. Carry out all other functions delegated by the NHB

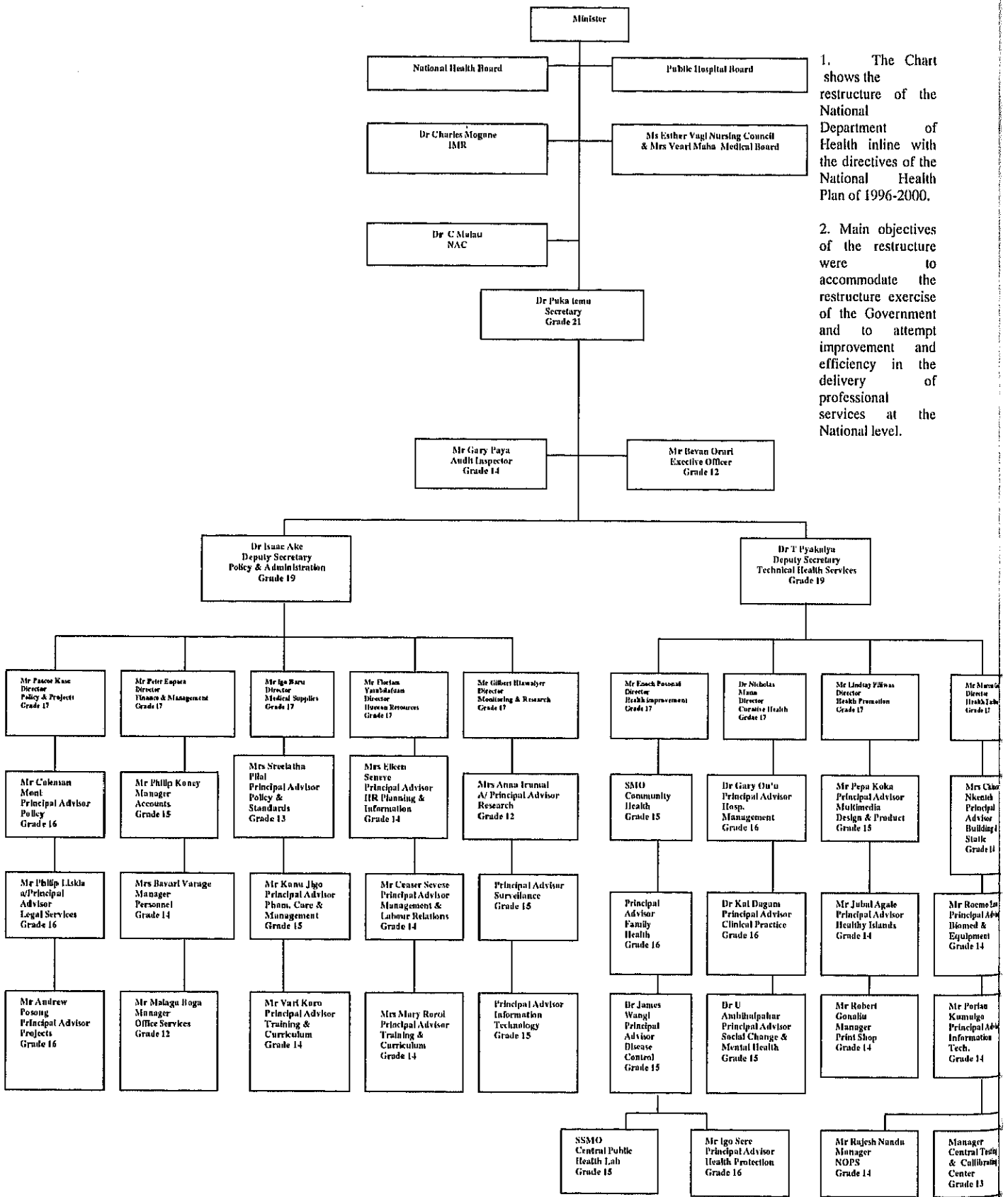
#### DISTRICT LEVEL

1. Co-ordinate all health programs affecting the District
2. Adopt and enforce implementation policy guidelines
3. Approve and submit annual DHMC to District Administration
4. Health Advocate to promote community participation
5. Assess feasibility of Health infrastructure proposal by LLG resubmission to the District Administrators
6. Carry out any directives from the PLG before submission to DHMC on matters affecting the District Administrator
7. Enforce and monitor operational implementation policy in line with PHA

#### 4.2 PROVINCIAL HEALTH SERVICE DELIVERY STRUCTURE



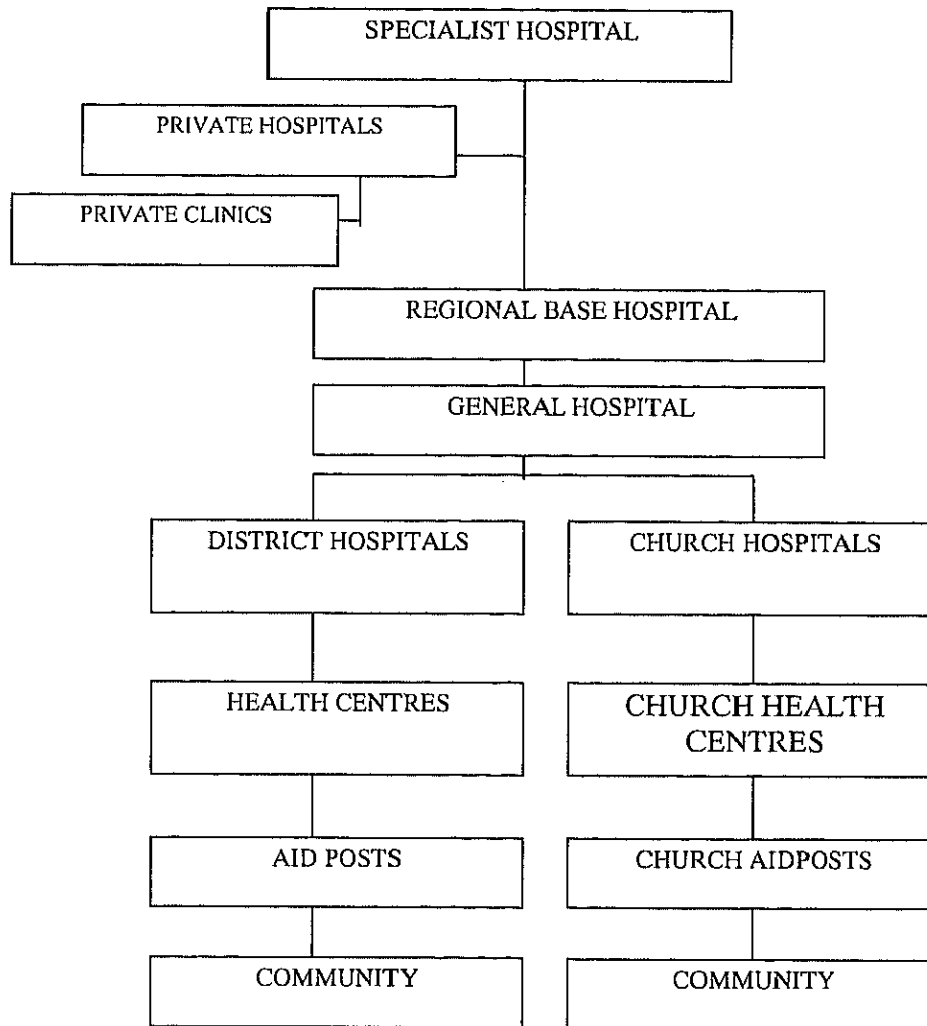
The above structure has been in existence at the Provincial level of the country for more than 25 years. Since the introduction of the Reform in 1995, the Provincial Health Board has been introduced to strengthen the performance of the system. It has been affirmed that the structure is the most appropriate for Papua New Guinea. However, the challenges this structure has faced over the years have been the lack of support financially and technically from the National and Provincial Governments. Adverse effects on the health of the people in rural areas have been unavoidable as a result.



1. The Chart shows the restructure of the National Department of Health inline with the directives of the National Health Plan of 1996-2000.

2. Main objectives of the restructure were to accommodate the restructure exercise of the Government and to attempt improvement and efficiency in the delivery of professional services at the National level.

#### 4.4 CURATIVE HEALTH CARE STRUCTURE



The Organization Structure shows Curative Health Services system network that exist in Papua New Guinea.

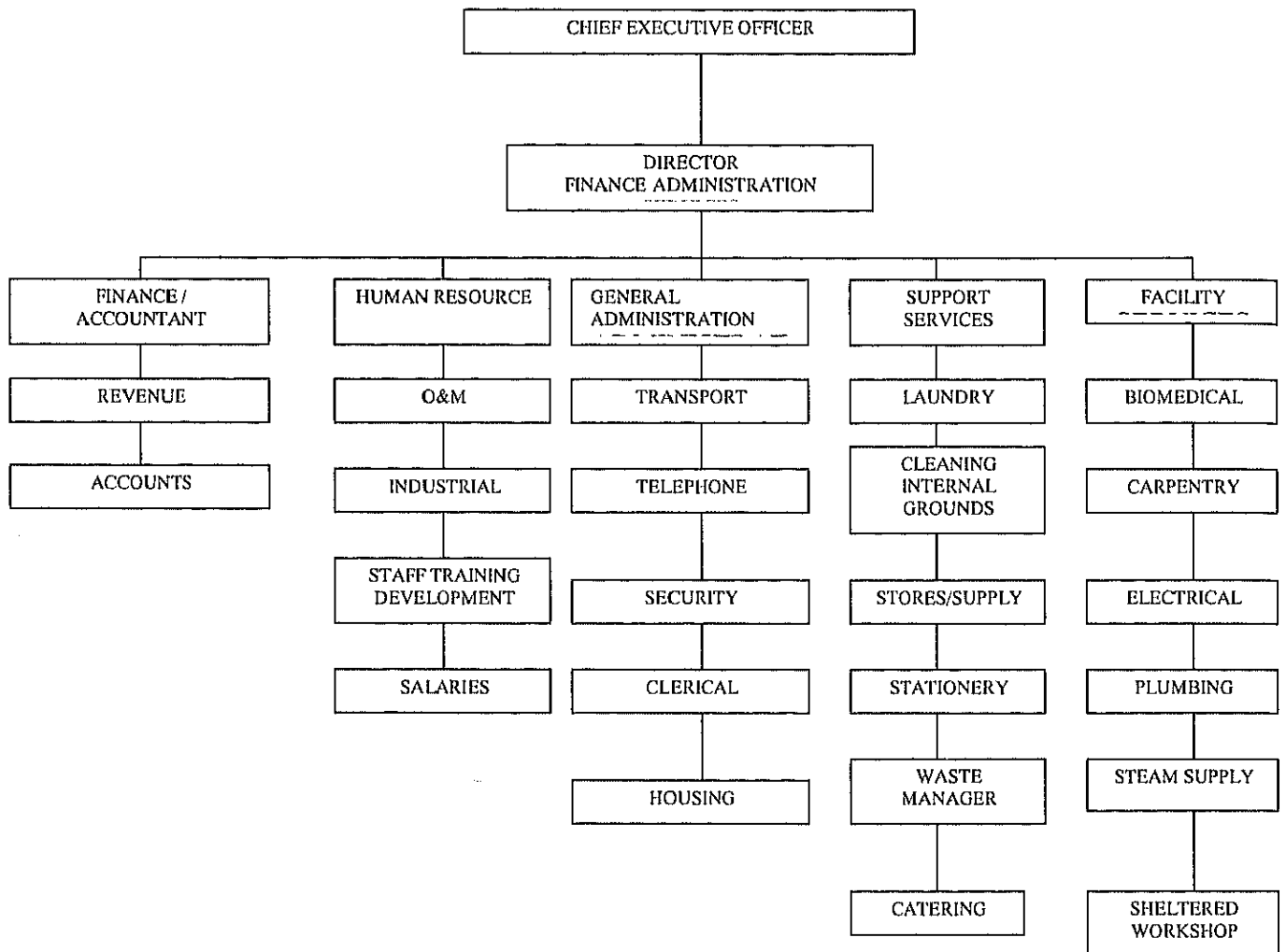
The Port Moresby General Hospital is ranked as the Specialist Hospital because of its cooperation with the Medical Faculty of the University in training Medical Officers and other category of health workers. It is also considered as the referral Base Hospital for the Southern Region of the country.

Private Hospitals and Clinics also provide specialized medical care that are monitored by the Medical Board and encouraged by the Government.

The Base Hospitals (Angau Memorial, Mt Hagen General and Nonga General Hospital) provide limited specialist service to the different regions of the country, while the General Hospitals provide the General Medical Care to the rest of the country.

General Hospitals are the referral centers of the Rural Health Facilities operated by the Government and the various churches.

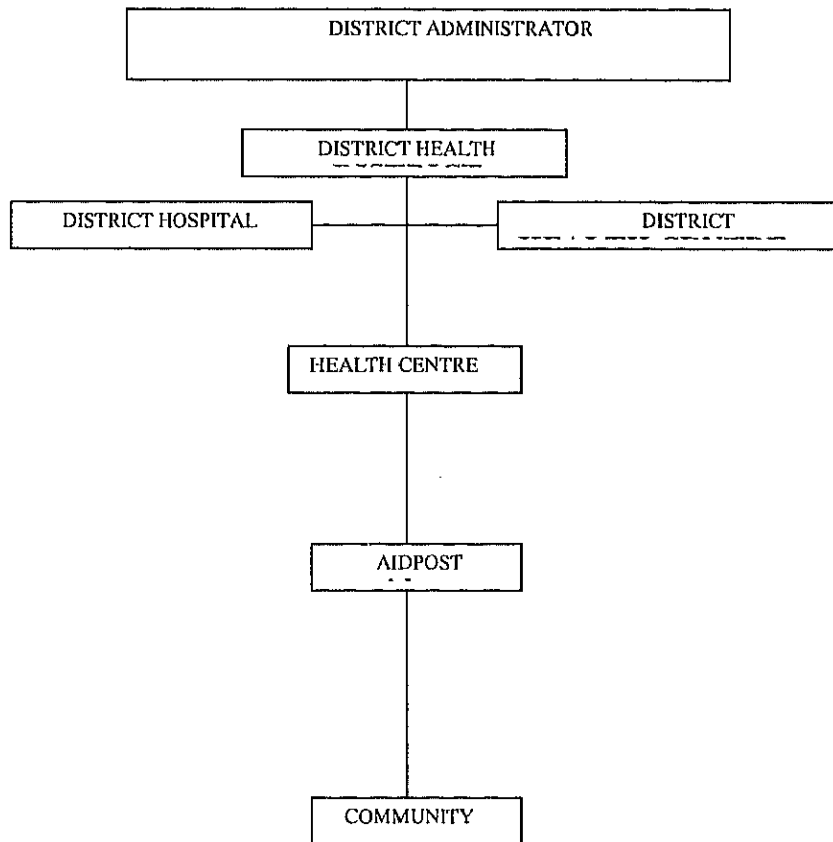
#### 4.5 DIRECTORATE FUNCTIONAL STRUCTURE OF PNG REGIONAL HOSPITALS



This Organizational Structure is for all the regional Hospitals in the country except Port Moresby General Hospital.



#### 4.6 ORGANIZATIONAL STRUCTURE OF A DISTRICT HEALTH SYSTEM

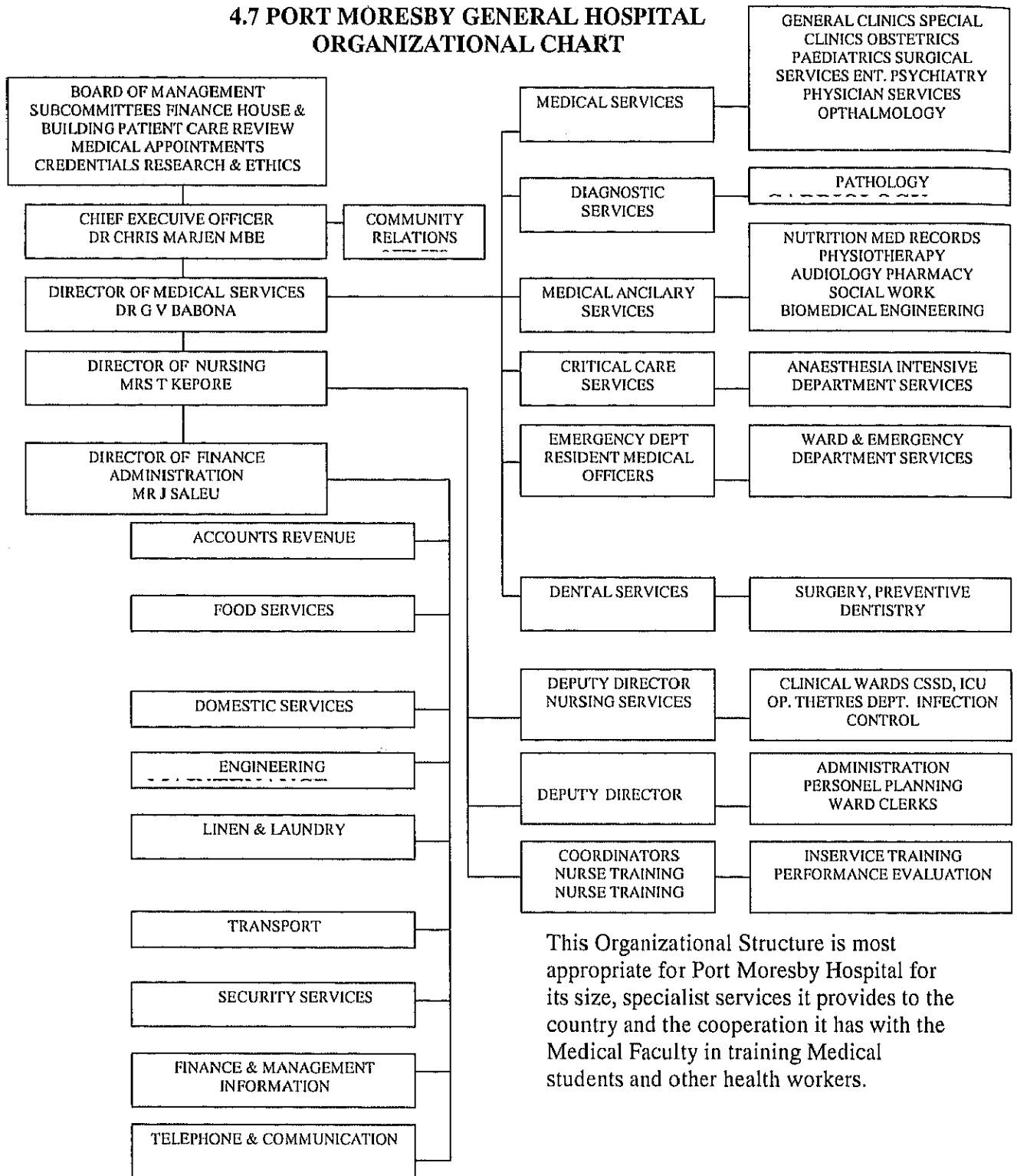


This structure shows the vertical system used at the District Administration level to support the delivery of health services to the majority of the population living in rural areas of the country.

For the structure to be effective in these areas, it requires the support of the wider network from the National and Provincial Governments.

With the reform system, the District Health Services is the sole responsibility of the Provincial Government. However, this does not rule out the technical support from the National Department of Health and the Government as this is where the majority of the people are served.

### 4.7 PORT MORESBY GENERAL HOSPITAL ORGANIZATIONAL CHART



This Organizational Structure is most appropriate for Port Moresby Hospital for its size, specialist services it provides to the country and the cooperation it has with the Medical Faculty in training Medical students and other health workers.

## **(DIVISION OF CURATIVE HEALTH SERVICES)**

Hospitals provide essential services to the people of Papua New Guinea. There are nineteen (19) designated government hospitals strategically located throughout PNG. The four (4) large hospitals (Port Moresby General, Angau General, Mt Hagen General and Nonga General Hospital) are categorized as Regional Referral Hospitals in the country while others are referred to as Provincial General Hospitals. See page 56.

A situation analysis completed by the Curative Health Services Division of the Department of Health established the following priorities for year 2000-2004.

### **PRIORITY 'A' HOSPITAL PROJECTS**

#### **5.1. ENGA PROVINCIAL HOSPITAL - WABAG, ENGA PROVINCE**

- a) The Enga Province with a population of 280,000 people has no provincial hospital. Three small mission hospitals (Sopas, Mambisanda and Kompiam) are providing the services to the people with Sopas performing the role of the Provincial General Hospital. Patients with serious illnesses are normally referred to Mt. Hagen Regional Hospital which is two (2) hours by road.
- b) The Enga Provincial Assembly and the Administration has a strong desire to build a new Provincial Hospital at the Town of Wabag.
- c) There is suitable Government land available in Wabag of which the Soil tests have been completed by Department of Works and found to be suitable for heavy buildings.
- d) The National Government has supported the move by making allowances for counterpart funding in the 1999 Budget Appropriation.
- e) The NDOH also supported the project by the creation and approval of the Enga Provincial Hospital Staff establishment in 1999.
- f) The proposed Enga Provincial Hospital has been classified as a level 3 hospital with 342 staff and 250 beds.

#### **5.2 LALOKI PSYCHIATRIC HOSPITAL - PORT MORESBY, NCD**

The Laloki Psychiatric Hospital is an eighty (80) bed hospital with sixty (60) staff. It is the only hospital in Papua New Guinea that provides long term patient care for mentally affected cases. It was built thirty years ago and has received very little maintenance attention over the years. The ward buildings are in need of replacement and the farm needs to be rehabilitated to provide outdoor activities for patients. In recent months the following have been established;

- a) An experienced and competent management team has been appointed and is currently being instrumental in bringing about certain changes to the hospital.
- b) The rehabilitation farm is being revived with assistance from the Department of Agriculture and Livestock. It is hoped that farm equipment will be replaced in the near future.

- c) A 60 feet well has been dug by the staff and have struck a stream underground. However, it requires a pump and a storage tank to reticulation water throughout the hospital.
- d) The Australian Government through AusAID has built a steel fence around the wards and the administration block. Staff residential areas were excluded and are now prone to rascals and criminal attacks.
- e) The present wards are in a very bad shape due to damages caused by patients. They need complete redevelopment and streamlining to comply with the international changes in the field of psychiatry.
- f) A total of twenty-five (25) staff houses need to be demolished and rebuilt in a new site within the hospital. The structure of most houses at the existing site are shifting and they are slowly falling apart. Thus the need is placed as the first priority.

### **5.3 POPONDETTA PROVINCIAL HOSPITAL - POPONDETTA, ORO PROVINCE**

The Popondetta General Hospital has one hundred and fifty (150) beds with one hundred and thirty (130) staff. It was built just after the Second World War and is classified as a Level four (4) hospital.

Since its opening in 1959 there has been very little maintenance on the timber and fibro structure. This was worsened in 1993 when the Wards and an Operating Theaters were destroyed by fire. The Hospital needs to be fully redeveloped in the immediate future.

- a) The Oro Provincial Assembly has passed a resolution for Popondetta Hospital to be redeveloped. The National Department of Health, the National Government, the Provincial Administration and the Hospital Management have also supported this move.
- b) Popondetta General Hospital needs to be replaced with an appropriately designed Hospital. The existing facilities are no longer adequate after the fire in 1993. These include the Operating Theater, the surgical ward and other general wards. The project has been selected by the NDOH to be amongst the top priorities.

## **PRIORITY 'B' - REGIONAL HOSPITAL PROJECTS**

### **5.4 MT HAGEN GENERAL HOSPITAL - WESTERN HIGHLANDS PROVINCE**

- a) The Mt Hagen General is also a Regional Hospital for the Highlands Region. It has four hundred and twenty (420) bed capacity with five hundred and forty four (544) staff. It covers a total population of about two (2) million including Enga, Eastern Highlands, Southern Highlands, Western Highlands and Simbu Provinces.
- b) Parts of the hospital were redeveloped by JICA in 1992 / 1994. This includes; Maternity wing, Dispensary, Laboratory and an Intensive Care Unit.
- c) All other wards, Operating Theatre, X-Ray, Central Sterilizing Unit, Out Patient and Administration Block were not included during the redevelopment program in 1992-1994. Thus, there is a high need to redevelop these remaining facilities.

### **5.5 ANGAU MEMORIAL HOSPITAL - LAE, MOROBE PROVINCE**

- a) The Angau Memorial Hospital is a Regional Hospital for the East & West Sepik, Madang and Morobe Provinces. The region is usually referred to as Momase Region and has a population of about 1.2 million. The Hospital was built in the late 1940's with timber and fibro materials and has deteriorated badly over the years.
- b) Angau Memorial has a bed capacity of five hundred (500) and 630 staff including the Medical Officers, Nursing, Paramedics and support staff.
- c) Through JICA funding in 1992 - 1994, the Operating Theatres, Laboratory, Dispensary, Consultation Clinics, X-ray, Out Patient and the Administration block were redeveloped.
- d) The rest of the buildings including all the wards were not redeveloped under the 1992/94 Program. It is therefore recommended that the old buildings be demolished and replaced soon as possible in the interest of improved patient care.

### **5.6. NONGA REGIONAL HOSPITAL - RABAU, EAST NEW BRITAIN**

- a) Nonga is the Regional Referral Hospital for the New Guinea Island Provinces. This includes Manus, East New Britain, West New Britain, New Ireland and Bougainville with a total population of just less than one million people.
- b) The Phase Two JICA redevelopment project in 1992-1994 was able to replace the old Outpatient Department, Accident and Emergency, Consultation Clinics, X-ray, Laboratory, Dispensary and the Administration.
- c) The Operating Theater, Labour Ward and the rest of the wards need to be replaced to blend the new buildings done by JICA.

- c) Despite disruptions caused by the volcano in 1994, the new building was opened and is currently being fully utilized by staff and patients of the Region.

## **PRIORITY 'C' HOSPITAL PROJECTS**

### **5.7 PROVINCIAL HOSPITALS:**

The following Provincial Hospitals have been placed under "C" category because of the land issues. These includes:

**a. Daru Provincial Hospital - Daru, Western Province**

Daru General Hospital has a staff strength of eighty (80) and bed capacity of 120. While some improvements were done on the single quarters, the laundry and the kitchen in recent years, there is still much to be done in improving the Hospital. The Provincial Government has been proposing to relocate the township of Daru. Thus, the new hospital will be built on the new site.

**b. Kerema Provincial Hospital - Kerema, Gulf Province.**

Kerema General Hospital was demolished in 1995 and has not been rebuilt due to the proposed relocation of Kerema township. Meanwhile, the Hospital is operating under temporary buildings at a sixty (60) bed level with eighty (80) total staff.

**c. Central Provincial Hospital - Eda Tano, Central Province.**

The Central Province has no designated Provincial Hospital of its own. However with a new township currently being built for the Central Province, it is anticipated that a new hospital for the province will be built at the same time.

Political and Administrative supports over these projects has been minimal. However, there are indications that these hospitals will also be upgraded to acceptable standards.

With many issues pending to be resolved over these hospital projects, they have been given a 'C' priority status.

Provincial Hospitals that were built in the late fifties with timber and fibro structures have now reached their life span and are in need of replacement. These include;

- a. Mendi Hospital - Mendi, Southern Highlands Province
- b. Wewak Hospital - Wewak, East Sepik Province
- c. Kavieng Hospital - Kavieng, New Ireland Province
- d. Kimbe Hospital - Kimbe, West New Britain Province
- e. Lorengau Hospital - Lorengau, Manus Province
- f. Alotau Hospital - Alotau, Milne Bay Province

## 6.1. RURAL HOSPITAL

The rural hospital shall have the following minimum facilities:

- a. 50 beds, with 2 high dependency beds, 5 moderate care beds, and 38 self care beds in two general wards. One antenatal care and malnutrition ward with 5 beds.
- b. 24 hour functioning OPD with Emergency service
- c. Sheltered patients' waiting area
- d. Two rooms for injection and treatment
- e. Minor Operating Theatre
- f. Dental Clinic
- g. Integrated Family Health Clinic
- h. STI, TB and Leprosy Clinic
- i. Operating Theatre
- j. Laboratory
- k. X-ray room
- l. Laundry
- m. Sterilization Unit
- n. Toilets and ablution rooms
- o. Pharmacy/Dispensary
- p. General Stores
- q. Kitchen for the use of patients and guardians
- r. Administration Block with general office and office stores
- s. Radio communication system
- t. One ambulance and two all-purpose vehicles for other transport and extension work
- u. Institutional houses: Three (3) x 3-bedroom houses, Ten (10) x 2-bedroom units (in Flats), and 15 single accommodation units

## **6.2. DISTRICT HEALTH CENTRE**

The District Health center shall have 30 beds (5 moderate care beds and 25 self care beds in two general wards and one maternal and malnutrition wards (5 beds). Other facilities shall be :

- a. Labour Ward (Delivery suit) with 3 beds
- b. Waiting rooms for two high risk pregnant women
- c. Large sheltered patients' waiting area
- d. 24 hour OPD with emergency service
- e. Injection and treatment rooms (2)
- f. Minor operating theatre
- g. Laboratory
- h. X-ray room
- i. Laundry
- j. Sterilization Unit
- k. Adequate toilets and ablution rooms
- l. Pharmacy/Dispensary
- m. General Stores
- n. Bush material kitchen for the use of patients and guardians
- o. Administration Block with general office and office stores
- p. Radio communication system
- q. One ambulance and one jeep for other transport and extension work
- r. Institutional houses: Two (2) x3- bedroom houses, five (5) x 2-bedroom units (in flats) and 10 single accommodation units

## **6.3. HEALTH CENTRE**

Health centers shall have 20 beds in two general wards of 8 beds each and one maternal and malnutrition ward with 4 beds. Other facilities shall be:

- a. Labour ward (Delivery suit) with 2 beds
- b. OPD with Emergency service



- c. Injection and Treatment rooms (2)
- d. Minor Operating Theatre close to the OPD
- e. Dental Clinic
- f. Integrated Family Health Clinic
- g. Laboratory
- h. Sterilization Unit
- i. Toilets and ablution rooms
- j. Laundry
- k. Pharmacy/Dispensary
- l. General Stores
- m. Bush material kitchen for the use of patients and guardians
- n. Administration Block with general office and office stores
- o. Radio communication system
- p. One ambulance
- q. Institutional Houses: Two (2)x 3-bedroom houses, five (5)x 2-bedroom units (in Flats) and 8 single accommodation units.

#### **6.4. URBAN CLINIC**

At the minimum, urban clinics are to provide general out patient services and family health services to the population living within its catchment area, complementing the similar services provided by the local hospital. The following facilities shall be available at urban clinics:

- a. Consultation area for two health workers to examine patients
- b. An observation room with 2 beds for monitoring patients with acute illness but may not need admission to hospital, such as high fever, febrile convulsions or epileptic fits, vomiting, etc.
- c. Dispensary room
- d. Laboratory room
- e. Integrated Family Health Clinic

- f. Toilets and ablution rooms
- g. Treatment room with facilities for injections and wound dressing
- h. Sheltered waiting area for patients
- i. Reliable power and water supply
- j. Telephone link to supervising hospital
- k. Security fence with gate

#### **6.5. AID POST**

Aid Posts shall have the following infrastructure and facilities:

- a. Consultation area which allows two health workers to examine patients
- b. An Observation Room with two beds for monitoring patients with acute illness but may not need referral to health center, such as high fever, febrile convulsions or epileptic fits, vomiting etc
- c. Treatment room with facilities for giving injections and dressing wounds
- d. Integrated Family Health Clinic
- e. Dispensary Room
- f. Small sheltered waiting area for patients
- g. Small room to serve as an office and a store
- h. Reliable water supply
- i. Easy communication system, preferably radio link to the supervising Health Center
- j. Security fence with gate around the garden
- k. Accommodation for one or two Community Health Worker or depending on the number of staff approved

## 7. HEALTH NEEDS IN DISASTER MANAGEMENT

The District Health Manager shall:

- a. have a comprehensive plan for the mitigation of possible disasters
- b. have a list of addresses and telephone and fax numbers of all persons who need to be contacted in times of disaster
- c. the district health staff and OTCs of all health facilities shall be conversant with District Disaster Mitigation Plan (DDMP)
- d. conduct annual seminars to educate all health workers in the district and community members on the DDMP
- e. have lists of emergency requirements that may be needed in different types of disasters
- f. enable the largest district health facility (hospital or district health center) to have a plan to deal with mass casualty. The plan is to be updated regularly and the staff is to be trained regularly on the standard operating procedures

### 7.1 TABLE : DISASTER MANAGEMENT GUIDE

NATURE OF DISASTER	HEALTH PROBLEM	HEALTH SERVICES NEEDS	
FLOODS	<ul style="list-style-type: none"> <li>. No shelter and clothing</li> <li>. No drinking water</li> <li>. No latrines</li> <li>. Env. Pollution</li> <li>. Disease outbreak such as:</li> <li>. Diarrhea</li> <li>. Dysentery</li> <li>. Typhoid</li> <li>. Malaria</li> </ul>	<b>RELIEF</b>	<b>REHABILITATION</b>
		<ul style="list-style-type: none"> <li>. Shelter,</li> <li>. Clothing</li> <li>. Water</li> <li>. Food</li> <li>. Latrines</li> <li>. Sanitation,</li> <li>. Emergency Medical Care</li> <li>. Epidemic prevention</li> <li>. Vector and pest control</li> </ul>	<ul style="list-style-type: none"> <li>. Water</li> <li>. Sanitation</li> <li>. Supplementary food for children and pregnant women</li> <li>. Epidemic monitoring</li> <li>. STI prevention</li> <li>. Health Education</li> <li>. Vector Control</li> </ul>
CIVIL DISTURBANCE (CLAN WAR)	<ul style="list-style-type: none"> <li>. No shelter</li> <li>. No food</li> <li>. No family health Service</li> <li>. No medical care</li> <li>. No sanitation</li> <li>. Mental distress</li> </ul>	<ul style="list-style-type: none"> <li>. Shelter</li> <li>. Food for women and children</li> <li>. Health Patrols</li> <li>. Latrine construction</li> <li>. Monitor Drinking Water</li> </ul>	<ul style="list-style-type: none"> <li>. Environmental sanitation</li> <li>. Water supply</li> <li>. Food gardens</li> <li>. Health clinics/Aid Posts</li> <li>. Health education</li> </ul>

This table shows different nature of disaster with common associated problems and the health service relief and rehabilitation that must be taken into consideration in attending to disaster and emergencies.

## 8. HEALTH SECTOR BUDGET FOR THE YEAR 2000

### 8.1 DEPARTMENT OF HEALTH PROGRAMS SUMMARY FOR YEAR 2000 (IN THOUSANDS OF KINA)

DESCRIPTION		Actual	Appropriation	
		1998	1999	2000
<b>M. PROGRAM</b>	<b>PRIMARY HEALTH AND HOSPITAL SERVICES</b>	<b>18,005.1</b>	<b>54,000.0</b>	<b>71,315.5</b>
<b>PROGRAM</b>	<b>POLICY FORMULATION &amp; GENERAL ADMINISTRATION</b>	<b>5,832.6</b>	<b>7,326.4</b>	<b>8,297.7</b>
ACTIVITY	Executive Services			
ACTIVITY	Administrative Services	4,547.9	611.6	744.0
ACTIVITY	Policy Analysis and planning		1,293.2	1,788.1
ACTIVITY	Health Information System & Research Development	633.8	639.7	873.9
ACTIVITY	Regional Services		492.4	596.6
ACTIVITY	Health Management Support	81.3	4,008.8	4,104.0
ACTIVITY	Grants To Other Organizations	569.6	280.7	19,191.1
ACTIVITY	Ministerial Support Services			
<b>PROGRAM</b>	<b>URBAN HEALTH FACILITIES</b>	<b>2,123.3</b>	<b>10,613.3</b>	<b>16,137.7</b>
ACTIVITY	Support to Curative Health Services	348.7	210.0	1,357.6
ACTIVITY	Hospital Management Services	369.2	1,264.2	348.7
ACTIVITY	Specialist Curative Services		4,761.7	7,040.0
ACTIVITY	National Orthetic And Prosthetic Services		154.3	326.5
ACTIVITY	National Oncology Services (Cancer Unit)		103.0	620.8
ACTIVITY	Mental Health Services	1.9	499.6	656.8
ACTIVITY	Oral Health Services	382.3	265.3	404.5
ACTIVITY	National Capital District Health Services	751.0	1,396.7	1,906.6
ACTIVITY	Health Management Support	270.1	186.0	295.7
ACTIVITY	Health Infrastructure Maintenance		253.6	1,193.9
ACTIVITY	Bio-Medical Maintenance		605.3	795.1
ACTIVITY	Hospital Engineering		812.5	860.3
ACTIVITY	Media Unit		101.1	331.2
<b>PROGRAM</b>	<b>FAMILY HEALTH SERVICES</b>		<b>653.2</b>	<b>940.5</b>
ACTIVITY	Support To Family Health Program		140.8	178.3
ACTIVITY	Children's Health Program		93.4	181.2
ACTIVITY	Women's Health Program		87.5	149.8
ACTIVITY	Nutrition Program		84.4	112.0
ACTIVITY	Support To Promotive & Preventive Health Program		247.1	319.2
<b>PROGRAM</b>	<b>DISEASE CONTROL</b>	<b>7,724.8</b>	<b>1,051.8</b>	<b>1,460.1</b>
ACTIVITY	Disease Surveillance & Control	766.7	188.3	298.3
ACTIVITY	Malaria Control	4,766.2	266.4	339.5
ACTIVITY	Aids Project	2,191.8	126.7	137.2
ACTIVITY	Leprosy		134.9	209.1
ACTIVITY	Central Public Health Laboratory (CPHL)		335.5	476.0
<b>PROGRAM</b>	<b>ENVIRONMENTAL HEALTH &amp; WATER SUPPLY</b>	<b>2,099.1</b>	<b>271.8</b>	<b>446.6</b>
ACTIVITY	Environmental Health Program	2,099.1	231.0	274.1
ACTIVITY	Water Supply and Sanitation		40.8	172.5
<b>PROGRAM</b>	<b>HEALTH PROMOTION AND EDUCATION</b>			
ACTIVITY	Priority Health Program	255.4	234.5	995.2
ACTIVITY	Health Media And Production	255.4	32.7	503.2
			101.8	492.0
<b>PROGRAM</b>	<b>MEDICAL SUPPLIES AND EQUIPMENT</b>			
ACTIVITY	Shipment of Medical Supplies & Equipment		27,371.8	32,342.5
ACTIVITY	Medical Store - Konedobu		25,118.1	26,447.5
ACTIVITY	Medical Store - Lae		561.8	1,712.4
ACTIVITY	Medical Store - Mt. Hagen		622.1	1,443.2
ACTIVITY	Medical Store - Rabaul		351.6	592.0
ACTIVITY	Medical Store - Wewak		328.0	557.4
ACTIVITY	Medical Store - Madang		252.9	1,323.9
			137.3	266.1
<b>PROGRAM</b>	<b>HUMAN RESOURCE DEVELOPMENT</b>			
ACTIVITY	Land Development		6,477.2	10,695.2
ACTIVITY	Health Training		161.3	433.0
ACTIVITY	In-service Training		4,619.1	6,746.6
ACTIVITY	Resource Planning & Management		1,368.7	3,311.1
			328.1	204.5
<b>GRAND TOTAL</b>		<b>18,005.1</b>	<b>54,000.0</b>	<b>71,315.5</b>

This table shows the overall budget allocation by programs under the National Department of Health for the year 2000

8.2 DEPARTMENT OF HEALTH PROGRAMS SUMMARY FOR YEAR 2000 (IN THOUSANDS OF KINA)			
EXPENDITURE ITEMS	Actual		Appropriation
	1998	1999	2000
<b>CURRENT EXPENDITURE</b>	<b>17,920.2</b>	<b>53,582.3</b>	<b>68,697.4</b>
<b>Personal Emoluments</b>	<b>9,352.7</b>	<b>16,614.2</b>	<b>24,164.7</b>
111 Salaries and Allowance	7,088.3	15,265.0	19,650.7
112 Wages	1,781.4	332.6	2,763.8
113 Overtime	199.1	467.1	608.5
114 Leave Fares	256.9	397.3	925.8
116 Contract Officers Education Benefits		152.2	215.9
	<b>5,579.9</b>	<b>32,042.8</b>	<b>37,649.8</b>
<b>Goods and Other Services</b>	<b>347.6</b>	<b>821.5</b>	<b>1,089.4</b>
121 Travel and Subsistence Expenses	3,058.9	794.5	885.2
122 Utilities	226.2	345.3	478.5
123 Office Materials and Supplies	418.4	26,325.6	29,852.9
124 Operational Materials and Supplies	236.5	410.9	630.4
125 Transport and Fuel		42.0	140.0
126 Administrative Consultancy Fees	152.3	1,490.4	2,388.7
127 Rental of Property	155.2	718.0	603.2
128 Routine Maintenance Expenses		2.0	
129 Routine Maintenance Expenses (DOW)	877.1	866.1	1,555.5
135 Other Operational Expenses	107.7	226.5	26.0
136 Training			
	<b>3,014.7</b>	<b>4,925.3</b>	<b>6,882.9</b>
<b>Current Transfers</b>	<b>195.6</b>	<b>499.3</b>	<b>1,922.9</b>
141 Retirement Benefits, Pensions, Gratuities & Retrenchment	1,964.7	11.0	30.0
142 Membership fees and Contributions	854.4	4,415.0	4,930.0
144 Grants to Individuals and Non-Profit Organizations			
<b>CAPITAL EXPENDITURE</b>	<b>84.9</b>	<b>417.7</b>	<b>2,618.1</b>
<b>Capital Formation</b>	<b>84.9</b>	<b>417.7</b>	<b>2,618.1</b>
221 Office Furniture and Equipment	84.9	22.9	148.1
222 Purchase of Vehicles		90.0	
223 Feasibility Studies, Project Preparations & Design		20.0	170.0
224 Plant, Equipment and Machinery		76.0	1,000.0
225 Construction, Renovation and Improvement		50.0	800.0
226 Substantial and Specific Maintenance		158.8	500.0
<b>TOTAL</b>	<b>18,005.1</b>	<b>54,000.0</b>	<b>71,315.5</b>

This table shows the summary expenditure items for the Department of Health for the year 2000

### 8.3 HOSPITAL MANAGEMENT SERVICES PROGRAM SUMMARY FOR THE YEAR 2000

#### SUMMARY OF EXPENDITURE BY PROGRAM STRUCTURE (IN THOUSANDS OF KINA)

DESCRIPTION		Actual	Appropriation	
		1998	1999	2000
<b>M.PROGRAM</b>	<b>PRIMARY HEALTH AND HOSPITAL SERVICES</b>	<b>51, 239. 5</b>	<b>54, 000. 0</b>	<b>92, 652. 0</b>
<b>PROGRAM</b>	<b>HOSPITAL SERVICES</b>	<b>51, 2 39. 5</b>	<b>54, 000. 0</b>	<b>71, 246. 7</b>
ACTIVITY	Daru Hospital	933. 5	901. 9	1,372. 8
ACTIVITY	Port Moresby General Hospital	12,127.7	12,591.2	15,918.0
ACTIVITY	Alotau Hospital	1,745.2	1,856.2	2,604.8
ACTIVITY	Popondetta Hospital	1,643.4	1,760.0	2,381.2
ACTIVITY	Mendi Hospital	1,984.2	1,696.9	2,757.1
ACTIVITY	Kundiawa Hospital	1,941.0	1,738.0	2,435.9
ACTIVITY	Goroka Base Hospital	3,607.1	3,344.8	4,218.3
ACTIVITY	Angau Memorial Hospital	5,563.6	5,835.6	8,608.1
ACTIVITY	Modilon Hospital	3,798.9	4,055.7	4,174.4
ACTIVITY	Boram Hospital	3,039.7	2,652.3	3,138.0
ACTIVITY	Lorengau Hospital	1,002.1	1,175.5	1,415.4
ACTIVITY	Kavieng Hospital	1,085.4	1,279.9	1,520.0
ACTIVITY	Kimbe Hospital	2,049.2	2,421.3	3,133.3
ACTIVITY	Nonga Base Hospital	3,278.0	3,640.0	2,381.7
ACTIVITY	Arawa Hospital	1,193.3	1,816.5	5,116.1
ACTIVITY	Mt Hagen Hospital	4,365.5	4,017.3	1,129.9
ACTIVITY	Laloki Hospital		822.8	
<b>PROGRAM</b>	<b>CHURCH HEALTH SERVICES</b>			<b>21, 053</b>
ACTIVITY	Western Province			1,426.4
ACTIVITY	Gulf Province			1,155.5
ACTIVITY	Central Province			851.2
ACTIVITY	Milne Bay Province			1,437.5
ACTIVITY	Oro Province			288.2
ACTIVITY	Southern Highlands Province			1,535.5
ACTIVITY	Enga Province			1,760.2
ACTIVITY	Western Highlands Province			2,091.2
ACTIVITY	Simbu Province			565.0
ACTIVITY	Eastern Highlands Province			866.7
ACTIVITY	Morobe Province			1,260.8
ACTIVITY	Madang Province			1,284.3
ACTIVITY	East Sepik Province			1,033.6
ACTIVITY	Sandaun Province			1,342.8
ACTIVITY	Manus Province			1 27.1
ACTIVITY	New Ireland Province			852.9
ACTIVITY	East New Britain Province			1,441.1
ACTIVITY	West New Britain Province			969.9
ACTIVITY	North Solomons Province			1,076.3
ACTIVITY	National Capital District			39.1

This table shows the Budget allocation for Government and Church operated Hospitals for the year 2000

8.4 HOSPITAL MANAGEMENT SERVICES EXPENDITURE FOR YEAR 2000

SUMMARY OF EXPENDITURE BY ITEMS FOR THE YEAR 2000 (IN THOUSANDS OF KINA)

EXPENDITURE ITEMS	Actual	Appropriation	
	1998	1999	2000
<b>CURRENT EXPENDITURE</b>	<b>50,727.9</b>	<b>54,000.0</b>	<b>91,214.3</b>
<b>Personal Emoluments</b>	41,838.1	43,002.1	72,074.7
111 Salaries and Allowances	35,439.8	37,761.6	45,150.1
112 Wages	4,025.9	3,940.8	24,950.1
113 Overtime	1,738.9	578.1	910.1
114 Leave Fares	632.9	703.6	1,016.5
116 Contract Officers Education Benefits	.7	18.0	47.6
<b>Goods and Other Services</b>	<b>8,557.4</b>	<b>10,389.3</b>	<b>17,848.6</b>
121 Travel and Subsistence Expenses	151.7	156.4	382.9
122 Utilities	1,747.1	3,042.4	4,436.6
123 Office Materials and Supplies	371.1	397.4	512.8
124 Operational Materials and Supplies	2,687.0	3,022.2	4,328.9
125 Transport and Fuel	722.5	701.7	854.1
126 Administrative Consultancy Fees	33.2		
127 Rental of Property	1,603.3	1,238.6	1,672.5
128 Routine Maintenance Expenses	977.5	972.4	3,132.5
129 Routine Maintenance Expenses (DOW)		25.0	
135 Other Operational Expenses	731.5	833.2	1,858.4
136 Training	75.5		669.9
<b>Current Transfers</b>	<b>332.4</b>	<b>608.6</b>	<b>1,291.0</b>
141 Retirement Benefits, Pensions, Gratuities and Retrenchment	326.8	602.8	1,288.0
142 Membership Fees and Contributions	5.6	5.8	3.0
<b>CAPITAL EXPENDITURE</b>	<b>511.6</b>		<b>1,437.7</b>
<b>Capital Formation</b>	<b>511.6</b>		<b>1,437.7</b>
221 Office Furniture and Equipment	341.6		1,087.7
222 Purchase of Vehicles			350.0
224 Plant Equipment and Machinery	100.0		
225 Construction, Renovation and Improvement	70.0		
<b>TOTAL</b>	<b>51,239.5</b>	<b>54,000.0</b>	<b>92,652.0</b>

This Table shows the expenditure items for Hospital Services for the year 2000.

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