THE NATIONAL PARLIAMENT OF PAPUA NEW GUINEA
PERMANENT PARLIAMENTARY COMMITTEE ON PUBLIC ACCOUNTS

REPORT OF THE PERMANENT PARLIAMENTARY COMMITTEE ON PUBLIC ACCOUNTS INQUIRY INTO GOVERNMENT HEALTH SERVICES, THE DEPARTMENT OF HEALTH, HOSPITALS AND RURAL HEALTH SERVICES.

PART ONE - LALOKI NATIONAL PSYCHIATRIC REFERRAL HOSPITAL.

FINAL REPORT

Tabled on:

THE NATIONAL PARLIAMENT OF PAPUA NEW GUINEA
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PARLIAMENTARY REPORT ON LALOKI PSYCHIATRIC HOSPITAL

CHAIRMANS FOREWORD.

This Report is the first of seven Parliamentary Reports on Government Health, Hospitals, Rural Health Services and the Department of Health. These Reports are the result of an Inquiry by the Public Accounts Committee commencing in 2010 and closing in 2012.

During these Inquiries, Committee visited and inspected hospitals and Provincial health facilities and were appalled at what we saw. One institution visited was Laloki Psychiatric Hospital. We have

struggled to adequately describe the hospital in this Report but the facility is testament to Government and administrative neglect, incompetence, indifference, disinterest and abdication of responsibility that has caused the collapse of our health systems nationwide.
This hospital services over six million people but has no potable water supply, a maximum patient-staff ratio of 40 to 1, gross overcrowding, escapes and murders of patients, no or no adequate security, completely inadequate funding, the worst staff housing we have seen, no Board of Management for 12 years, inadequate staff numbers, no ability to segregate patients (geriatrics, forensic and criminally insane sleep in a common unsegregated ward with youths, HIV/AIDS and TB sufferers), is an unsafe place of work and treatment and even after we took the Secretary for Health and the Chief Secretary to Government to the hospital, no improvements were made in the ensuing two years.

As we moved deeper into the Inquiries, it became obvious to us that Laloki was not an isolated case, although it is arguably the most failed of all our hospitals.
Committee sought to learn how such a collapse could have occurred. The causes are many, but all link together and arise from an inchoate devolution of responsibility to incompetent or underfunded entities coupled to failed budgeting, funding, accounting, procurement and supply, accountability, policy, data capture, statutory reporting and accounting, training, staff incentives, and much more.
The net effect is measured in lives and suffering. The state of failure is evident in our health statistics which should be a matter of national shame - particularly maternal and child death rates.
As Members will read, there is also a failure of leadership and oversight - commencing in this Parliament and continuing into responsible national Departments of the Public Service.
We also came to understand that Health is a highly complex subject and that we did not have either time, expertise or the jurisdiction to address the reform agenda as it should be addressed.
We have therefore recommended that the National Parliament establish a deep and searching inquiry into the reform process by an expert team, recruited internationally if necessary, to coordinate and drive the process of rebuilding our health systems.
Certainly, such a process will require a national effort unlike anything in our short history - and the National Parliament needs to understand the magnitude of that task and that the existing Public Service mechanism is unable to conduct such an exercise.
We conclude that the starting point for reform and improvement must come from this House and the Executive. We urge all Members to read and ponder our findings and recommendations and to demand that the Government immediately commence a reform process beginning with a Parliamentary accord giving Health absolute priority and guaranteed funding for the period of the rebuilding.
Committee members were touched by the thoroughly professional medical and administrative staff that we encountered in all facilities - particularly in Laloki. These officers can rightly believe that they have been abandoned by Government officials, yet they persist in bringing care and healing to our people despite squalid surrounds, inadequate medicine, broken equipment and broken promises. These men and women are the best of PNG and deserve much better - as do our citizens.
I commend this and the six companion Reports to all Members .

Hon. Ken Fairweather M.P
CHAIRMAN

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PART ONE – LALOKI NATIONAL PSYCHIATRIC REFERRAL HOSPITAL.

REPORT TO NATIONAL PARLIAMENT

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PART ONE - LALOKI NATIONAL PSYCHIATRIC REFERRAL HOSPITAL.

1. EXECUTIVE SUMMARY:

The Laloki Psychiatric Referral Hospital.

1.1 The measure of a civilized and functional State is the manner in which it treats or provides for the weakest and most vulnerable members of society - who are arguably those suffering mental illness.

1.2 Upon this test, successive Governments of Papua New Guinea, have failed in the management and funding of Laloki Psychiatric Hospital and thereby failed in their duty to our citizens.

1.3 National Government Departments and successive Governments have, for decades, failed in their stewardship of public moneys, property and stores constituting the Laloki Hospital.

1.3 Laloki Hospital is the only Psychiatric Referral Hospital in the country and serves a population of almost seven million people.

1.4 The facilities at Laloki hospital are inadequate, decayed, unfit for use in many instances and the institution is a national disgrace.

1.5 Laloki is under-funded, poorly resourced, under-staffed, poorly equipped and inadequate to meet the demands for psychiatric care throughout Papua New Guinea.

1.6 This Inquiry showed a clear history of official indifference, incompetence and ignoring of the Mental Health Sector in Papua New Guinea.

1.7 7 Patients are housed in old, unsafe, insecure, unguarded, unsupervised and filthy buildings. Violence, cross infection, escape and murder of patients occurs frequently and requests for assistance by the hospital have, so far as we could ascertain, been ignored.

1.8 Committee members conducted a physical inspection of the Hospital and were appalled at what we saw. At least one member wept at the wretched state of the facility and no member of the inspection team was unmoved by what was presented to us.

1.9 That visit, in 2010, was made in the company of the Chief Secretary to Government and the Secretary for Health. Yet, by mid 2012, no additional funding or assistance had been made to the Hospital. Indeed, K 2.5 million allocated in 2010 to rebuild staff housing and perform repairs and maintenance still

sits with the Planning Department in 2012 with no sign that it will be released

1.10 Young patients are mixed with the criminally insane, geriatrics, chronically mentally ill and diseased and all sleep either on the floor or many to a bed – and there is very little bedding available.

1.11 Patients are locked in at night time – four to a cubicle made for one. There is no supervision or oversight.

1.12 Ablution and toilet facilities for patients are in a decayed state and, in our opinion, unfit for use and purpose.

1.13 Patients suffering infectious diseases such as AIDS/HIV, TB etc are mixed with other patients because the hospital has no isolation space.

1.14 Mental Health issues have, and will, continue to be an increasing problem in our country. The demand for treatment has increased every year since Independence, yet the Laloki Hospital has deteriorated in all aspects of its operation to the point where it is inadequate to meet this demand and operates on a crisis management basis – because it has been ignored.

1.15 Clear links exist between mental health issues (in particular substance abuse) and crime, AIDS/HIV, domestic and other violence and physical disease and injury. Proper and timely treatment and follow up or support can break this cycle. Yet these links seem to be ignored by relevant health agencies of Government.

1.16 The deterioration of the facility stems largely from the fact that the legal status of the Hospital has not been determined under the Public Hospitals Act. This has resulted in the institution being managed directly from the Department of Health – with no autonomy, Board of Management, adequate funding or competent corporate governance. It has, in fact, been ignored and incompetently "managed" by the Department for many years.

1.17 The Department of Health and its successive Ministers have been asked to clarify or classify the Hospital as a National Specialist Referral Hospital or similar classification in order that it may be funded and independently managed, as other Hospitals are. These requests have been ignored and the institution remains a part of the Department – which demonstrably has no ability or will to properly fund, equip or manage the facility.

1.18 The quality of "management" delivered by the Department of Health can be seen in the following facts:

• There has been no hospital Board of Management for 12 years.

• There was no director for medical services for 12 years.

• There was no director of nursing for 6 years.

• There was no data compilation or no annual reports for 8 years.

• There is no Government strategy or plan to address Mental Health issues, no formalized treatment protocols, no standards of care, no performance measures, little corporate governance, no fiscal accountability, no ability to fulfill the hospital functions, little training – the list goes on and on.

1.19 So complete is the neglect of the hospital, that staff and patients have no potable drinking water, live in housing that is unfit for human use, suffer injury and illness from patients and unhygienic work places.

1.20 For five years prior to this Inquiry, and continuing into 2012, management of the facility has been by Officers who hold only Acting positions. This has led to uncertainty and insecurity in all officers and an unclear line of demarcation to enable staff to know what duties are to be performed by which staff members.

1.21 Devolved powers have never been given to the hospital and it is difficult to understand how the institution can be managed to any degree in these circumstances. There is no power to discipline staff because there is no devolved power recognized by the Public Service Commission.

1.22 Government must amend the Public Hospitals Act to include Laloki Psychiatric Hospital as a national hospital and to clarify the status and function of the Hospital.

1.23 The Hospital must have a Board of Management and permanent or substantive managers and staff.

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1.24 The Department of Health and all other relevant agencies have failed to properly and competently fund and support Laloki, have ignored pleas for help, failed to support staff or deploy medical care and, even after visiting the Hospital with the Committee, still refused to offer the assistance that is so obviously needed.

1.25 IMMEDIATE funding is required to repair the hospital infrastructure, staff housing, medical and nursing facilities, water supply, sewerage system – indeed every aspect of this neglected and barely functional national hospital.

1.26 Even if funding is increased, money is not released in a timely manner. In 2012 for instance, Laloki was two quarters behind in receipts of quarterly funding.

1.27 IMMEDIATE and thorough staff recruitment is needed.

1.28 The Budget Estimates presented by the Laloki Hospital have, for years, been inadequate and have not properly estimated the true amount of money required to enable the hospital to fulfill it's functions, redevelop, maintain or repair its facilities or the increased demand for mental health services.

1.29 Inadequate Budget Estimates are a feature of almost all Hospitals and Provincial Health services (and many other sectors, agencies and entities of Government) that Committee considered in this and other Inquiries. Unless proper and realistic Budget Estimates are presented, meaningful Appropriations will not be made.

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1.30 If the combined talents of National Government Departments cannot provide safe drinking water to patients and staff, a safe workplace, proper work systems, adequate work space, clean and sanitary toilet and ablution facilities and a secure environment for staff and patients, trained and adequate staff numbers and a hospital and accommodation fit for human use – what do they actually do? We refer to the report of this Committee on the Department of Health 2012.

1.31 Government must formulate a National Mental Health Plan and properly and adequately fund the establishment of effective, modern, fully staffed and equipped psychiatric hospitals in various areas of the country – beginning with Laloki Psychiatric Hospital.

1.32 Occupancy rates have been 200 % of bed capacity, the staff? patient ratio is completely inadequate and the ability to carry out many necessary support and rehabilitation programs is virtually non existent.

1.33 The hospital is old, in large part unfit for human habitation, decayed, termite-ridden, inundated by flood and waste water, poorly lit and ventilated.

1.34 Water supply is inadequate (at best), polluted and not fit for human consumption unless treated – the treatment plant broke down three years ago and there is no money to repair it.

1.35 If this situation was not serious enough, immediately adjacent to the Hospital is a brand new, unused complex of buildings which could be used by the Hospital and which would alleviate

much of the overcrowding and lack of space seen by Committee.

1.36 Yet this modern and expensive complex, owned and or operated by the Department of Health, has lain unused for a decade and has been rented to private tenants under a contract with the Department of Health – a contract apparently signed under "duress" and from which the Department has received no revenue at all.

1.37 Staff and patients at Laloki live and work in squalid and dangerous circumstances while a complex that would solve many of their problems is only meters away – but denied to them. If any further evidence of official indifference, incompetence or lack of will is needed – surely this is it.

1.38 If the hospital buildings are bad, staff housing is arguably worse.

1.39 Laloki is, in the classic sense, an asylum providing a place of custody for patients and little more. It offers little in the way of rehabilitation, treatment or hope for those patients who pass through it because it has been denied the facilities, staff and funding needed to provide these functions.

1.40 Laloki does have the advantage of a dedicated professional staff who live and work in wretched conditions often to the detriment of their own health. They are inadequate in number, overworked, under trained, poorly paid and are subject to violence, disease and unnecessary stress due largely to the

indifference of Government, the Department of Health and other relevant Government Departments.

1.41 The hospital has largely existed on community public charity and the dedication of staff and does not seem to have attracted the attention of the Department of Health or any adequate or

proper funding, resourcing, staffing or equipping for decades.

1.42 The Hospital does not begin to meet minimum international standards for psychiatric care and large parts of the hospital complex - including staff housing - should be closed as unfit for human habitation.

1.43 The approved manpower for the hospital is 150 staff members. Staff currently employed are only 74 in number, yet patient numbers can be twice for which the Hospital was built .

1.44 There is an urgent need to recruit and deploy competent administrative and medical staff - although there will be no or no adequate and proper office space, work space or conference or equipment facilities for those new staff members when and if they are ever recruited.

1.45 The patient-staff ratio is dangerously inadequate. The minimum requirement for initially admitted patients is 2 patients to 1 staff member. At Laloki during the day, it may be as high as 15 to 1 and at night it may be 40 to 1, because of the combination of inadequate staff, absenteeism due to stress, illness or other reasons (including no housing) and the number of admitted patients. The attendant risks of this staff-patient ratio are perfectly obvious.

1.46 Laloki is not, in our opinion, a safe, secure, proper or adequate place of work for staff. Nor is it a safe, secure, proper or adequate place of treatment for patient s.

1.47 Staff accommodation is decayed, collapsing and wholly inadequate. Staff housing is amongst the worst we have seen over the last ten years of the operation of this Committee.

1.48 Escapes and consequent violence by and against patient? escapees has increased. Security is inadequate for staff, patients and residents around the hospital areas. The safety and welfare of patients and staff cannot be guaranteed at all.

1.49 The State is exposed to liability arising from breaches of its duty to patients and staff.

1.50 Electricity supply is irregular and unreliable.

1.51 Kitchen facilities are inadequate and need immediate modernisation.

1.52 With one exception, wards are neglected, dirty, decayed, and inadequate in size and furnishings and are subject to inundation by flood or waste water, insects, snakes and rats.

1.53 Overcrowding of patients has led to outbreaks of tuberculosis and typhoid and physical injuries e.g. ruptured spleens, broken limbs and head injuries. During this inquiry two escaped patients were murdered on the outskirts of the hospital grounds.

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1.54 There is inadequate space for clinical services to be implemented.

1.55 Transport facilities are inadequate.

1.56 The amount of budget allocation to Laloki is barely sufficient to manage the facility as it currently exists – in other words a recurrent expenses budget and no more. There has been no Development Budget to rehabilitat e, rebuild, expand or even properly maintain the facility within the memory of current management.

1.57 There is minimal or no child survival or maternal health services due to a lack of building space, cold chain equipment, staff and funding.

1.58 There are only basic and often ineffective disease control measures for in-patients and staff.

1.59 There is no manpower funding to conduct mental health awareness programs which are a vital part of combating the challenge of mental health and mental illness in Papua New Guinea. There are, therefore, no programs for:

- awareness of mental health and substance abuse;
- informational media programs;
- school mental health programs;
- home visits;
- urban and rural outreach programs;

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- policy advocacy to the government of Papua New Guinea to change the approach to funding for mental health and to register mental health as a significant issue which must be addressed by Government.

1.60 There are no plans or programs for disease control and emerging issues due to lack of funds, staff, facilities and equipment.

1.61 Additional funding is urgently needed to at least:

• rehabilitate wards and other buildings;

• implement a
development plan;

five-year

hospital infrastructure

• purchase transportation;

• purchase medical and non-medical equipment;

• maintain sewerage and water supply systems;

• maintain electrical and communication equipment;

• maintain and rebuild staff housing;

• review and improve staff remuneration packages.

• deploy a permanent police post to the hospital.

1.62 The worst aspect of all the evidence received by the Committee was the clear indifference by those who were in a position to change the state of the hospital.

1.63 For instance, although staffing reviews were conducted in 2006, there was no response from the Department of Health for 4 years 10 months - until this Committee began its inquiry. The Department then became as active as they have hitherto been tardy on this issue.

1.64 A staffing review which was approved in 2006, revoked in 2009 and re-approved in 2010 was only commenced in 2012 - and by then it was 6 years out of date. This is not acceptable.

1.65 As a result of the extended failure, staff at the hospital are over-worked and are often perform more than one job for no extra pay.

1.66 There is an unacceptably high staff turnover due, we believe, to the poor working conditions and consequent risks and physical illness attending those who work at Laloki. It is no coincidence that the absenteeism and staff turnover figures increase exponentially the longer the official ignoring of requests for assistance continues.

1.67 However, financial reports were submitted monthly until 2006 – which is more than this Committee has found in almost all other government agencies and entities. Since 2006, there has been no capacity at Laloki to make or deliver these reports.

1.68 There was no permanent psychiatrist in attendance at the hospital for many years.

1.69 No proper care can be offered in General Outpatients or Community Health care programs. Indeed, the Out – pat ients facilit y has been closed for years and the sign removed from the roadside out side the hospital to deter people from seeking treatment at the facility.

1.70 Almost all wooden structures have been destroyed by termit es.

1.71 Staff, particularly nurses, health extension officers and child health workers need to live near the hospital premises but because of the non-ex istence of housing, many of them live miles away and are not readily able to attend work or special circumstances at the hospital.

1.72 Sewerage systems need major repair and replacement and really need to be moved from their current location. Bore water used for drinking, has tested positive for E coli bacteria – most probably from sewage seepage.

1.73 There is no waste incinerator although Laloki and Port Moresby General Hospital are jointly acquiring land to build one.

1.74 There were, for many years, no qualified rehabilitation officers, occupational therapists, social workers or clinical psychologists.

1.75 The hospital immediately needs the following staff:

- 2 more psychiatrists
- 2 more medical officers

- 1 pharmacist

- 2 more social workers
- 2 rehabilitation officers
- 1 more occupational therapists
- 3 drug/alcohol officers
- At least 100 nurses.
- 10-15 Community Health Workers
- A Finance Officer
- Clerks and administration staff.

1.76 The abovementioned duties are currently being performed by nurses and miscellaneous staff. This has, of course, meant a shortage of nursing staff to carry out nursing duties and imposed unacceptable stress on those nurses who have to fill the work gaps.

1.77 Due to staff shortages, illness, stress and resignation:

- the outpatients service facility has been closed in part, to free up nursing staff to perform other duties;

- the female ward was closed in 2002. All females were referred to the Port Moresby General Hospital for a decade. The hospital has now established a small 6 bed female ward but turns away female patients daily.

- extension programs are non-existent;

- little or no rehabilitation or follow up maintenance or therapy exists.

1.78 Committee is challenged to understand exactly what treatment the hospital is really capable of giving. In our opinion, it is more of a holding institution which, at best, tries to stabilise patients and then releases them back into the community with no follow up and no ability to monitor future progress. The inevitable result of this situation is an unacceptably high rate of re-admission - particularly amongst substance abuses.

1.79 Ward spaces which are used for rehabilitation programs and drug counseling, immediately reduce the bed space available .

1.80 Development allocation has been non-existent for years, while needs of the client base has increased every year since Independence.

1.81 At least 150 plus bed spaces are immediately needed to serve the residential wards and to meet the immediate demand on the hospital.

1.82 There has been no Staff Appraisal for approximately 10 years and this is completely unacceptable.

1.83 There is little staff training. When any staff member does leave for training duties, the number of staff present to work the hospital is immediately reduced and this merely adds to the stress and unacceptable workload on the remaining staff.

1.84 Government must immediately task a specialized board or similar body to investigate and report on the needs and priorities of both the Laloki Psychiatric Hospital and the mental health sector in Papua New Guinea in general and properly

fund a competent, and maintained system of mental health in and out-patient care throughout the country - beginning with Laloki.

The National Health System.

1.85 Commit tee carefully considered the exact obligation of Government to provide health services and any right of our citizens to receive them.

1.86 Curiously, there are no direct stated obligations or rights in the Constitution, but clearly the National Goals and Directive Principles and the statement of Basic Rights are wide enough to encompass such obligations and expectations. Without life or health, the Constitution is of little relevance.

1.87 The National Goals and Directive Principles to the Constitution of the Independent State of Papua New Guinea give Constitutional recognition to the obligation of Government to provide health services.

1.88 We paraphrase those Goal as follows:

"WE HEREBY PROCLAIM the following aims as our National Goals, and direct all persons and bodies, corporate and unincorporated, to be guided by these our declared Directives in pursuing and achieving our aims:-

1. INTEGRAL HUMAN DEVELOPMENT.

We declare our first goal to be for every person to be dynamically involved in the process of freeing himself from every form of domination or oppression so that each man or woman will have the opportunity to develop as a whole person in relationship with others.

WEACCORDINGLY CALL FOR -

(1.)•••••••• (2) •.....••
(3) ••••.••..

(4) Improvement in the level of nutrition andthe standard of public health to enable our people to attain self fulfilment; and

(5)........

(6)•.••••••.

2. EQUALITY AND PARTICIPATION.
We declare our second goal to be for all citizens to have an equal opportunity to participate in, and benefit from, the development of our country.

WEACCORDINGLY CALL FOR -

(1) ..••.•.••

(2) ••••••...

(3) every effort to bemade to achieve an equitable distribution of income and other benefits of

development among individuals and throughout the various parts of the country; and

(4) equalization of services in all parts of the country, and for every citizen to have equal access..... to all services, governmental and otherwise, that are required for the fulfillment of his or her real needs and aspirations; and

(SJ•••••••••

3. NATIONAL SOVEREIGNTY AND SELF-RELIANCE.

We declare our third goal to be for Papua New Guinea to be politically and economically independent, and our economy basically self reliant.

WEACCORDINGLY CALL FOR -

(1)

(2) All governmental bodies to base their planning for political, economic and social development on these Goals and Directive Principles; and........

1.39 It is significant that the first of the stated Constitutional Basic
Rights is to that of Life followed by security of the person and then, protection of law. We accept a broad interpretation of that statement to include the right to access life saving or quality of life health services in all parts of the country.

1.40 Clearly, the requirement of health and nutrition was seen to be necessary for both the development of the nation and the fulfillment of the individual.

1.41 Therefore, in this Inquiry Committee proceeded on the understanding that Government has a duty to provide health services as an integral element of human development and sovereignty and self reliance.

1.42 Our people have the right to expect delivery of health services as part of their equality and participation in national life and as part of their constitutionally guaranteed Basic Rights.

1.43 Failure to deliver those services or deliver them as equally as possible to all citizens or delivery of substandard services may well be a breach of our Constitution guarantees.

1.89 The most basic expectation that citizens can have of their Government is proper, modern, timely and available medical treatment and hospital services – particularly in our Rural areas.

1.90 All the evidence received by Committ ee shows very little "system" at all, little or no support for our health institutions and chaos management at all levels.

1.91 Management of and accountability for public monies at every level of our health system has failed.

1.92 Management, use and recording of and accounting for public property and stores has failed at every level of our health system.

1.93 The depth of this failure of service delivery and the indifference to that failure is clearly illustrated in our health statistics – particularly infant and maternal death rates.

1.94 Successive Governments have failed completely to consider, plan or provide for an increasing population over the last thirty seven years.

1.95 Committee members inspected randomly chosen hospitals and were appalled at what we saw.

It was difficult to believe that such callous disregard of health and hospitals could have been allowed to occur.

1.96 The Government Health systems and services in Papua New Guinea have virtually collapsed and would not function at all but for the dedication of our health professionals, charity donors and the Churches in the face of Government neglect and abandonment of those professionals, collapsing buildings, no equipment, official neglect and disregard of pleas for help and often detailed and thorough reform plans and submissions from our hospitals and a constantly growing list of suffering or dead citizens unable to access even basic medical care.

1.97 Failed service delivery is the direct result of a sclerotic, unresponsive bureaucracy that seems to care little for the suffering of our people. So incompetent are Waigani Health officials that they have been unable to supply potable drinking water to Laloki Psychiatric Hospital for ten years – a mere 24 kilometers from the Department of Health – because it simply does not care.

1.98 Perhaps the worst aspect of these Inquiries was the blithe acceptance of failure by senior Health bureaucrats and the constant blaming of former officers, other Departments, the Government and hospital administrators themselves.

1.99 Government Health systems and service has now reached crisis point. If they are to rebuilt, a national effort previously unknown to us will be required. That effort will require absolute priority to be given to Health Services by the Government and oversight of the reform process at the highest level.

1.100 The Public Service as we now know it is incapable of rebuilding the health systems to any degree. Indifference, indolence, incompetence and mismanagement have resulted in the current state of our Government health agencies, hospitals and rural health services. Reform must be removed to a dedicated, empowered, funded, expert and competent body with clear Terms of Reference, achievable timelines and the complete support of Government.

1.101 That effort must be lead by the National Parliament, must be co? operative, multipartisan, fully funded, clear in objective and planning, expertly implemented but removed from those Departments of the National Government which have presided over the collapse of our health system for so many years.

1.102 In the short term, Committee recommends the establishment of an expert body to investigate and establish the state of our health system in all its aspects and recommend changes and reforms.

1.103 Further, in the immediate future, proper and adequate funding and equipping of our hospitals and health facilities must be made.

1.104 In the medium term the National Parliament must accept that the reform of our health systems is a matter requiring a huge and national effort. It should lead this process by debate and statutory reform, further expert inquiry, policy making, budgeting and financing reform s.

1.105 Concomitantly, the National Parliament must recognize and accept that the collapsed state of our health and hospital systems is but a reflection and result of our failed management of public monies, property and stores and failed governance and implementation. These matters require complete rebuilding before there can be any meaningful reform of the health system. In short, the National Parliament and the Executive must reassert its Const itutional authority over fiscal management and the implementers of Government policy.

1.106 In the long term, the National Parliament must plan and provide for an ongoing management of our health and hospital systems which makes allowance for the lack of trained managers and finance officers and the historical failure and disinclination to impose accountability, oversight and control over the management of public moneys, property and stores.

1.107 Committee heard of "plans", "strategies" and "reforms" from the Department of Health which would yield improvement "in a few years", but we do not accept that these assurances are any more

than disingenuous verbiage which the Departmental managers may well believe.

1.108 Any rebuilding effort will be multifaceted and will need to address failure at almost every level in Governance, corporate governance, budgeting, appropriating of public monies, devolution of responsibility, the role of Provincial Governments, funding of Provincial Health services, procurement of equipment and supplies, infrastructure replacement, repairs and maintenance, training of staff, deployment of doctors, standardization of aid input, contracting for the supply of equipment, the statutory base of our hospitals, health policy, mental health policy, failures of Departments to quickly and adequately appoint managers, Boards and staffing requests, timely release of funds, crisis management, inability to account for the use of public monies, property and stores, a Department of Health that cannot manage its own fiscal affairs, reporting, statistics and data capture, oversight and control failures – in other words every aspect of our current system of health services delivery requires a complete expert reassessment and redesign.

1.109 An holisitic approach is required. There is no use in rebuilding, say, fiscal accountability if there is no Hospital Board, procurement remains failed, equipment does not work or there are no staff. All aspects of health delivery, governance, accountability, statutory base, responsibilities, delegations, funding, oversight etc must be considered before reform can commence. Clearly the current system does not work – and has not done so for years.

1.110 So urgent is the need that Committee wrote to the Office of the Prime Minister, the Minister for Health and the Chief Secretary to Government outlining the evidence, our assessment of it and possible recommendat ions. Committee received no acknowledgement or reply.

1.111 Committee Inquiries into and inspection of the often squalid state of our hospitals were attended by the Chief Secretary to Government and Secretaries or Acting Secretaries for Health. Yet despite hearing the evidence, seeing the facts and assuring us that improvement was imminent – nothing has changed.

1.112 So complete is the indifference in Waigani that the Secretaries for Treasury and Finance failed to attend the Inquiries despite being asked to do so with no excuse or explanation. Evidence from these senior and highly paid officers would have assisted the Committee greatly.

1.113 We heard evidence or internecine squabbling in Waigani and the appropriation of Supplementary Appropriations meant for hospitals from one Department to another, resulting in those funds never reaching the Hospitals for which they were intended.

1.114 Government must move to streamline the process of approving staffing levels. Hospitals considered in this Inquiry have waited for years for approved staffing plans, by which time the staff numbers are inadequate.

1.115 Government must ensure that funding is released to Hospitals in a timely manner. Payments are often several quarters in arrears which mean that drugs and supplies cannot be ordered.

1.116 If hospital management is to be devolved from the National Government, that process should be both complete and wholly supported by Government. At present, hospitals have little fiscal autonomy but rely on slow, unresponsive and hugely complex fiscal management in Waigani. CEO's must have the freedom to immediately acquire equipment, repairs and maintenance or daily needs without deferral to Port Moresby.

1.117 Our country has the great advantage of highly skilled and dedicated medical staff that have been neglected and ignored for far too long. The cost of this disregard is measured in lives and the performance of Government and the Public Service in the health sector demands immediate reform and considerable improvement

1.118 Committee has made recommendations at the conclusion of this Report which, hopefully, may start the reform and rebuilding process.

2. INTRODUCTION:

2.1 The Public Accounts Committee convened and conducted an Inquiry into the Laloki Psychiatric Hospital, situated at Laloki approximately 24 kilometers from Port Moresby .

2.2 That Inquiry was held pursuant to the powers vested in the Committee by Section 86 of the Public Finances (Management) Act 1995 which empowers the Committee

to examine and report on the accounts of the receipts and expenditure of the Public Account and reports of the Auditor General and Section 17 of the Permanent Parliamentary Committees Act 1994, which empowers the Committee
.to consider, on its own initiative, any matter of national importance within its jurisdiction and functions and report to the National Parliament thereon.

2.3 The jurisdiction and function of the Committee is prescribed by Section 216 of the Constitution of the Independent State of Papua New Guinea. That section charges the Committee with examining and reporting to the National Parliament on the control of and transactions with or concerning, the public moneys and property of Papua New Guinea.

2.4 Laloki Hospital is public property and an agency or entity of the State funded by public monies and handling public property and stores and Committee considered the state of the institution to be a matter of national importance.

2.5 The function of any mental health service is to treat people with mental disorders.

2.6 According to the World Health Organisation, over 450 million people suffer mental illness or behavioral disorders worldwide.

2.7 Neuropsychiatric conditions account for 13% of the total disability adjusted life years lost to disease and injury in the

world and is estimated to increase by 15% by the year
2020.

2.8 Mental disorders represent immense psychological, social and economic burdens to society but also increase the risk of physical illness.

2.9 Committee were told, and we accept, that in Papua New Guinea today there is a clear trend of increasing suicide rates, cult activities, alcohol, drugs, drink driving, incest, rape, HIV/AIDS, domestic violence, poverty, marriage breakdown and other problems which involve or are the result of mental illness.

2.10 The only psychiatric hospital in the entire country is at Laloki. It struggles to cope against neglect, chronic underfunding and indifference by Government, but is quite unequal to the task of adequately treating mental illness in a population of nearly seven million.

2.11 Decades of underfunding and neglect have reduced the institution to a state where it is barely fit for habitation.

2.12 Committee determined to inquire into the state of the hospital and report its findings to the National Parliament as part of a wider Inquiry into Government health facilities, hospitals and rural health services.

3. CHRONOLOGY

3.1 The Public Accounts Committee commenced its Inquiry into the Laloki Psychiatric Hospital on the 14TH December 2010

and continued on the 24th day of October 2011 and concluded on the 21s t day of November 2011.

3.2 In the course of the Inquiry Committee Members inspected the Hospital on the 20th day of November 2011.

3.3 The Management of Laloki Psychiatric Hospital appeared on each occasion and assisted the Committee greatly by presenting carefully prepared evidence.

3.4 The Secretary for Health Dr. Clement Malau and the Acting Secretary for Health Mr Paison Dakulala appeared before the Committee and we found their evidence helpful.

3.5 The Acting Chief Secretary to Government and Secretary for Inter Governmental Relations, Mr. Manasupe Zurenuoc was summoned and appeared. His evidence was of great assistance to the Committee.

3.6 The Auditor General and his senior staff appeared and the Committee was assisted by his evidence.

3.7 The Acting Secretary for Finance, Mr Stephen Gibson, appeared and responded to our questions with candour.

4. LIST OF ABBREVIATIONS.

4.1 "Laloki"

The Laloki Psychiatric Hospital.

4.2 "PF(M)A or PF M Act"

Public Finances Management Act

4.3 "PAC"

Public Accounts Committee

4. 4 "the Constitution"

Constitution of the Independent State of PapuaNew Guinea.

4.5 "TMS"

Treasury Management System.

4.6 "PGAS"

Papua New Guinea Government Computerised Accounting System.

4.7 "the Committee or "this Committee"

The Permanent Parliamentary Committee on Public Accounts.

5. COMPOSITION OF THE COMMITTEE.

5.1 The Public Accounts Committee which made inquiry into Laloki Psychiatric Hospital was constituted as follows:

Hon. Martin Aini MP Hon. Malakai Tabar MP

Chairman Chairman

(appointed on the 6/9/2011) Hon. Dr. Moses Manwau MP Hon. Philip Kikala MP
Hon Sam Basil MP Hon. Jack Cameron MP

Deputy Chairman Member
Member Member

5.2 The Chairman and Members of the Committee were properly and lawfully appointed and empowered to sit as the Permanent Parliamentary Committee on Public Accounts.

6. JURISDICTION. Introduction:
6.1 At all times, the Committee has taken care to enable witnesses to make full and complete representations and answers to any matter before the Committee – in particular those matters about which the Committee may make adverse findings against individuals or entities.

6.2 The Public Accounts Committee has taken care to give careful consideration to all responses and evidence given before the Committee.

6.3 The Public Accounts Committee has taken care to seek opinion, information, facts and submissions from all sources reasonably open to it including all citizens of Papua New Guinea.

6.4 A substantial amount of evidence was received and full and due inquiry was made of all relevant State Agencies where the Committee considered those inquiries to be necessary.

The Constitution of the Independent State of Papua New Guinea.

6.5 The Committee finds its jurisdiction firstly, pursuant to Section 216 of the Constitution of the Independent State of Papua New Guinea. That Section reads:

"216. Functions of the Committee

(1.) The primary function of the Public Accounts Committee is, in accordance with an Act of the Parliament, to examine and report to the Parliament on the public accounts of Papua New Guinea and on the control of and on transaction with or concerning, the public monies and property of Papua New Guinea".

(2) Sub-section (1) extends to any accounts, finances and property that are subject to inspection and audit by the Auditor General under Section 214 (2) ... and to reports by the Auditor General under that Sub-section or Section 214 (3) ... ".

6.6 Whilst considering the relevant provisions of the Constitution, the Committee has had regard to the Final

Report of the Constitutional Planning Committee 1974 and been guided by or applied the stated intent ions of that Committee wherever necessary.

6.7 The Public Accounts Committee may have regard to Reports by the Auditor General made pursuant to audit inspections of either the Hospital or other relevant entities, but has also conducted an Inquiry into relevant matters deemed by the Committee to be of national importance or which arise naturally from primary lines of Inquiry and which are within the jurisdiction and function of the Committee as set forth in the Constitution and statute .

6.8 Whilst engaged in the Inquiry the Committee was guided by two definitions contained in the Constitution, which are directly relevant to Section 216 of the Constitution. They are:

"Public Accounts of Papua New Guinea" includes all accounts, books and records of, or in the custody, possession or control of, the National Executive or of a public officer relating to public property or public moneys of Papua New Guinea;"

and

"Public moneys of Papua New Guinea" includes moneys held in trust by the National Executive or a public officer in his capacity as such, whether or not they are so held for particular persons;"

Schedule 1.2 of the Constitution.

The Public Finances (Management) Act 1995.

6.9 The Public Accounts Committee also finds its jurisdiction to inquire into the accounts of the Laloki Psychiatric Hospital in Section 86 (1) (a) of the Public Finance (Management) Ac 1995. That Section states:

" (1) The functions of the Committee are -

"(a) to examine the accounts of the receipts and expenditure of the Public Account and each statement and report of the Auditor-General presented to the Parliament under Section 214 of the Constitution or Section 113 (BJ (a) of the Organic Law on Provincial Governments and Local-/eve/ Governments; ....

6.10 The Committee considered such relevant statements and Reports of the Auditor General as were presented to Parliament, but no Audit examination of Laloki Hospital has been made for at least a decade - apparently on the basis that the Hospital was considered to be part of the Port Moresby General Hospital - which it is not.

6.11 The Committee may have considered written material of the Auditor General which has not yet been presented to the Parliament, on the basis that that evidence was tendered by the Auditor General for the consideration of the Committee and at the request of the Committee, on the

basis that such material is within the purview of the Committee as a matter of national importance.

6.12 Power to refer matters for investigation and possible prosecution is granted to the Committee by Section 86A of the Public Finances (Management) Act 1.995.

Permanent Parliamentary Committees Act 1994:

6.13 The Committee also resolved that a full Inquiry into Laloki Psychiatric Hospital was a matter of national importance and found further jurisdiction for the Inquiry in Section 17 of the Permanent Parliamentary Committees Act 1.9 9 4 .

6.14 That Section provides that the Public Accounts Committee can, of its own initiative, consider any matter within its jurisdiction to be of national importance and report to the National Parliament

accordingly.

7. RELEVANT STATUTES ETC. CONSIDERED BY THE COMMITTEE DURING INQUIRY.

Public Finances (Management) Act 1995 (as amended).

7.1 The Public Finances (Management) Act 1.995 prescribes the method and standard for the administration of and accounting for public monies, public properties and stores by Government.

7.2 Further, the Act imposes certain obligations on Public Servants for collection of State revenue and controls the expenditure of public monies.

7.3 Relevant sections of the Act which were considered by the Public Accounts Committee during the course of the Inquiry into the Hospital are:

(i) Section 5 Department

Responsibilitiesof Heads of

This Section prescribes the duties, powers and obligations of Head of Department.

(ii) Section 3 – Responsibilities of the Minister

This Section prescribes the obligations and duties of relevant Ministers of State.

(iii) Part III – Public Account.

This Part defines, establishes and prescribes the term "Public Account" and the Funds that constitute the Public Account – in particular the Trust Accounts and the standards for their management.

(iv) Part IV – National Budget.

Defines the National Budget and prescribes its parts and its compilation.

(v) Part V – Budgetary Control.

This Part establishes and defines the manner in which national finances are controlled and the extent to which transfers and adjustments may be made by the Minister or his delegates and the Warrant system.

(vi) Part VI – Borrowing, Guarantees and Loans by the State.

Each of the title subjects are prescribed and controlled by this Part.

(vii) Part VII – State Tenders and Contracts.

This Part establishes the procurement and payment procedures for Government . It is detailed and precise.

(viii) Part X – The Public Accounts Committ ee.

This Part empowers and imposes functions and obligations on the Public Accounts Committee. In particular, the Committee was required to consider Section 86 (A) – power to refer officers of the Department to the Office of the Public Prosecutor for investigation and possible prosecution relating to breaches of the Public Finances (Management) Act 1995 and/or the Constitution.

(ix) Part XI – Surcharge

This Section prescribes personal liability for certain public servants who fail in their obligations to collect and protect certain public monies.

(x) Section 112 – Offences

This Section prescribes disciplinary action which may be taken against certain public servants or accountable officers who fail to comply with the terms of the Public Finances (Management) Act 1995.

Financial Instructions.

7.4 Section 117 of the Public Finances (Management) Act 1995 enables the promulgation of certain Financial Instructions which establish detailed procedures for the handling, collection, expenditure, disposal of and accounting for public monies, property and stores.

7.5 The Public Accounts Committee had regard to these Financial Instructions or Directives when

considering Laloki Hospital.

7.6 In particular, the Committee had regard to Part 6 Division 1 Para. 2.1 – Accountable Officers. That paragraph reads, in part:

".....the Departmental Head is liable under the doctrine of personal accountability to make good any sum which the Public Accounts Committee recommends should be disallowed".

Audit Act 1986.

7. 7 The Audit Act 1986 establishes and empowers the Office of the Auditor General to carry out its work of overseeing and supervising the handling of public monies, stores and property by all arms of the National Government. The Public Accounts Committee had regard to the terms of this Act during the course of the Inquiry into Health Services and Hospitals but no Audit Reports have been made for the Laloki Hospital.

Permanent Parliamentary Committees Act 1994.

7.8 The Committee has had regard to Sections 17, 22, 23, 25, 27, and 33 of the Permanent Parliamentary Committees Act 1994 during the course of the Inquiry into Laloki Hospital.

Parliamentary Powers and Privileges Act 1964.

7.9 The Parliamentary Powers and Privileges Act 1964 sets forth those privileges and powers extending to Members of Parliament, Committees of Parliament and Officers or Parliamentary Staff.

7.10 In the course of this Inquiry, the Committee had cause to examine and apply Sections 19 and 20 (1) (d) of that Act.

Public Hospitals Act.

7.11 Committee had regard to the Public Hospitals Act during the course of the inquiry into Laloki Hospital.

8 PURPOSE OF THE I NQUI RY.

8.1 The purpose of the Inquiry conducted by the Public Accounts Committee was to make full and complete examination of the receipt, handling of and accounting for public monies, property and stores by Laloki Psychiatric Hospital and the management and funding of the hospital by the Department of Health.

8.2 The purpose of the Inquiry was not to improperly pursue or criticize any person or company, but to make a constructive and informed Report to the Parliament on Laloki Hospital and any other matter considered by the Committee to be of national importance.

8.3 Further, the intention of the Committee was to report to the National Parl iament in a meaningful way on alterations that the Committee thinks desirable in the form of public and fiscal accounting as manifested in the method of keeping those accounts, in the method of collection, receipt, expenditure or issue of public monies and/or for the receipt, custody, disposal, issue or use of stores and other property of the State by Laloki Hospital, as those matters are revealed by the evidence received by the Committee.

8.4 Further, the Committee examined the evidence to ascertain whether any, and what, improvements or reforms may be required, been attempted or are proposed in the management of and accounting for public monies, property and stores by the Laloki Hospital and the Department of Health.

8.5 As we have stated the management, performance, funding, equipping and state of the Laloki Hospital was deemed by Committee to be a matter of national importance.

8.6 The Hospital serves the entire country and is intended to treat all manner of psychiatric and psychological illness among our 7 million citizens – illness and disabilities which are increasing in type and severity every year. The decayed and collapsed state of the hospital and the evident government and Departmental neglect of the institution warranted a full and searching Inquiry.

9 THE AUTHORITY TO REPORT.

9.1 The Public Accounts Committee finds authority to make this Report in Section 86(1) (c) and (d) (i), (ii), (iii) and (iv) and (f) of the Public Finances (Management) Act 1995 and Section 17 of the Permanent Parliamentary Committees Act 1994.

10 THE AUTHORITY TO REFER.

10.1 Where satisfied that there is a prima facie case that a person may not have complied with the provisions of the Constitution of the Independent State of Papua New Guinea and / or the Public Finances (Management) Act 1995 in connection with the control and transaction with and concerning the accounts of a public body or the public moneys and the property of Papua New Guinea, it may make referrals of that person to the Office of the Public

Prosecutor in accordance with Section 86 (1) (f) and Section 86A (1) and (2) of the Public Finances (Management) Act 1995.

10.2 The Public Accounts Committee is not a true investigatory body or law enforcement agency capable of investigating and/or prosecuting persons for breaches of the law.
10.3 The Committee is required to refer such matters to the appropriate authorities and may make such recommendations as it thinks fit in relation to any referral made pursuant to Section 86A of the Public Finances
{Management) Act 1995.

10.4 The Committee is also empowered to refer for prosecution, any witness who fails to comply with a Notice to Produce any document, paper or book and / or any person who fails to comply with a Summons issued and served by the Committee. See Section 23 Permanent Parliamentary Committees Act 1994.

10.5 Further, Section 20 of the Parliamentary Powers and Privileges Act 1994 permits the Committee to refer for prosecution any person who, inter alia, fails to comply with a Summons to produce books, papers or documents specified in the Summons.

10.6 This Committee has, in the past, referred certain individuals and entities for further investigation and action. In this Inquiry we received cooperation from most witnesses.

10.7 The Committee is cognisant that to make referrals, particularly of a senior public servant is a very serious matter which will adversely reflect on the individual concerned.

10.8 These referrals are not made lightly but only after careful consideration of all the evidence and unanimous resolution by the Committee and where there is clear and unequivocal evidence which requires either specialized investigat ion by the appropriate agency or where a failure to cooperate with the Committee, as required by Law, was clear and only in the interests of upholding the requirements of Law and the work of this Committee.

10.9 This matter is further addressed in Para 19 (Referrals) of this Report.

11. METHOD OF INQUIRY

11.1 The Inquiry by the Public Accounts Committee into the Laloki Hospital was a public hearing

at which evidence was widely sought from a large range of sources, but received from only a small number of witnesses.

11.2 The Committee, because of its work in previous years, was aware that it was dealing with a serious, entrenched and thoroughgoing collapse of almost every aspect of fiscal accounting by many Hospital Boards and management and at National Departmental level.

11.3 The Committee was also aware of the extent of failure and non compliance with the legal requirements of accounting for public monies imposed by the Public Finances (Management) Act 1.995 and the Financial Instructions promulgated thereunder.

11.4 The Committ ee was also aware of long standing illegal conduct and willful disobedience of our Constitution, Appropriation Acts and sound accounting practice across all of Government and the failure of service delivery that this failure has engendered .

11.5 Committee was also aware that health and hospital services in all parts of our country had deteriorated and, in many areas, were non existent.

11.6 Committee decided to conduct a constructive Inquiry intended to identify the exact state of the Laloki Hospital, the reasons for its decay and to make informed suggestions and recommendations to the National Parliament to commence the process of reform and/or restoration of this institution.

12. BACKGROUND:

The Committee finds the following facts:

12.1 Laloki Psychiatric Hospital was built in the early 1960s. It was established to treat Bomana prison inmates with psychological or psychiatric problems.

12.2 For reasons that are unclear, the hospital has not been classified under the Public Hospitals Act and does not have

any devolved autonomy or delegations to manage itself as other hospitals have.

12.3 The Hospital remains a part of the Department of Health which funds and manages the instit ution – and is responsible for its current state.

12.4 The fact that this situation - and the attendant failure of management, funding and service delivery - has been allowed to continue for decades is both an example and the cause of the chronic neglect that characterizes Laloki Hospital and the mental health sector in general.

12.5 5 The first buildings were:

1. A ward building which is now used as a rehabilitation unit;

2. A kitchen;

3. Six staff houses.

12.6 By 1975 the following were added:

- office building;
- multi ward building;
- workshop building;
- rehabilitation units (later removed due to flooding);
- staff housing;
- lecture house.

12.7 There has been no rebuilding, modernisation and very litt le maintenance of the institution since I ndependence.

12.8 All buildings are now rundown and some are beyond human use.

Functions and capacity.

12.9 Laloki Psychiatric Hospital is Papua New Guinea's only psychiatric referral hospital. This Hospital serves as the national referral psychiatric hospital for 7 million citizens.

12.10 It is supposed to provide at least the following services:

(i) treatment and care of adult, general and forensic psychiatric patients referred both by the court system and from other quarters.

(ii) psycho-social rehabilitation - not fully functional due to manpower and resource constraints.

(iii) close collaboration with Provincial Hospitals and correctional institutions but due to staffing problems, this has not been fully implemented.

12.11 The Hospital should (but cannot) perform other functions. These are:

• weekly out-patient clinics for discharged patients at the Port Moresby General Hospital;

• provision of general medical care to staff and their families and the surrounding community;

• implementation of WHO Assist program for patients with drug and alcohol problems;

• rural outreach to Central Province - which has not been carried out for 5 years due to manpower and resource constraints;

• Follow up and on post discharge support and counseling services.

Management Services:

Administration structure is:

Office of the Chief Executive Officer.

12.12 These services are controlled by the Office of the Chief Executive Officer whose duty is to manage and direct all hospital affairs and to act in accordance with all hospital management policies.

Director - Corporate Services.

12.13 The Office of Director - Corporate Services manages all general management issues, Human Resources, finance and administration issues.

Director - Clinical & Nursing Services.

12.14 Clinical services are managed by a Director of Clinical Services and the Office of the Director of Nursing Services. These officers are responsible for:

• clinical rounds - in-patients;

• nursing care services;

• rehabilitation and social services;

• psychiatric out-patients services at the Port Moresby General Hospital;

• other out-patients services such as general out-patient services to local communities;

• immunisation programs; and

• homes visits or similar follow-ups for released patients.

Manpowe r.

12.15 The approved staff numbers are:

• Office of the Chief Execut ive - 7.

• Office of the Director of Medical Services - 20.

• Office of the Director - Corporate Services - 40;

• Office of Director - Nursing Services - 83.

12.16 That is a total of 150 approved staff.

12.17 Current staff on strength are only 74 in number. An urgent recruitment drive is required to fill all approved positions.

12.18 The first restructure was performed in 2000. This was approved and funded and staff were selected and placed.

12.19 A further review was conducted in 2006 and was also approved and funded. All positions were advertised and applications received were reviewed but no selection was ever made.

12.20 Hospital management has waited for years for a response from the relevant Departments but have received no reply, confirmation or response - and no extra staff.

12.21 Hospital management wrote to the relevant Government Departments seeking funding and

approval to perform selections and placements but no response was received for 4 years and 10 months when the Departments of Health and Personnel Management finally responded in October 2010 after this Committee announced that this inquiry would be commenced. We do not accept that that response was coincidental.

12.22 The failures of National Government Departments in respect of manpower issues at Laloki hospital is scarcely believable. For instance, there has been no confirmation of the position of the Chief Executive Officer for 12 years until 2012 and while waiting for the selection of the Chief Executive Officer, all other filed applications were destroyed by termit es.

12.23 As a result of this Government failure, current staff are now grossly overworked due to an increased workload arising directly from the numbers of patients referred to the hospital and lack of staff to treat them.

12.24 High staff turnover exists due largely to transfers, retirements and deaths. Ill-health – in particular from diseases contracted in the work place – stress and demoralisation have meant that the Hospital has lost staff to the point where it can barely cope with its workload.

12.25 These facts were well known to the Departments of Health and Personnel Management but no action was taken in respect of them.

12.26 From 2006 to 2012, staff members at Laloki were virtually all holding acting positions. This had a direct effect on morale and productivit y. Each staff member was performing jobs requiring 2 to 3 people and many staff members were doubling up and performing extra shifts to cover for absent staff members or performing jobs for which no staff member existed – and for which they had no training.

12.27 Despite the dedication of the staff at Laloki, many could not claim Higher Duties Allowance because the gradings had not been either reviewed or approved – as they should have been.

12.28 If the manpower and staffing issues are serious, even worse problems confronted management in their daily running of the hospital.

12.29 This committee was told that Laloki hospital had no Hospital Board for years. Frankly, the committee did not believe this but our further inquiries confirmed it to be true.

12.30 This can only be the result of gross incompetence, indifference and neglect by the Departments of Health and other National Government Departments who knew or ought to have known of this fact and rectified it. No entity can operate in the absence of a Board of Management.

12.31 There was no Director of Medical Services for 9 years. This is completely unacceptable.

12.32 There was no Director of Nursing Services for 4 years.

12.33 There was no proper data compilation, so no annual reports have been submitted for 6 years. However, despite this, the Hospital had made fairly regular financial statements – one of very few government entities that does so. We acknowledge the work of the Hospital management in achieving at least this limited result.

12.34 Committee finds that failure to make reports is unacceptable but understands that due to staffing constraints there were insufficient staff members to compile and complete those reports.

12.35 Where there are no reports, there can be no knowledge of the state of the institution or it's performance and therefore, no proper budgeting can exist. These are the reasons that the Public Finances (Management) Act and the Public Service (Management) Act require those reports at specified times.

12.36 Committee finds no evidence of any Development Budget for Laloki for years, no maintenance plans or promised assistance despite a detailed redevelopment plan being submitted in 2006, no response to pleas for assistance or any other evidence that the Government has any concern at

the state of the institution at all. It is little wonder that the hospital is reduced to the shadow of what it should be.

12.37 The fact that the Departments of Health, Personnel Management and Finance did not recognise and did not care that those statutory reports and accounts were not made for years, is an indictment of those Departments.

12.38 The Office of the Auditor General has not audited the hospital for years – if ever. This must change immediat ely and Committee will make recommendations to the Auditor General to ensure that it does.

12.39 Even if the 75 additional approved staff were recruited, there is no office space, accommodation, facilities, equipment, transportation, bathrooms or ablution facilit ies for new staff members.

12.40 Indeed, there are insufficient wards and treatment areas to allow the extra staff to perform

the duties that they would be paid for.

12.41 When considering the staffing situation at Laloki, it is important to understand that psychiatric patients need constant and close supervision and care all day and everyday.

12.42 This Committ ee was told that the ideal patient staff ratio for a modern psychiatric hospital is 2 patients to 1 staff member. At Laloki, it is frequently 15 patients to 1 during

the day and as little as 40 to 1 at night time. The attendant risks and consequences are obvious .

Clinical issues and problems.

12.43 The failures to properly fund, equip and provide this hospital with trained and adequate staff, may be seen in the following facts:

- There was, for years, no permanent psychiatrist. The hospital functioned through part time doctors and visiting specialists.

- There was no medical officer for many years.

- There was no relevant specialist or staff to provide specialist care.

- The staff were grossly overworked for years and many contracted cross infections from patients due in large part to the filthy and rundown condition of the hospital.

- Most seriously, due to the lack of both supervising staff and ward space, juvenile patients are housed with adults, criminally insane, forensic, geriatrics, physically ill or violent patients.

- There is no isolation units for the very sick or those with infectious diseases. HIV/AIDS, TB and other infected patients sleep in common wards with other patients.

12.44 Committee finds that the ward environments are unfit for use because they are unsafe, insecure, inadequate and insanitary.

12.45 Further, they are grossly overcrowded and major renovation is required. This has been the case for many years but the Department of Health has neglected its responsibility for this

institution.

12.46 Given the staffing and clinical problems, the hospital cannot operate general out-patient or Community Mental Health Care Programs, which it would be expected to do.

12.47 Further, there can be no follow up of released patients and therefore no certainty that they will continue to take medication or follow a treatment course – and the risk of relapse and re-admission is obvious.

12.48 There are other problems and issues at Laloki. the Committee has identified the following:

• all regular care providers like nurses, health workers, doctors and health extension officers need to live close to the hospital. Only a few do so and this prevents quick response and an easy attendance of staff to cater for patient needs.

• all hospital building and staff houses have deteriorated to the point where they are unfit for human habitation in almost all cases.

• all wooden buildings at Laloki had been destroyed or are infested by termites;

• other infrastructure within the hospital premises has been destroyed by flood waters and continued human usage;

• water supply systems had been clogged and calcified and all require major repair and replacement.

• sewerage systems need to be transferred to a new site. Flooding and porous ground water has contributed to health problems from sewage disposal.

• there is no proper incinerator and all types of medical litter are dumped wherever staff can find room.

Safety and Security.

12.49 It is perfectly clear to Committee that the Laloki hospital does not provide a safe and proper system or place of work for staff nor a safe, secure, proper or adequate place of treatment for patients.

12.50 Immediate attention must be given to completely rebuilding this institution and new institutions like it in regional areas of Papua New Guinea not only to cope with the increasing and very considerable demand for psychiatric care and medical services but to provide a proper and adequate and safe place of work and treatment for all our citizens who are involved in the mental health sector – either as staff or patient.

12.51 Escapes from Laloki by patients are not uncommon and during the course of this Inquiry, two escaped patients were found murdered outside the grounds of the hospital.

12.52 Staff are subject to violent attack by patients, with little or no security to assist them.

Admission trends to Laloki.

12.53 The inpatient adm issions for the last seven years were:

2005 - 64 new admissions and 89 re-admissions.
2006 - 54 new admissions and 82 readmissions
2007 - 68 new admissions and 92 readmissions
2008 - 76 new admissions and 78 readmissions
2009 - 83 new admissions and 88 readmissions
2010 - 128 new admissions and 58 readmissions
2011 - 77 new admissions and 102 readmissions

12.54 The numbers of re-admissions was due, in very large part, to inability in the hospital to follow-up and ensure that treatment - particularly medication - continues after the patients are discharged. A psychiatric patient who does not take medication will inevitably relapse and be readmitted.

12.55 The failure to properly staff, equip or fund the hospital, is perfectly obvious in the level of readmissions over the last 7 years.

12.56 The age group of patients in 2010, is an interesting statistic. Of 170 patients, 27 were aged 10 - 19 (15.9 percent), 91 were aged 20 - 29 (53.5 percent), 36 were aged 30 - 39

(21.2 percent), 13 were aged 40 - 49 (7 .6 percent) and 3 were aged 50 or over (1.8 percent).

12.57 By far the largest admission category are young men aged between 20 and 29 and the evidence before us show that alcohol and drug abuse and cannabis induced psychosis were the major causes of admission.

12.58 We have already stated that this hospital serves the entire country. In 2009, 36 percent of all admissions were from the Highlands region . 12.7 percent from the Islands region.
45 percent from Southern region and 12 percent from Momase.

12.59 The most common causes of admission were:

- schizophrenia
- cannabis induced psychosis
- first episode psychosis
- bipolar disorder
- PD disorders
- others

72
61
8
22
3
4
170

12.60 Of great concern to this Committee was the evidence concerning co-morbidit ies.

12.61 Witnesses told us that approximately 80 percent of all patients have a high rate of cannabis and alcohol abuse.

12.62 Gastrointestinal diseases due to overcrowding and infected drinking water, skin diseases due to overcrowding, insects

and poor or no water supply and respiratory infections including TB due to overcrowding were common and daily occurr ences.

12.63 As if the original cause of admission was not serious enough, patients face the risk of further and other serious infect ions due to the state of the hospital to which they have come for treatment.

12.64 The risk of liabilit y of the State for failing to protect patients and staff is obvious.

12.65 The Committee was told of four law suits against the Hospital and State.

12.66 The most common causes of relapse are also telling statistics. Non-compliance with medication accounted for
62.7 percent of relapses. This is largely due to the fact that the hospit al has insufficient staff,

funding and facilities to do what all psychiatric hospitals should do – follow up and provide support and oversight of patients after release.

12.67 6.8 percent of relapses were caused by substance abuse.
5.1 percent by stress and 5.1 percent by physical illness. Mixed causes accounted for 13.6 percent of relapses – all of these including alcohol and substance abuse.

Bed space and overcrowding.

12.68 The figures vary from year to year but the Hospital generally has 50 beds available which were, at the time of this I nquiry, shared by 190 patients – a bed occupancy rate of

180 per cent. At one point, Committee was told, well over 200 patients were admitted to the Hospital.

12.69 This means that people sleep together on the floor or in areas which are not wards e.g. corridors or common areas. Youths sleep with forensic patients, geriatrics, the frankly mentally ill and above all, physically diseased and infectious patients.

12.70 Four patients sleep in a cubicle designed for one. There is little bedding. Patients are locked up at night with no supervision. The risk to young or vulnerable patients from communicable diseases or violence is obvious.

12.71 We have been told that constant complaints of inadequate staffing, inadequate bed space and overcrowding have been made to Government and in particular, to the Department of Health – to no avail.

12.72 Further, for years the Hospital had no qualified rehabilitation officers, Occupational Therapists, Social Workers or Clinical Psycholog ists. How it is proposed to properly treat and rehabilitate suffering patients, is beyond our understanding.

Manpower levels and requirements.

12.73 The Hospital immediately needs:

- 2 more psychiatrists;
- 2 medical officers;
- 1 pharmacist;
- 2 more social workers;

- 2 rehabilitation officers;
- 2 more occupational therapist;
- 3 drug and alcohol officers;
- 10-15 community Health Workers;
- At least 100 nurses.
- A Finance Officer; and
- Clerks and Adm inist rative staff.

12.74 It is worth remembering that the positions of social workers, rehabilitation officers and occupational therapists and drug and alcohol officers are being performed by nurses who are not trained in these areas.

12.75 This of course means that nursing manpower strength is reduced in numbers and the vicious cycle of understaffing and inadequate treatment continues.

12.76 As a result of the staffing crisis attending this institution, management has closed the outpatients in 2010 and closed the female ward since 2002. All females were, until early 2012, treated at Port Moresby General Hospital. Laloki has opened a small six bed female ward in 2012.

12.77 The Committee inspected a ward building which had been renovated for female patients and found it clean and well appointed. That work was funded by management preserving a litt le money from their operational budget and was not funded in any way from any development budget or special grant for the purpose.

Buildings and Wards.

12.78 The justification for the building of new wards (if any justification is needed) is a simple issue. There is chronic overcrowding at Laloki - fifty patients to a 27- bed ward and 20 patients to a 10-bed ward with attendant increase in violence, homosexual activity and transmission of communicable diseases.

12.79 1 x 30 bed ward is completely condemned and two current wards are very old and not suitable for the purpose to which they are put. The design of current wards was originally for single quarter residents and this is inadequate. The current buildings do not allow staff to see patients at all times or give ready access to patients.

12.80 The increased referrals from Provincial hospitals, correctional institutions and justice services require a considerable and immediate increase in the size and capacity at the hospital - and specially designed wards.

12.81 A common lecture and tutorial building is required to facilitate in-house training, in-house

service training, training of medical students and under-graduates and post-graduates and ongoing psychiatric training.

12.82 The hospital and laundry and kitchen cannot cater for the current needs. All equipment in the kitchen is old, rundown and inadequate for purpose.

12.83 Communal bathroom and toilet facilities are urgently required for general staff use, patients' relatives and visitors and students. The bathroom and toilet facilities for patients themselves are shameful. Photographs of these facilities are shown in Plates 5 & 6.

Nursing Services.

12.84 Nursing Services at the Laloki Psychiatric Hospital have never achieved adequate numbers since at least 2000 and probably earlier than that.

12.85 In 2006 the approved hospital structure was 84 nursing positions. The staff on strength was then 37 and from 2006
- 2008 there was actually a decrease. In 2009 and 2010 due to retrenchment, death and study leave staffing remained a fraction of what was required for the Hospital to operate effectively.

12.86 There are major problems in the nursing division with a limited number of psychiatric/ mental health nurses and community health workers available . Nursing staff were dedicated and worked extremely long hours, double shifts and dual positions whilst waiting for their recruitment of the new staff - which did not occur.

12.87 The authorised bed capacity for the acute care ward was 27 beds and the moderate care ward was 20 beds. In the acute ward the average staff/patient ratios was 3 to 40 and in the moderate care ward 1 to 20. The increase in patient ratio is due to the increase in the number of admissions.

12.88 The Committee has considered the workload of psychiatric nursing staff and, as an example, those officers are required for at least the following duties:

1. Observe and assess each individual patient's progress or behaviour;
2. Maintain professional ethics and caring for medically ill persons according to the Psychiatric Mental Health Nursing Standards;

3. Escort patients for outdoor activities for medical consultation;

4. Adm inister drugs accurately as ordered;

5. Participate in and, maintaining patient and ward hygiene;

6. Reporting patients progress to the appropriate superviso rs;

7. Ensure patient nutrition is maint ained.

8. Participate in individual patient care planning;

9. Write nursing reports every shift regarding patient's behaviour and assessment;

10. Attend to patient emergencies promptly;

11. Maintain patients rehabili tation activities for patients' psychotherapy;

12. Work in consultation with other clinical psychiatric team regarding patient acute emergency needs;

13. Assist psychiatrists in the outpatients consultancy clinics;

14. Educate patients' family members on importance of caring after discharge;

15. Escort repatriating psychiatric prisoners to home Provinces after discharge.

12.89 With only 37 nurses available to cover over 180 patients or more, the hopelessness of the situation becomes quite clear.

12.90 As if this was not serious enough, the routine nursing duties for community health workers (who did not exist) were as follows:

1. Carry out patient's care plans accordingly;

2. Maintain all ethical issues to care for mentally ill persons;

3. Receive reports and attend to emergencies when they arise;

4. Constant observation and assessment of patients' behaviour and reporting appropr iately;

5. Give medication as ordered;

6. Hourly check/roll call on all patients;

7. Perform proper standards of individual patients and ward hygiene;

8. Ensure patients are properly fed three times a day;

9. Write nursing notes/reports on individual patients;

10. Supervise patients on rehabilitation, indoor/outdoor activities.

11. Maintain safety and security of patients and staff.

12.91 When it is understood that some of the nursing staff have to perform the job of Community Health Workers and Drug and Alcohol Workers, as well as their own duties, it is clear that this hospital is operating inefficiently, ineffectively and has been neglected by the Department of Health and successive Governments.

Buildings and infrastructure.

12.92 All the buildings at Laloki require urgent maintenance and, in most cases, should be pulled down and rebuilt.

12.93 Indeed, the entire Hospital is totally inadequate both in the area of its grounds and the number and the type of buildings. It is clear to Committee (and the Hospital management has argued this case for years), that the Hospital needs to be relocated and complimentary referral Hospitals need to be established in our regional areas.

12.94 Committee received a detailed submission for the rebuilding and re-establishment of Laloki Psychiatric Hospital.

12.95 We have considered that document very carefully and we endorse the proposal with the further recommendation that even the proposed plans for a new hospit al are inadequate and need

to be revised.

12.96 Committee finds the following situation in respect of buildings and facilities at Laloki:

1. The hospital has two ward buildings. Ward 1 has 30 bed capacity but it is now condemned and closed. It is unsafe and inadequate for human habitation. It should be completely rebuilt.

2. Ward 2 has three wings and a 41 bed capacity. The ward is overcrowded and this is the only ward that is currently utilised.

3. The type of in-patients that are managed in wings 1 and 2 are forensic cases who are referred from prisons, police cases and judicial systems, mixed violent and non-violent psychotic patients, drug induced psychosis and elderly and young psychotic patients who are at the mercy of bigger and stronger patients and are often abused. There is little or no capacity to separate the patients for their own safety.

12.97 The patients managed in Wing 3 are improved and moderate patients often undergoing rehabilitation programs or awaiting discharge or long term forensic psychiatric patients awaiting court release.

12.98 The current ward is old, decayed and the design of the ward and the entire building is for normal single accommodation and not for numerous patient s.

12.99 The hospital needs completely new wards purpose built to accommodate different types of psychiatric patients and other buildings to provide essential services. However, new buildings are of no use if there are no staff to work them .

12.100 The type of wards and buildings that are required immediately are:

1. A 20-bed ward for intensive care of violent or very aggressive patients;

2. A 20-bed ward for full nursing care;

3. A 20 - bed for forensic patients;

4. A 40-bed ward for moderate patients;

5. A 20-bed ward for children, elderly and very vulnerable patients;

6. A 20-bed ward for female patients;

7. A 10-bed ward for intermediate patients;

8. A 10-bed isolation ward for patients with highly communicable infections such as TB, HIV etc;

9. A rehabilitation building;

10. An out-patients building to cater for general medical needs for surrounding community;

11. A common lecture or tutorial building to cater for all the training needs;

12. A building for laundry;

13. Communal bathrooms and toilets for patients, staff, visitors and students;

14. A new kitchen and dining hall for patients;

15. A new hospital main office building.

12.101 In short, there are 15 new purpose buildings required and they are required immediately and in our opinion, this is the minimum requirement for Laloki to operate as a national psychiatric referral hospital.

12.102 Staff housing is also a matter of immediate need. 24 houses are immediately required. There are 24 intermediate houses and they are all old, termite-ridden and decayed. In our opinion, they are unfit for occupation - particularly by staff of a medical institution. All need to be rebuilt and those that have been burnt or abandoned also have to be replaced. 43 houses are immediately required.

12.103 There is 1 high covenant house which is also decayed, termite ridden and rundown. 5 new high covenant houses are required to provide accommodation for executive officers and senior managers including medical staff.

12.104 There are 2 single quarter houses. One is a male quarter only but now termite-ridden and unfit for purpose. Two new
12 bedroom houses for male and female single officers are immediately required.

12.105 In summary, Laloki Psych iatric Hospital is located outside Port Moresby city because of the nature of the service that it provides. Due to the location as well as the nature of the service, staff housing is essential. Staff have to live near the hospital to ensure that patients are well protected and cared for.

12.106 50 staff houses of various types are immediately required.

12.107 Committee was told that K 2.5 million was allocated to Laloki for urgent repair and rebuilding in 2010. One million was reserved to rebuild staff housing. By mid 2012, that money had still not been received by the hospital.

Equipment and Stores.

12.108 Laloki Hospital currently has no essential equipment available to manage or provide different therapeutic treatment to patients. It has relied on drugs, human education and personal care rather than medical therapies requiring dedicated or specialist equipment.

12.109 The hospital urgently requires:

- an electro convulsive therapy equipment;
- encephalograph equipment;

- basic laboratory equipment;
- furniture; and
- beds;
- teachingequipment e.g. computers, screens, projectors etc;
- communication equipment;
- laundry and sewing machines to cater for all patients and hospital laundry and sewing needs;
- cooking and storage equipment;
- freezers, refrigerators and water cooling machines;
- water purification equipment to render bore water fit for human use.

12.110 Rehabilitation equipment is almost non-existent and the Hospital needs sporting equipment, vocational equipment, carpentry, mechanical, farming and plumbing tools, arts and craft equipments and sewing machines.

Other requirements.

12.111 Transportation is a constant problem for the Hospital. At present the hospital has 5 vehicles but needs 8. It requires 2 x 25 seater buses, 1 x 15 seater bus, 2 x 10 seater vehicles, 1 x ambulance, 1 x station wagon and 1 x tractor and agricultural implements.

Rehabilitation facilities:

12.112 This is needed to improve the patients' level of functioning before discharge, especially establishing basic life skills - an important part of rehabilitation and release into the community.

12.113 The hospital must provide vocational skills training, multi disciplinary therapeutic approach. It involves an occupational therapist, rehabilitation officers, social workers, psychologists, psychiatrists, psychiatric nurses and involvement by Non-Governmental Organisations. A dedicated building is essential but does not and has never existed.

12.114 The administration building is overcrowded and unsafe because it is termite-ridden. Documents and records are at risk and there is an urgent need to properly accommodate management and other specialist staff in proper offices.

Water Supply.

12.115 The current water supply needs drastic improvement. There was an increase to water supply through the Eda Ranu connection, but due to theft of that water by settlers, very little reaches the hospital.

12.116 Supplementary bore water is not suitable for human consumption and all the water supply system within the hospital needs to be replaced immediately .

12.117 The water treatment plant has not functioned for three years and no money has been given to repair it.

12.118 Infected water causes alimentary illnesses and skin conditions in both staff and patients. Raw sewage is discharged in the open around staff houses and has infected the ground water.

12.119 Water supply is a basic requirement but the Department of Health shows no apparent concern for the situation at Laloki.

13. FUNDING OF THE HOSPITAL, FISCAL MANAGEMENT AND ACCOUNTING.

13.1 The Committee has carefully considered the financing of Laloki Hospital and the 2010 Budget Estimates and Appropriations.

13.2 The Budget for that financial year was chosen at random and was carefully examined, as was the philosophy and intentions behind the Budget Estimates prepared by the Hospital management.

13.3 Committee finds that the Hospital has been chronically under-funded for many years. There has been little or no Development Budget at all that we can identify for at least a decade, and the recurrent appropriations for repair and maintenance have been completely inadequate.

13.4 In the course of this Inquiry, we heard on more than one occasion, that management of many Hospitals and Rural Health facilities do not prepare budget Estimates for the simple reason that they know that they will not receive the funding that they require or, if they are prepared, the same Estimates are repeated year after year with increases sought which seem to us to be randomly included in the hope that more money might somehow appear.

13.5 Another reason for this practice is the fact that Treasury tells agencies how much they will be paid and the Estimates are prepared accordingly.

13.6 In other words, Appropriations by the National Parliament may be a fraction of what is really needed.

13.7 7 This explains why, despite a huge population increase over the last decades, many hospitals and Rural Health Services remain funded at a level that would have been inadequate twenty years ago and have little or no repair and maintenance money.

13.8 This fact, combined with the perennial failure to make statutory Reports, accounts or Performance Plans or reports also explains why health infrastructure and services have collapsed in many areas or have struggled on in an utterly inadequate form - such as Laloki Hospital.

13.9 One Provincial Health Advisor told the Committee that preparing realistic Budget Estimates was "•••••••a waste of

ink"......and while we understand the demoralized state of many Health staff, this attitude is not acceptable .

13.10 We are most concerned at this attitude. If proper Budget Estimates are not prepared and presented, Government can quite properly claim that increases in budgets and in particularly, Development Budgets, were not sought and therefore were not paid.

13.11 Indeed, the pattern of tailor ing Budget Estimates to meet Treasury directives is very widespread. Only last year the Committee found the Office of the Auditor General engaged in exactly the same practice - which have meant that the Auditor General had been under-funded, under? resourced, under-equipped and incapable of carrying out a full mandate for years.

13.12 Further, what is there point of devolving responsibilities to Hospital Boards if centralized control of fiscal management refuses to recognize reality and fund these institutions properly?

13.13 This is a corruption of the Budgetary process which translates into neglect, indifference and failed service delivery . Upon what basis can Treasury dictate the amounts which will be received before the Estimates are delivered - or, in some cases, prepared?

13.14 Obviously there will be priority areas of public spending, but surely health is the most important - particularly when

Government has received record revenues for three years and passed Supplementary Budgets.

13.15 The 2010 Budget Estimates from the Laloki Hospital did make allowances for the change and increase in personal emoluments and an increase in the costs of goods and services but so far as we can see, it made no or no adequate provision for a Development Budget. Considering the state of the Hospital in every aspect of its operation, this is an unacceptable failure.

13.16 The format of the Laloki Budget Estimates was proper and well thought out. However, the amounts of money sought were modest, indeed inadequate.

13.17 Justification for changes or increases in funding was prepared in proper form and Annual Activity Plans and formats were better than we have seen from many other agencies of Government.

13.18 The 2010 Budget Estimates did not reflect the poor state of the Institution and the inadequacy of its service capacities.

13.19 A copy of the 2010 Budget Estimates from Laloki Hospital is annexed to this Report and marked "Schedule 2. ".

13.20 We examined each requests for funding and, as we have said, we find them inadequate. For instance, new vehicles are urgently and immediately needed but the increase sought in 2010 was only K 36,000. This would not

represent half the cost of a bus for staff – without the additional cost of new transport for patients.

13.21 In 2010, annual maintenance expenses increased by K 103,500. The fact that almost every building is decayed and many are beyond repair or reclamation means that this figure was inadequat e.

13.22 Having viewed the state of Wards, office space, ancillary services and staff housing, that this figure is completely inadequate and would barely cover the cost of routine maintenance if the hospital was brand new. Why the figure is so modest is not known and could not be explained to us.

13.23 The Budget Estimate for training of staff was only K 42,000. Given that this is a specialist hospital with specialist skills required, the training budget (even though it increased by K 17,000 over the previous financial years) is inadequate.

13.24 Furniture and office equipment carry a budget of only K
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79,600 – an increase of K40,000 over the previous year.
Our observations show that the office equipment, furniture, equipment and fittings should be largely condemned and once again this figure is completely inadequate, in our opinion.

13.25 A further request for only K 10,000 was made to equip an emergency operating theatre with materials and equipment for emergency purposes. We very much doubt

that even basic equipment could be purchased for this sum.

13.26 The construction, renovation and improvement budget estimate was only K 303,000 – a very small request. It is obvious from this report that almost every building needs to be replaced and/or rebuilt or undergo deep maintenance to render the facility fit for human habitation and use. The Budget Estimate itself states:

"..... these buildings will be condemned and the hospital will close its doors. All staff houses are not fit for human use."

13.27 To the credit of the staff and management, the 2010 Annual Activity Plan included such Public Health Programs as immunisation of children under one year, strategies to reduce maternal mortality, malaria prevention or reduction, HIV and STI reduction and control, an attempt to achieve public health strategic directions, an attempt to improve the organisational performance of

the National Department of Health in Provinces and to support the Public Health Sector strategic directions.

13.28 Each of these programs was costed in some detail. In 2010 none of these programs were actually funded.

13.29 Detailed requests were also made to carry out routine services – which appeared in detailed form in the Annual Activity Plan for 2010.

13.30 By 2011, virtually none of these requests have been funded with no demur from the Department of Health.

13.31 The Department of Health cannot claim that they do not know the state of the Hospital. Both the Chief Secretary to Government and the Secretary of the Department of Health accompanied the Committee on its inspection of Laloki Hospital. Neither of those officers were able to give any explanation for the state of the hospital and the failure of successive governments to properly and adequately fund the institution.

13.32 Certainly the Chief Secretary to Government was recently appointed to his position and would not have borne any responsibility for this failure in past years.

13.33 However, the Department of Health is another matt er.

13.34 The national Department of Health, despite certain evidence given to this committee, is responsible for the state of Laloki Hospital and its current inability to perform the work for which it was creat ed.

13.35 We see no active intervention and no attempt by the National Department of Health to assist, rebuild, repair, maintain or increase the capacity of this Hospital. This has been the case for years and continues to be the case in 2012.

13.36 Assurances were given to Committee that reforms would be instigated to improve conditions at Laloki Hospital. The

following was said by the Secretary of Health after the visit to Laloki Hospital:

" I totally agree that the Department should do a bit more. At the moment Laloki is legally under

the Health Department and the Health Department is mandated to serve policy for the Health Sector and not to deliver health services.........In the meantime whatever resource we have and already the list (of requirements) read out by the CEO has been communicated to his superiors at the Health Department for urgent assistance and especially for security and accommodation and office space"

13.37 Despite these statements in November 2011, by mid 2012 this Committee could find no physical improvement or any evidence that Government had done anything to assist Laloki Hospital with the exception of the appointment of three doctors and some support staff.

13.38 The effect of this failure of funding is obvious in any number of ways. Bore water is used at the hospital because Eda Ranu cannot supply reliable clean water. The bore water is infected with E coli – very possibly from the sewage ponds of the hospital – and is unfit for human consumption. Yet, for want of a purifier and for want of simple equ·ipment to rectify the Eda Ranu situation, patients and staff are forced to use and drink bore water – or have no water at all.

13.39 Staff of the Hospital who live in hospital provided accommodation are forced to walk to a water tank to obtain water for their own use and the use of their families, yet the Department of Health appears to be incapable of rectifying the situation – or is simply indifferent to it.

13.40 Further, there are requests in the 2010 Annual Activity Plan and Budget Estimate for increased funding to purchase clothing and beddings for patient s.

13.41 This Committee saw patients with no clothing at all or others dressed in rags. There is no bedding in some cubicles – indeed there are no beds in some cubicles.

13.42 Cooking and eating utensils are completely inadequate and yet little or no funding has ever been provided for these simple basic necessities, despite the fact that they have been sought year after year.

13.43 In summary, the Budget Estimates, although in proper form, are inadequate and do not state the true needs of the Hospital either as it is or as it should be. They are not therefore independent or realistic and have been dictated by Treasury.

13.44 The Hospital has been allowed to deteriorate. There has been little assistance from the Department of Health – which seems oblivious or indifferent to the state of the institution. If the Department did care at all, it would at

least have intervened to enforce the delivery of realistic Estimates.

14 . EVI DENCE RECEI VED BY THE COMMI TTEE:

14.1 The findings and conclusions of the Committee were based on oral evidence received in the Inquiry and an inspection of the Hospital by Committee members – which was taken as evidence.

14.2 Committee is unable to understand how our Health and Hospital facilities have been allowed to deteriorate – part icularly at the Laloki Hospital.

14.3 Equally, we are unable to understand the apparent inability of the Department of Health to understand the huge problem that Mental Health issues pose for our country and the consequent increase in demand for treatment.

14.4 Further we are unable to understand why successive Governments have allowed the squalid situation to cont inue at Laloki.

14.5 5 Therefore, much of the questioning of witnesses was directed to obtaining explanations for this entrenched national failure and indifference – in this instance toward Laloki Hospital and the issue of mental health in general.

14.6 We now address each of the identified failings and consequent effects on patients and staff through the evidence and use photographs to illustrate the state of the Hospital.

Hospital Wards:

14.7 7 We have already stated that the ward buildings are inadequate in number and capacity and in a very poor state in some cases.

14.8 Management of the Hospital have managed to make some refurbishment of the female ward and the low security ward by husbanding money from their budget and by accepting community based assistance.

14.9 We have also found that some wards are grossly overcrowded and unfit for human use. Their condition causes illness, injury and is not conducive to observation or control of patients.

14.10 Members are asked to consider the following photos of the ward spaces and ablution spaces (Plates 1 – 7). We ask Members to reflect on the fact that Laloki services a patient base of over 7 million people and is not a jail, but a place of treatment .

14.11 We cannot understand how staff can continue to work in such conditions or how the relevant Departments of Government can permit this Hospital to continue in the state that it is.

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(Plate 4. Four patient Ward Accommodation - Medium- .
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f e 5.Toilet Facilities, Maximum Security War

Plate 6. Shower Facilities - Maximum Security Ward.

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14.12 After inspecting Laloki, Committee questioned the Department of Health to ascertain how this situation had been allowed to occur, why it had been allowed to continue and how the Department intended to rectify the situation.

14.13 The answers showed an Institution that is neither Hospital nor Aid Post. It has no Board, no permanent management positions, has had no resident doctor for years, no money to repair wards or anything else that its role requires it to do.

14.14 Amongst the complicated and technical explanations of why no remedial action had been taken (and there were numerous reasons given) we could not find any expression of either concern or urgency.

14.15 The following evidence apparently explains why no-one seems to be able to take control and improve the Hospital
- or at least clarify its status which might at least have led to building of proper and adequate ward spaces:

DR. CLEMENT MALAU, SECRETARY- DEPT. HEALTH:

"Thank you very much Chairman. I really appreciate the visit very much because it really brought to the Committee Members the visited reality of Health in the country.

I think part of the reason is we have not properly scoped out and planned each service facility and funded it based on the service that it should have

and that's the basic thing that you'd have found even in Laloki and Port Moresby General Hospital. The functions of Hospitals have not been fully funded. It is suppose to be a National Psychiatric Hospital. As you realized, it was overcrowded, basically because of so many other factors which I hope you'd see in my Power Point Presentation. One of the factors was as you realize, it's overcrowded because of population. We have a 2.7 percent population increase per year for the whole country and services provided have not been based on that population increase. The funding has not been aligned to that and that is a factor that goes across the whole of the Health sector. I hope that was one of the facts that youwould have found."

14.16 At a later date, the then Acting-Secretary for Health stated:

MR. PAISON DAKULALA, ACTING SECRETARY - DEPT.HEALTH:

"The Laloki issue has been an ongoing issue, like every other challenge that weface not only in Health but all of Government, there are issues that affect and influence similar situations like what Budget allocation is.

What has happened in the way that we have approached that in terms of the National Department

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of Health is the restructure process .... is that we have put in place, recently to enable such things to be dealt with, we hadgone out of our way to deal with these issues in a corrective way. So it's something that has been ongoing. What we're talking about is not like one year or two years. It's been going on for many many years and so that's how we are addressing it with the new Management that hascome in the last two years."

14.17 In other words, although the problems had been evident for years no-one could or would do anything.

14.18 Committee were assured that the new management team at the Department of Health were working on solutions and intended to clarify the status of the Hospital but by June 2012 our investigators could not identify any improvement at all - and no extra funding.

Ancillary Infrastructure: Laundry, Kitchen and Water Supply:

14.19 During our visit to Laloki, Committee saw these ancillary but essential services for ourselves. We could hardly believe that any responsible Department of Health or Government could or would subject our citizens to such a situation - particularly at a National Hospital.

14.20 As if the patients welfare was not serious enough, staff also have to drink and use polluted water and make do with inadequate laundry and kitchen facilit ies. These are

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not complicated problems requiring expensive solutions. Yet, nothing has been done.

14.21 We ask Members to consider the following photographs (Plates 8 - 12) which depict the facilities used for staff and patients.

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I' Plate 9, Laundry Troughs - note calcification from wa

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(Kitchen Facilities: .
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Plate 10. Kitchen Facilities for 200 Patients and 75 Staff.

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/'" Plate 11. Bore Water Head for 200 Patients and 75
{ Staff - Drinking and General Purpose Water.

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(Plate 12. Eda Ranu Water Tank.

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14.22 Water Supply is a matter of immediate and critical importance. For years the Hospital has relied on bore water which is both calcified and contaminated (plate 9 &11). Eda Ranu water is unreliable and sparsely available
– what is received is fed into a tank (Plate 12) and staff carry the water in a bucket.

14.23 Committee does not accept that there is any reason for the state of these facilities other than willful indifference on the part of the Department of Health and all other relevant authorities.

14.24 Staff at the Hospital indicated that the kitchen facility is not adequate and we accept this. To feed up to 200 patients even one meal a day requires maintained and efficient kitchen facilities which Laloki does not have.

14.25 Patients seen by this Committee were, in many cases, dressed in rags or very poor street clothing. Considering the size and state of the laundry , we can understand the poor state of dress. Laundry machines are clogged by the calcified water and will not wash properly because that water is so "hard".

14.26 A dedicated laundry building with proper water supply and machines is urgently needed, yet by June 2012 our investigators saw no change since the Committee first visited in 2010.

14.27 Our investigators visited the hospital in June 2012 and found no change or planned improvement for these ancilliary services.

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St a f f Accommodation:

14.28 The state of neglect and collapse of parts of our only National Psychiatric Hospital should now be evident to Members.

14.29 The Hospital is bad enough, but staff accommodation is arguably worse – and with no excuse at all.

14.30 This is a specialized Hospital requiring specialized staff. The location of Laloki also requires these staff members to be living within easy reach of the instit ution.

14.31 There are two main staff accommodation areas. The first abuts the Hospital perimeter and is mainly used by support and technical staff . The second is approximately half a kilometer from the Hospital and is used by doctors, management and nurses.

14.32 Almost none of the staff accommodation buildings are habitable, but are still occupied by staff.

14.33 Committee sought reasons for this state of affairs, but received the same reasons for the collapse of all other Hospitals – no money, complex bureaucracy, no planning, no data, no action by past administ rat ions etc. etc.

14.34 We find the only reasons to be indiff erence, incompetence, indolence and ignorance.

14.35 We ask Members to consider the photographs of the staff housing (Plates 1 3 – 19) :

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Plate 13. Married Quarters. Converted single quarters – professional staff housing.

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Plate 14. Raw Sewage Leakage at Married Quarters.
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Plate 18. Housing for Senior Nurses and H.E.O's.

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19. Raw Sewage outflow under Nurses Hou

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MEDICAL FACILITY ABUTTING THE LALOKI HOSPITAL:

14.36 As if the state of the Laloki Hospital was not bad enough, Committee visited a new unused and empty health facility immediately adjacent to the Laloki grounds.

14.37 This complex was apparently built by foreign aid for the Department of Health but was never used as a training facility as it was intended to be.

14.38 Rather, the complex was taken over by private tenants pursuant to some form of contract

with the Department.

14.39 The exact nature of the arrangement is unclear. Departmental officers feigned ignorance on the subject. The only evidence received by Committee was:

HON. MARTIN AINI, CHAIRMAN:

" Next door to Laloki Psychiatric Hospital, there is a large modern complex which seems to be a kind of College or similar and from yesterday's inspection, we want to ask here, is it managed by the Department or what is it? If you can explain and also can you explain or let the Members of the Committee know who built it and what is the purpose of this building and what is it used for now?

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DR. CLEMENT MALAU, SECRETARY - DEPT. OF HEALTH:

The Laloki •••••• we call it the Department of Health In-Service Training Institute. It was erected about 2001 - 2002, I'm not 100 percent certain of that at the moment but it was therefore up to four years without its occupancy.

When I took up the job of Secretary for Health, I wanted to open it so we can start addressing our Human Resource problems........... I can provide more details if you want but the intent of that Institute was to have In-Service Training conducted so we would start training all our Human Resources, In-Servicing our Human Resources at least.

You will note that Human Resource is a major factor that the Health Sector has to deal with in order to upgrade the skills and in order to address the aging workforce. Now specific to your question, at the moment it is run by UDF Pty Limited and Mr. Robert Kapao/ is the Managing Director of that Company.

At the moment it is run illegally and without proper documentation of contracts.

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HON. MARTIN AINI - CHAIRMAN:

Can you also explain what does the building or what does it do?

DR. CLEMENT MALAU, SECRETARY - DEPT. HEALTH:

At the moment it is supposed to be an Institute that contains a Theatre, where conferences can be

held, it has Dormitories for Students and it has got Staff Houses and Classrooms. It has also got a Mess, a Kitchen for short term training to be conducted in that Institute anda Library as well.

HON. SAM BASIL - MEMBER:

Mr. Secretary, I was also part of that visit yesterday. The Health Department owns that Institution, especially the facilities of that Institution. Hasthere been an attempt by your Department to get rid of the people there and get back the Institution and run it as what it was supposed to be?

DR. CLEMENT MALAU, SECRETARY - DEPT. HEALTH:

Thank you very much Honorable Member. I think that really raises a real critical question of why we didn't try to get other sectors to help us, when we tried to stamp out governance issues like this one. I waited nearly one and a half years for the Courts to see it and for the Police to act so still up

to now, we haven't got a Court Order that we have been trying to get to evict these individuals and the illegal occupants of those properties.

DR. MANWAU, MP, DEPUTY CHAIRMAN - PAC:

Dr. Ma/au, you know it's interesting. I have got medical background and this information to me is disgusting. Youare the Chief Executive Officer to the Government on Health matters. I have few questions to ask but I can't ask now because I think it's not appropriate. Can you tell me how much the Government spent for that establishment did - Do you know?

DR. MALAU, SECRETARY - DEPT. HEALTH:

US18.2 or so million USDollars from a loan from the ADB.

DR. MANWAU, MP, DEPUTY CHAIRMAN:

Thank you. Can you explain this to this Committee? Why is it that services at Laloki Psychiatric Centre have deteriorated so much while we have next door buildings which could have easily been used for the delivery of these services? This building has a Theatre, Staff Housing, has Dormitories, Mess, Library and you said you were looking for staff training. What kind of training will yougive to this aging public

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service that's in the Health Department? Can you tell us?

DR.MALAU, SECRETARY- DEPT. HEALTH:

••••••••..••Your question about the Laloki Centre, is if there were executive powers I know that Laloki comes directly under us we also have I guess planning that we need to go through in order to do the right service for that function as I said earlier. That had not been done properly so as a result of that we've had that Hospital aged over time with thesame structures in place.

14.40 Later in the Inquiry the Committee returned to the subject as follows:

HON MALACHAI TABAR - CHAIRMAN.

"Secretary, immediately adjacent to the Laloki Hospital there is a brand new Training Complex or Inservice Training centre - it seems to be managed by a private company.

We inspected that complex and found it was rented to private individuals and their families. Tell us precisely how this private arrangement came about. On the last occasion the former Secretary told us that he signed the agreement under threat. Canyoushed some light onthis?

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MR. PAISON DAKULALA - ACTING SECRETARY FOR HEALTH:

Thank you Chair•••••••••.••••••Yes there has been some arrangement in place at the moment but after checking with our legal counsel, we found that the contractual processes were not followed properly. Theinstitution wasbuilt by Government through an ADSloan and has not been put for the purpose that it wasbuilt for.

Currently we are struggling in getting the appropriate bodies of Government to make sure that the eviction exercise is undertaken but I can inform this Committee that a year ago we pursued the proposal of eviction and the senior staff of the Department were threatened•••.•••••.••••••••••

HON MALACHAI TABAR - CHAIRMAN:

The rent that is paid by tenants - who collects that money?

ACTING SECRETARY:

I also learned that these tenants are paying some rents and there are quite some huge sums of money and they are collected by this management team .••••••We just don't have any information on that andlooks like we arehaving difficulties having our people access that place or receiving it or communicating face to face.

HON. MALACHAI TABAR - CHAIRMAN:

The Department is not collecting the rent?

ACTING SECRETARY;

No it's not....."

14.40 Committee concludes that a public health facility built from borrowed money has been given over to private rental by the Department of Health for no gain to the State and for no reason that we can find.

14.41 The arrangement was not only illegal, it was and remains an immoral and possibly criminal misuse of public property and money. .

14.42 The fact that the facility was leased to private tenants is bad enough, but the Department acquiesced in the misappropriation of rental monies which were or should have been public monies.

14.43 Together these facts are an indictment on the Department and all Government agencies and individuals concerned with this squalid "deal", but considering the poor state of Laloki Hospital, the cynical misuse of a adjacent facility that could have alleviated many of the problems and suffering at the Hospital beggars belief.

14.44 How the Department of Health could have participated is beyond our understanding and Committee will refer the arrangement to the responsible authorities for investigation and recovery action.

14.45 Photographs of the facility are reproduced below. We ask Members to compare the state of this facility - which is 55 meters from Laloki Hospit al with the photos of the Hospital itself, shown elsewhere in this Report.

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(Plate 21. Lecture Theatre.
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Plate 22. View of Blue Accommodation Blocks. 1
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P-late 24. Class Rooms and Mess Building.

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15. DEPARTMENTAL RESPONSE:

15.1 Having viewed the conditions at Laloki and received evidence on the state of the hospital, Committee sought an explanation from the Department of Health as to how and why the institution had deteriorated and what the Department intended to do to rebuild it.

15.2 Further, Committee questioned the Department on the overall Plan and Policy on Mental Health in Papua New Guinea. Committee had heard that the National Health Plan had only touched on the issue and contained no strategies, plans or detailed policy.

15.3 The Acting Secretary for Health Mr. Paison Daku lala told the Committee that the new National Health Plan did prescribe a future direction and Plan for Mental Health and Psychiatric Medicine in Papua New Guinea - thereby contradicting the CEO of Lalok i Hospital.

15.4 The Secretary referred to Strategies 7.4.5 of the National Health Plan and we have given careful consideration to that Strategy and the Plan as a whole - wit h particular attention to the strategies and methodology proposed to address questions of Mental Health Services and Psychiatric Medicine in Papua New Guinea.

15.5 The Secretary concluded by saying:

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"There are several other strategies that we have in dealing with healthy lifestyles to make sure that Mental Heal Services in Papua New Guinea are addressed so I can tell the PAC that our new National Health Plan which is the single Government Policy Direction on Health Services for the next l O years, does have a strategy to redress Mental Health Services in our country."

15.6 The Secretary for Health may believe this to be true, but our perusal of the National Health Plan suggests that it is little more than a general "wish list" which we doubt is achievable.

15.7 If neither the combined talents of Government and, the Department of Health and relevant National Government Departments can improve the physical infrastructure of Laloki Hospital or give the institution a reliable water supply and fences, there is no ability at all to deliver Psychiatric Medicine and Mental Health Services nationwide.

15.8 Even if there was the will to do so, there is neither the competence nor the money available as our health system currently stands.

15.9 The claimed strategies were a subject of the following question from the Chairman :

Honourable Malakai Tabar, MP, Chairman:

"There is a point here on the provision of Mental Health Services to the North Coast region of this country,

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Highlands and New Guinea Islands region. How are you going to do this?"

Acting Secretary- Department of Health:

"As with our the health facilities around the country, Laloki has developed a 5-Year Strategic Implementation Plan which under the direction of the CEO, I can say is the CEO right now but there is no Jaw that allows for such a position so it should be just a Manager of some sort - have been established under the Public Hospital Act.

The Management Team has prepared a Plan but we as a Department have our National Health Services and has just been approved by Government. So there is a Plan to roll out the services to the rest of th country and I can assure this Committee apart from Laloki, Mount HagenHospital is the regional Hospital for the Highlands region. It is also currently undergoing development to put in place a 12-Bed Ward

for Psychiatric patients in Western Highlands and then Daru and one or two other Hospitals are gearing to have those services expanded to their location. So that is the plan we have for our Psychiatric rollout to the rest of the country".

15.10 By August 2012, investigators attached to this Committee could not identify any "rollout" of a Psychiatric or Mental Health Strategy and no improvement at all to Laloki Hospital

apart from the reopening of the female ward – which was wholly due to the management of the Hospital.

15.11 The Acting Secretary continued:

"Despite the fact that we heard the Secretary for Health assured the Committee that there was funding in the Supplementary Budget of K109 million and K21 million of which was reserved for Public Hospitals. Laloki is a delivery institution and I highly recommended that the Department should review the Legislation so that Laloki can be recognised as a service delivery agent with all Government's arrangements put in place to deliver health services.

I agree with you in the meantime whatever resource we have and already that the list of the CEO was reading out as being forcfully communicated to his superiors at the Health Department for urgent assistance and especially for security and accommodation and office space".

15.12 Here is the core of the failure of Laloki. Apparently, it is no part of the Departmental function to "deliver health services" – but only to develop policy. Laloki, however, is an institution which relies on funding from the Department of Health.

15.13 The same Department has no money to give the Hospital, is trying to divest itself of the institution by amendments to the Public Hospitals Act in order to give autonomy to the

Hospital but in the meantime, Laloki has no funds and virtually no functional infrastructure because it has been neglected by the very Department which exists to serve it but lacks the will and competence to do so.

15.14 Even after being confronted by the hospital conditions during our visit, the Department had done nothing but still assures us that plans are in train and things will improve in the near future.

15.15 With due respect to the Acting Secretary for Health, his evidence is not accepted by this

Committ ee. There is no strategy or national policy for Mental Health and Psychiatric Hospitals in Papua New Guinea that we can identify - only a statement of general principle in the National Health Plan -which is silent on the details that a National Plan should contain.

15.16 Certainly, the issue is very complicated and requires a detailed plan which, if it exists, is not known to this Committee or to the CEO and staff at Laloki.

15.17 We summarise the Departmental response to the situation at Laloki as being "far too little and far too late". The response is disingenuous at best and even if it was believed to be true, there is no money, organisation or will to achieve it.

15.18 Indeed, in 2012, millions of Kina set aside by the Department for Laloki has lingered in a Trust Account for years. Indifference and incompetence accurately summarise the management of Laloki by the Department and successive national Government

15.19 The fact that by August 2012 nothing has improved at Laloki Hospital clearly shows that this Committee's summary is correct.

16. SUMMARY:

16.1 Committee were shocked at what we saw at Laloki Psychiatric Hospital. The conditions were confronting and squalid. Dedicated staff continue to try to deliver quality service and treatment but have been neglected by the Department of Health and successive Governments.

16.2 The Department of Health which controls and manages the Hospital has failed in its duty to provide a safe, secure and effective place of treatment and failed in it's stewardship of public monies, property and stores that constitute Laloki Hospital.

16.3 Successive Governments have failed in their duty to patients and in their stewardship of public moneys, property and stores that constitute the Laloki Hospital.

16.4 The fact that this Institution has been allowed to deteriorate to the state that it has is a disgraceful situation and an indictment on successive Governments.

16.5 5 Management are not without fault in this deterioration, but without even a Board of Management or adequate funding, that blame must be minimal. We have no doubt that the Hospital Management have worked hard to rectify the situat ion but without assistance or recognition from relevant Departments -

particularly the Departments of Health and Personnel Management.

16.6 This Hospital serves the entire country and is totally inadequate to deal with the very significant and increasing problem of mental health issues in Papua New Guinea.

16.7 Immediate and thoroughgoing reforms and rebuilding are required at Laloki with staff housing and ward accommodation being priority areas.

16.8 However there· are other non-physical reforms required. The status of the Hospital must be declared. Mental Health policies must be created and implemented. Coordinated drug and alcohol programs must be deployed. The clear link between mental health and crime, violence and HIV/AIDS must be recognized and become a principal driver for change.

16.9 In other words, Government and the Department of Health must shed their indifference to this complex area and tackle it. If management of the Department of Health will not act - replace them with officers who will.

16.10 The CEO of Laloki drew our attention to the fact that the National Health Plan contained nothing of significance regarding mental health or treatment. This illustrates very well the indifference with which the area is viewed by Government - and that attitude is unacceptable.

16.11 Indeed, Committee were so concerned at what we saw and learned during this Inquiry that we wrote lengthy letters to the

Chief Secretary, the Prime Minister and the Minister for Health seeking intervention and recognition of the problems faced by Laloki.

16.12 Committee received no acknowledgement of receipt or reply.

16.13 The CEO of Laloki summarized the problems and needs very well and we record his evidence as follows:

"Firstly, there is an issue of Governance that 1 wish to bring forward to the Committee.

The Public Hospital Act 1.994. in this the specialist hospital is not addressed so that until the Minister addresses this, we cannot appoint a Board.......It needs to be addressed very urgently so that when the leadership is permanently appointed we can ....properly discipline staff and other things under a proper and legal Board and management.

1 have been acting CEO for ten years - which is illegal. Until the Act addresses this, what can 1

do?

Secondly, we need good security, meaning we have used up what little money we have for the security. It is going toward Christmas and we have wards full up to the brim. We have 82 patients who are both forensic, meaning they are referred from Bomana, and also those

general patients going into the hospital. They are sharing one room and we cannot hold them.

It is becoming unbearable, even it is filthy - when the skin smells, it is so bad. Our nurses have been doing their best but it is not enough.

Thirdly, we need fencing.

Fourthly, we urgently need a transit house, meaning a house within the hospital facilities so that staff who are living in the city who work during the night will come and sleep and wait for their time to attend to the rosters. We need those houses urgently.

Fifthly, we need to shift the toilets to the back of the building so that the nursing services can look through and see what is happening in the wards. Now we cannot - we are blinded/There are many blind spots that we cannot see because the house was not designed for psychiatric patients but for single quarters - Works type with windows right to the floor and rooms that are not secured.

Sixthly, we need to improve our water supply. We don't have Eda Ranu going in there. It is siphoned off by illegal settlements between the Bomana turn off and Laloki.

The Inservice College next to Laloki is occupied by private tenants who drain all the water off and leave none for Laloki. Laloki and staff live uphill and we do not have water all dayuntil 6-7 in the afternoon.

Last time I tried to close the pipe going there and nearly got assaulted for that so I am asking if the water supply could be improved because the wards are already filthy and without water it is even filthier than what our expectations are."

16.14 While we agree with these suggestions, these are matters that will only allow the hospital to continue in its current form and functioning. Much more is required to completely rebuild the

institution and to properly serve our people – and is required now.

16.15 The Acting Secretary for Health agreed with all the suggested changes but seemed to excuse years of inaction by blaming statutory complexity. If the statutes require amendment, this House should do it. Once again, Committee will make certain recommendations for reform to allow the Laloki Hospital to be declared a specialist institution and to establish a Board of Management.

16.16 In summary, Laloki Psychiatric Hospital requires immediate and complete rebuilding – and relocation. In the meantime the training College next to the Hospital should be made available to Laloki to assist in the shortfall of buildings, staff

accommodation and offices or any other function that is appropriate.

16.17 Priority areas must be the health, safety and welfare of patients and staff and treatment and follow up functions.

16.18 Committee will make recommendations and further contact the relevant Ministers to seek assistance and oversight in the development of Laloki into a national institution of best practice.

17. RESOLUTIONS OF THE COMMITTEE.

17.1 The following Resolutions were made unanimously by the Public Accounts Committee:

1. This Chairman's Report is accepted as the Report of the Committ ee.

2. The title of the Report is approved in the form:

"REPORT OF THE PERMANENT PARLIAMENTARY COMMITTEE ON PUBLIC ACCOUNTS INQUIRY INTO GOVERNMENT HEALTH SERVICES, THE DEPARTMENT OF HEALTH, HOSPITALS AND RURAL HEALTH SERVICES.

PART ONE – LALOKI NATIONAL PSYCHIATRIC REFERRAL HOSPITAL."

3. The appendices in Schedules to the Report are approved.

4. There is no dissenting Report.

5. The Committee will make this Report to Parliament under Section 86 (1) (c) and (d) Public Finances (Management) Act 1995 with findings and recommendations concerning the Laloki Psychiatric Hospital.

6. To accept and endorse the recommendations in Para. 18 hereof.

7. To accept and endorse the referrals in Para.19 of this Report .

8. To request that the Chairman meet with the Minister for Health and any other Minister of State that he considers necessary and bring before those Ministers the state of Laloki Psychiatric Hospital and the recommendations of this Committee.

18. RECOMMENDATIONS.

18.1 This Committee recommends that:

General:

1. Government and the Department of Health accept that Laloki Psychiatric Hospital is a vital part of the health system in Papua New Guinea.

2. The indifference toward and neglect of the hospital must change.

3. The indifference to and neglect of the Mental Health sector in Papua New Guinea must change.

4. Government and relevant national Departments must recognize the rapid increase in mental illness in our communities, the effects of this development and the need for treatment of and education on the issue.

5. Government and the Department of Health must develop a Mental Health Policy and strategies for combating or treating sufferers . Mental Health should be seen as equally important as physical maladies and tackled as part of the National Health Plan .

6. Provincial and rural based strategies to recognize and treat mental illness must be formulated and properly funded and supported.

7. Expert advice and assistance should be sought to develop and implement policies and strategies – from foreign Governments if necessary. Clearly Papua New Guinea does not have the expertise to address this most complex area and we should not hesitate to import it.

8. The budgeting processes for hospitals and health sector must be addressed. The collapse of our

health facilities is largely explained by a lack of priority and a practice of dictating funding ceilings to hospitals regardless of actual needs, push factors such as the closing of rural health posts, population increases, ageing workforces, obsolete and ageing equipment, changing pathology trends, ageing buildings and

lack of maintenance etc. Budget Estimates must be made and be realistic and priority must be given to Health and the rebuilding of Government health facilities such as Laloki.

9. Staff training must be made a priority as must the terms and conditions of employment.

10. The Nationa l Parliament immediately move to properly and adequately fund, staff, equip and supply the Laloki Hospital.

11. The National Parliament should direct a fixed percentage of national Budgets to rebuild and re-establish hospitals and health services every year - we suggest at least 10 percent for the next five years over and above the annual health budget - spread between our hospitals according to need and rural health services.

12. Government must recognize and accept that this highly specialized area requires expertise that we may not find in country.

13. Government must recognize that the rebuilding of an entire health system requires a national effort unprecedented in our short history and the process should begin with the sourcing of expert advice and Parliamentary debate.

14. In the short term, the Government must seek and obtain expert assistance and advice concerning the ways and means by which the public health systems in Papua New Guinea can be adequately funded, resourced, staffed, equipped and made responsive to the actual patient needs. The

establishment of an expert panel of inquiry staffed by persons of expertise, training, qualification and experience is recommended.

15. We recommend that the rejuvenation of our health systems be removed from the normal public service processes to enable quick and professional adjudication, assessment and approval of rebuilding, re-staffing and re-equipping proposals

– at least until hospitals like Laloki are brought to an acceptable level of service.

16. We recommend a specially empowered Task Force or the like to immediately engage all hospitals and to fast track immediate needs while preparing and approving rebuilding and rejuvenation plans.

17. Such a body should be comprised of experts suited to the task by background, qualification, training and experience. We consider it highly desirable that international experts be deployed to this body to ensure best practice, sustainability, realism and viability of long term plans.

18. That body should be given a definite timeline and precise terms of reference to advise government of the ways and means to rebuild health services, devise policies that are practical and workable and recruit or recommend international experts to drive the reform process.

19. Government should seek assistance from aid donors and partners to commence and assist the rebuilding of our health systems.

20. Government should reconsider the devolved management of hospitals and rural health services. The current system is clearly not effective.

21. The system of Budget Estimates and budgeting for hospitals by the National Government must change to reflect realit y. Funding given to our hospitals would have been inadequate twenty years ago and, in some instances, are contemptuous amounts which are completely inadequate.

22. Priorit y must be given to funding and reclamation of the public health system – beginning with Laloki Hospital. Health should be treated as a nat ional priority. Only a huge effort at national level will properly address the failure that we have seen in this Inquiry.

23. The Department of Health cannot lawfully manage itself and is incapable of managing health funding or hospitals. It needs complete rebuilding of its corporate and accounting systems to enable the Department to lawfully manage its finances and perform its charter.

24. Almost every aspect of the Department of Health needs expert, trained and experienced staff and oversight – particularly procurement and supply of drugs and medical equipment. Hospitals are held hostage to the inability of this Department to repair, service or replace equipment in a timely manner and this is completely unacceptable.

25. The existing sclerotic systems of approvals for staffing recruitment, equipment purchase, funding, maintenance and

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rebuilding in our hospitals means unacceptably long delays and frustration – often for years. There is no need for these matters to be delayed in Waigani. Hospitals must be given more autonomy and the approval processes streamlined.

26. We recommend that Government properly and fully fund health revitalization in the long term. This will mean detailed budgeting based on reliable data and competent oversight of prescribed milestones.

27. These recommendations are no less than what was envisaged in the National Health Plan 2011 – 2020 and the minimum administrative requirements to make the Plan workable. The Plan is a statement of high principle and intention, but given the current woeful state of funding, management and implementation in our health sector, there is little chance of the Plan working without the basics of adequate, modern, spacious, furnished, equipped, funded, working, staffed and supported hospitals – which do not exist.

Specific recommendations:

28. The status of Laloki Hospital must be determined and declared. This issue has dragged on for more than a decade with no attempt at resolution that we can see. It is not a difficult task and should be capable of being resolved within a matter of weeks.

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29. After the declaration of status is made, a Board of Management must be appointed and hospital governance put in order.

30. The system of staff recruitment and deployment must be brought under control. It is completely unacceptable that such a matter should take years to decide.

31. Laloki Psychiatric Hospital is decayed and inadequate in almost all its physical systems and facilities. In the short term it needs immediate and considerable maintenance, funding, staffing, facilities and equipment if it is to continue in its current (inadequate) state.

32. A reliable and safe water supply is a matter of priority.

33. The welfare, security and safety of staff and patients is severely compromised and must be addressed.

34. Ward spaces must be repaired and rebuilt to ensure safety, segregation and oversight of patients.

35. Staff accommodation must be urgently addressed. Current housing is inadequate, unsafe and unfit for occupaiton.

36. In the longer term, Laloki Psychiatric Hospital requires to be completely rebuilt and expanded if it is to fulfil its role as the national psychiatric hospital.

37. The Minister for Health should appoint a specialized task Force to investigate and report on the redevelopment of

Laloki Hospital and adequate funding should be set aside for this purpose. The members of that team should report in three months and within a further three months, work should commence

38. The training facility adjacent to Laloki Hospital should be cleared of all "tenants" and be used for the purpose for which it was constructed. In the short term, any available part of that facility should be placed at the disposal of Laloki Hospital to ameliorate accommodation or office problems.

39. We recommend that all Members read and consider this Report and the evidence and findings that it contains.

40. The findings and resolutions of the Committee, to be effective, need to be actioned by the Government, without delay.

41. The Government accept this Report, debate same and immediately begin the process of reform and the reestablishment of the Laloki Psychiatric Hospital.

19. REFERRALS.

19.1 Committee refers this report to the Royal Papua New Guinea Constabulary, the Office of the Solicitor General, and the Office of the Ombudsman to investigate the circumstances by which the Inservice Training complex adjacent to the Laloki Psychiatric Hospital came to be inhabited by private tenants and, in particular, to obtain a

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full account of monies received from those tenants and the whereabouts of those funds and to take any further action deemed appropriate.

20. CONCLUSIONS.

20.1 The Committee has been deeply concerned at the evidence received in this Inquiry.

20.2 No-one could visit Laloki without being affected by the circumstances in which patients are kept - and the conditions in which staff are expected to live and work.

20.3 Laloki has operated surprisingly well despite the neglect and indifference shown by successive Governments, but is in desperate need of adequate and immediate funding, staffing, infrastructure, equipment, management skills, accounting expertise, medical and nursing skills, buildings, drugs and gases, maintenance and support.

19.1 This Inquiry effectively spanned three years and during that time, despite the evidence and inspections of our hospitals we see virtually no improvement or national effort to effect improvement.

19.2 That can only be achieved by the National Parliament enforcing its will on our implementers and demanding performance and accountability - by coercion if necessary.

19.3 We hope this Report will start that process.

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Adopted and approved by the Permanent Parliamentary Committee on Public Accounts on the 1st day of November 2012.

HON. KEN FAIRWEATHER M.P. CHAIRMAN.

SCHEDULE ONE.

LI ST OF WITNESSES.

14th December 2010.

Mr George Sulliman – Auditor General.

Mr. Manasupe Zurenuoc – Acting Chief Secretary. Dr. Clement Malau – Secretary for Health.
Mr Paison Dakulala – Acting Secretary for Health. Mr. Gabriel Yer – Secretary for Finance
Yamele Getzo – Acting CEO – Laloki Psychiatric Hospital Joseph Turian – CEO – Mendi General Hospital
Sem Vegogo – CEO – Port Moresby General Hospital Dr. Polapoi Cholau – CEO – Angau Memorial Hospital

25 th October 2011.

Philip Nauga – Acting Auditor General Peter Siperau – Deputy Auditor General Maku Kiap – Assistant Auditor General
Dr. Likei Theo – Morobe Provincial Health Advisor Pascoe Kase – Acting Secretary for Health

Dr. Goiba Tienang – National Department of Health Dr. Goa Tau – Chief Medical Advisor – National Department of Health

Ken Wai – Acting Executive Manager for Policy and Strategic Planning – National Department of Health.

Mrs. Elizabeth Kumbeketi – Acting Deputy Secretary –
National Department of Health

Mr. Francis Posi – Manager for Policy and Legal for the
National Department of Health

Mr. Enoch Posanai – Executive Manager for Public Health

Services

Ivan Naese – Angau Memorial Hospital

Dr. Polapoi Cholau – CEO – Angau Memorial Hospital Benson Nablu – Chairman – Angau Memorial Hospital Dr. Songei Soctine – Angau Memoral Hospital
Jacob Yafai – Executive Advisor to Deputy Secretary – Department of Finance

Simon Tosali – Secretary for Treasury
Manasupe Zurenuoc – Chief Secretary to the Government Ravu Vagi – Deputy Secretary for Department of
Personnel Management

Sem Vegogo – CEO – Port Moresby General Hospital Carl Kalwan – Port Moresby General Hospital Yamele Getzo – Acting CEO – Laloki Psychiatric Hospital

Kuso Paru – Laloki Psychiatric Hospital

Joseph Turia n – CEO – Mendi Genera l Hospital
Dr. John Maku – Acting CEO – Nonga Base Hospital Nicholas Larme – East New Britain Provincial Health
Advisor

21st Novem ber 20 11.

Mr. Philip Nauga – Acting Auditor Genera l Mr. Gabriel Koh – Deputy Auditor General
Mr. Newman Barziring – Assistant Auditor General Pascoe Kase – Acting Secretary for Health
Mr. Stephen Gibson – Acting Secretary for Finance

Dr. Goiba Tienang – National Department of Health Dr. Goa Tau – Chief Medical Advisor – National Department of Health

Ken Wai – Acting Executive Manager for Policy and
Strat egic Planning – National Department of Health.

Mrs. Elizabeth Kumbeketi – Acting Deputy Secretary –
National Department of Health

Mr. Francis Posi – Manager for Policy and Legal for the
National Department of Health

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Mr. Enoch Posanai - Executive Manager for Public Health
Services

Yamele Getzo - Acting CEO - Laloki Psychiatric Hospital Kuso Paru - Laloki Psychiatric Hospital
Mr. Renagi - Director - Laloki Psychiatric Hospital

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SCHEDULE TWO.

BUDGET ESTIMATES OF LALOKI PSYCHIATRIC HOSPITAL 2010.

DEPARTME NT OF HEALTH
CURATIVE HEALTH SERVICES DIVISION
Lalokl Hospital

30th June, 2009.

The Executive Manager Medical Standards Division National Department of Health
P.O. Box807
WAIGANI
National Capital District

Dear Sir/Madam,

SUBJECT: LALOKI HOSPITAL 2010 BUDGET ESTIMATE

I am pleased to present to you Laloki Hospital completed 2010 Budget Estimate. The 2010 budget presentation has been arranged in the following format:
- Justification of changes and increases.
Budget layouts:
a. Official financial format
b. Annual activity plans

This budget presentation is different from previous years because of two major changes.
1. Change and increase in the personal emoluments
2. Increase in the costs of goods and services.

Even though this hospital is a specialist hospital, because of its location and the Health Minister's direction the management has changed or added the above mentioned strategies so to serve the surrounding communities as well as reaching out to other rural health facilities.

- 2 -

I would like to refer this budget estimates to your office for further processing. Thank you,

Yours Sincerely,

MR. YAMELE GETZO
a/Chief Executive Officer

CC: - Secretary - National Department of Health
Deputy Secretary - National Health Policy & Corporate Services
Deputy Secretary - National Health Services Standards Mr. Nirop Kavanamur - Senior Budget Officer NDoH Director - Finance and Administration NDoH
- Director - Human Resource Development Division NDoH Principal Advisor - Hospital Management Services Principle Advisor - Mental Health and Social Changes Mr. Levi Nasenom -

OF 2010 BUDGE"f ES IMATE
LOKI HOSPITAL

The purpose of the justffication is to highlight and clarify the major changes and increases in the 201O budget presentation.

1. Item 111.   Personnel Emoluments
- 2006 reviewed approved staff ceiling - 114
- New positions for recruitment - 18
- 201O Staff on Strength - 114
- Total cost of Personnel Emolument- K2,240,829

Changes and Increases
- 18 new staff will be recruited in 2010.
(These are the last 18 new positions to complete the 114 positions as approved in the 2006 Reviewed structure)

2. Increase cost

Item Nos.

Justification

Budget Estimate

Difference

112
Wages

1. Conversion of Casual wages into Public Service pay structure.
2. 2010 Casual termination = 9
3. Leave fares on same terms as Public Service.
4. Overtime for Drivers, Cooks & Support staff like Securities etc.

307,616

72,916

113
Overtime

Increase in work load & hospital functions specifically on:-
- Long travels to rural set up
- Patients repatriation
- Office workshops & trainina

26,500

3,000

114
Leave Fares

Increase in number of staff & also increase cost of transportation.

158,000

3,300

3. Major cost increases in other items
Due to the major shift into providing other very essential Public Health Services as indicated in the National Health Strategy 2006 - 2008, the hospital is required to change its current directions to accommodate these new strategies.
There has been increasedcost in Goods & Services which has drastically affected our services.

The costs of items below indicates the direction changes

Item Nos.

Justification

Budget Estimate

Difference

121
Travel & Sub. Allowance

Provision of multi-disciplinary services to hospital in terms of patient care & supervision. This will reduce cost for patient re-admission & referral to the hospital.
Increased visits & training of families.

94,500

68,500

122
Utility Bills

Pay all bills to maintain hospital services:-
- Telephone bills
- Water bill (new starting 2010 Eda Ranu
- Other bills

268,000

15,000

123
Office Materials &
Supplies

1. Improvement of Hospital information system that is reliable, accessible and effective.
2. Improve& maintain all Hospital functions.

110,000

60,000

124
Operational materials, supplies & services

1. To meet the increased workload demands of the hospital functions & the increase in the cost estimate also cater for inflation.
2. New added cost- payment of salt suooly for water softening.

726,800

188,000

125
Transport & Fuel

The aging hospital vehicle fleet has caused increased cost in maintenance & fuel:-
(a) Patients transfer & repatriation
(b) Primary Mental Health visits to villages & Families.
(c) Staff transport to & from work.
(d) Fuel & maintenanceare the major consumer.
- Increased cost for maintenance
- Verv high cost for fuel

123,000

36,000

Item Nos.

Justification

Budget Estimate

Difference

127
Rental of

144, 000

Properties

128
Routine

Costs to purchase spare parts & also cost of repairing of all aging hospital equipments.

203,500

103,500
maintenance
All hospital equipments needs replacement

expenses
or need major repairs.
*

135

1. Major expenses are patient referrals &

213,000

107,000
Other operational
repatriation with staff escort.

Item Nos.

Justification

Budget
Estimate
Difference

225
Construction, renovation & improvement

Urgently need to renovate all colonial (1968) built staff houses and the hospital buildings including:-
- Wards
- Kitchen
- Laundry

- Hospital office &
- Rehabilitation unit

These buildings will be condemned & the hospital will close its doors. All staff houses are not fit for human use.

303,000

Item
NumNr

Activities

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111
Current staff on strength - 78
2,240,829

Approved positions - I 14

Vacant positions for recruitment - 18
337,832

112
Casual Staff on Strength - 23 Adjustments of CPI

307,616

1 I 3
Overtime for increased work demand
26,500
114
Leave Fares
158,000

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136

Increase in costs due to:
- Additions of Primary Health Services
- Increase in number of admissions
- Increase in costs of goods and services
- Added rentals of properties for CEO, DMS, DNS & DFA
- Increased costs for routine maintenance
- Addition ofnew technology to improve water softness

1,924,800

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141

Increase in the Gratuity for CEO, DMS, DFA & DNS according to contracts & pay structure

30,000

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Purch asing of vehicle services & safety of
Purchasing of machineries patients & staff

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ACTIVITY/PROJECT ESTIMATES OF EXPENDITURE BY ITEMS
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(SUMMARY OF DETAILS FORMS)
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(In Kina)

FORM DTP• 1(C-S)

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FORM DTP-2   2010ESTIMATES
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(kina in thousands)

FORM DTP - 2

OPERATINGAGENCY:
(No. and Title)

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2A1 HOSPITAL MANACEMENT$EltvlCES

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TITLE OF ACTIVITY /PROJECT: LALOl<l   PSVCHIATlllC HOSPITAL

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2010 ESTIMATES
TRAVEL AND SUBSISTENCE - ITEM 121

(DOMESTIC AND OVERSEAS TRAVEL)
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UTILITIES - ITEM 122

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INTERNET & E-MAIL RENTAL 2000Annual Rental
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TOTAL 2611000
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OFFICEMATERIALSAND SUPPLIES - ITEM 123
(klna In thousands)

FORM OTP -5

OPERATING AGENCY:

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DESCRIPTION Of ACTM TY/PROJECT: LALOKI I'I'CHIATI\JCHOSPITAL

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OPERATIONAL MATERIALS AND SUPPLIES - ITEM 124

FORMDTP-6

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ROUTINE MAINTENANCE EXPENSES • ITEM 129
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FORMOTP-13 2010 ESTIMATES
RETIREMENT BENEFITS, PENSIONS, GRATUITIES AND RETRENCHMENT- ITEM 141
MEMBERSHIP FEES, SUBSCRIPTIONS AND CONTRIBUTIONS - ITEM 142

FORM OTP-U

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13 9,800
9,600

4 Draw F1lna Cabinet for the 4 wards to keep pa11enls filu .
CUPBOARD

12 ,000
12,000

Tudorr,...,boardx 4IOf!Ice & Wards\
SAFEX 1

1.600
1,500

For Oanaerous Oruos storaae In Phannacv.
OFFICECHAIRS

4,000
4,000

10 OfflC4 Chairs
PLASTICCHAIRS

,1 600
1,600

30 Plastic Chairs.Tralnino & w,.,.,.,.,,,_ etc.

SUB-TOTAL
28 &00
24,100

FURNISHING (OFFICE\

-=;"!<

FURNISHINGEMERGENCY UNIT

50

15 ,000

16 ,000
Provideeme1111 ncvequl- nta & m alemlls.
FURNISHING OFWARDS. OFFICESANO OUTPATIENT

33
e,ooo
11,000
Provide omcefUmltUrM!Or managers.

43

SUB-TOTAi. 21,000 21 000
HOUSEHOLD FURNITURE AND FURNISHING .. .,

TABLES 1
CHAIRS 2
BEOSMIARD EQUIPMENT 130
FURNISHINGOF OFFICIAL RESIDENCE 167
SUB-TOTAL• .
OFFICE EQUIPMENT . ...".'"..

HANDHELD RADIOS X 2
11

TELEHONE EXTENSIONS X 6

10,000
10,000
New Offices & ward•
3 COMPUTERS & RELEVANT SOFTWARES

20,000
20,000
lmoRMIinfDnnellDn , .. ternIn Iha1\0...,...

SUB-TOTAL
30,000
30,000
TOTAL ITI:M 221

71,100
71,800
FOR USE BY OTP: Totals to berounded to the nt l l'ffl hundred. OTP-17

PURCHASE OF VEHICLES • ITEM 222
PURCHASE OF PLANT, EQUIPMENT AND MACHINERY • rTEM 224 (Purchase by Operating Agency)
PURCHASE OFPLANT, EQUIPMENT ANDMACHINERY • ITEM 231 (Purchase by DW&I)
(Kina In Thousands)

FORM OTP-

OPEIIATINO AOENCY:
(No. an d TltIt)

... Itt0em IOHAO(MftffKJlYCD
...,.,

VOTE CODE HO:

"".",.°,"

ACT/PII011C1'
11'

DESCIUP'TION OF ACIM TY/PROJE CT: LALOpG ,aYCHJATIDC HOa,n'Al.

0 0 •

FORM OTP-20 2010ESTIMATES
CONSTRUCTION. RENOVATION AND IMPROVEMENT - ITEM 225
(eWEb BY THE OPERATING AGENCY)
CONSTRUCTION, RENOVATION AND IMPROVEMENT- ITEM 228
(CARRIED OUT f1Y 0£PARTMENT01'WORKS & IMPLEMENTATIONON BEHALF OF OPERATING AGENCY}
(Kina In ThouaandslJ

FORM OTP-20

OPE RATING AGENCY:
(No. and TIiie)

241 HOVITAL MAIW)eMEHT S""'1C:E

MIPROG PIIOO Acm>ROJECT
VOTE COOE NO: 2201120

DESCRIPTION OF ACTIVITY/PROJECT: LAL0IO l'Ya'l'CltATNCHOSP1TAL

SUB/
2010

SUBI
2010
DESCRIPTION
ITEM
ESTIMATES
DESCRIPTION
ITEM
ESTIMATES

FOR USE BY DTP: Total• to be rounded to the near.. t hundred. OTP-20

-=z::c::;-7

· -::::>

LALOKI HOSPITAL 2010 ANNUAL ACTIVITY PLAN

?rogram4: Family Health Services / 06,lmmunis tion·

MUST DO INTERVENTIONS
PUBLIC HEALTH STRATEGJC DIRECTION 1 1F.ull y immunise every child under 1 year old

Slrateglc Objective . Increase the lmmun!aatton coverage rate for 3rd dose Triple Antigen arid Pollomyentts andMeasles in children under 1 year of age to 98?
: Introduce Immunisation for HIB
..- -- ------ -.----..- - - -- -- - -- -- - - -- .- . -

Interventions: 4.06.1 - Provide Oooortunlties Immunization programs & LoaisHcs

ACTION
STAKE

FUNDING

IND ICATORSOF
CAPACITY
CODE
ACTIVITIES RELATED TOINTERVENTIONS
OFFICER
HOLDERS
TIME FRAME
SOURCE
AMOUNT
ACHIEVEMENTS
BUILDING
4,08,1 ,1 Maintain suoc,v of va=-i es. ONS/OFA t'H O/Nu,;,n 2010 NOoH VaCClne& In olace
4.06.1.2 Pmvine venues for opoortun1sea 1mmun1sa onorwrame ONS/OMS p.,, /NDoH 2010 NI 0H Number of childrenlmmuniziesd
4.08.1.3 AssistIn loalatk:al suooortOFA/ONS t'HO/Nuot1 2010 NDOH LoalsUcs available

Subtotal 1

Program 4: J:amily Health Service /1 0 3,1$,., fe !.Nlotherhood

{M UST DO INTERVENTIONS

PUBLIC HEALTH STRATEGIC DIRECTION 3

Reduce maternal mortality in the districts with high maternal deaths

Strategic Objective Increase first visit antenatal C011erage to 80%
: Increase percentage of deliveries by trained nurses Inmidwlfe!Y, end village birthattendants to 80%
. ReduceIncidence of postnatalcomptlcatlons amongst mothers deMvered at health centresfrom B per 100.000 to 5 per 100,000 live births
: Increase contraceptive (modem) prevalence rate to 25%
4.3.1 • Provide venue focAnte-natal clinlc 4.03.2• ProvideFamily-Planning ContracepHves

CODE ACTMTIES RELATED TOINTERVENTIONS

I""'IIUl'II l:tIAI\C
OFFICER HOLDERS

TIME FRAM£

I" U A UI R \3
SOURCE AMOUNT

II NU I A I u " "' ur
ACHIEVEMENTS

I'- " I' Au II T
BUILDING

,f03.1.1 Faciltla1ethe program ONS - r - PHO 2010Pmgrimsconducted
4.3.1.2 Maintain supply ofcontraceoUv811 Pharmacist Contracel)tlives In ace
4.3.1.3 Distribution orcontraceptives ONS Types ofcontraceptivesdistributed

subfcita1 a 0

- -f- -- -- -=·-=-- ----- =-----t=----

- _:.--I-+-i--- -

- --------·==tF-=-------=t --=-

-·- =-----·----=---J+___--_.--

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Program 4 : Strategic Directi ons 1 & 3 - SUMMARY OF COSTS

PROG	STRATEGIC DIRECTION	Subtotal No.	AMOUNT
4.06			
4.06 3	2	0	
I	I	I	Total0 T

2

0

5.02.1.1 Provide treated mosquito nets.
OMS
PHO/NDoH
2010
No, of mosaultoe neta distributed
5.02.1.2 PrcYlde Laboratorv teltlna facilities
OMS

No. of tests done
S.02.1.3 Provide malaria trHtment
Ph1m,1cllt

Anti-malaria Drescrlbld
5.02.U C0&0rdlnllte IDl'lvlna activities Wlttl NCOC Health
CEO

No. of housesIDrllVed

3

Program 5: Disease Control ./ 03 ._.,VT \ : · 1.-

·.L1
'

MUST DO INTERVENTIONS

PUBLIC HEALTH STRATEGIC DIRECTION .4 ·.•' :'i Reduce rate of increase in HIV and STJ
.. -· . - .. --- (""1
Strategic Objective : Increase thenumber of STI clinics to 38
: Increase access to ARV to aff level1 and level 2 hospitals, l)f9Vent mother to childtransmission (PMTcn tolevel 3hospitals and VCT to allpublic hospltals
: Ensure all STI patients are treated under the Syndromic Management
: Ensure a comlnuoussuoolv of condoms at aH health fadltles

Interventions 5 .03 .1 • U011rade STI / TBCRnlc Interventions 5 .03 . 2 - PaUent screening andtreatment Interventions 5.03 .3 • Condom 1uon111

I"" 1IU N l:I IAI\ C · · _

_ u,- ,-   -..'
BUILDING

rnv"',..,u.,.
PROG
Program 5
STRATEGICDIRECTINO
Strategic Directions 2 & 4
Subtotal 2
- SUMMARY OF COSTS
Subtotal No.   AMOUNT
0

5.02
2

1
0

5. 02
4

2
0

I   i   I
Total
0
I

,.'•i M
UST 00 INTERVENTIONS
'

Improve the leadership and m achieve Public Health Strate

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rogram "'· General Administra t.!c-;,n ,/ 01
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- J
"" .oJ,.fo Improve the organisationalperformance of the NDoH and provinces to

MANAGEMENTSTRATEGIC DIRECTION 6 support Public Health Sector Strategic Directions
-.:,- ' j

Strategic Objective . Document.endorseandImplement a revised NDoH Branch Olll•nlsation structun,to supporthealth sector strategic directions
: All Provinces lmolement the MOU between NDoH, ProvincesandDPMonatreamllnlna reforms

Intervention : 1.01.01.1 lntersectoral colaboration to develoo streamltolnalealstation

:"""""" , " "' "' - .. - ..· - ..,r ,._..,.,...,., r
CODE ACTMTIES RELATED TO INTERVEMTIONS OFFICER HOLDERS TIMEFRAME SOURCE AMOUNT ACHIEVEMENTS BUILDING

1.01.01.1.1 Wor1< Incollaboration with NDoH /PMGH/PHO/NCDH for streamllnnlna Lealslatlon CEO Quarterlv Number of meBtina condocted

rnv-t \olluw•

Subtotal 2 0

Program 1 : Management Strategic Directions 5 & 6 SUMMARY OF COSTS

PROG	STAATEGIC DIRECTION	Subtotal No.	AMOUNT
1.01	5	1	30,000
1.01	6	2	0
		Total	30,000

GR A_NO_TO_AT_L__

,...,,,...- --- - - - -2<-41 • SERVICE IMPROVEMENTPLAN STRATEGIC DIRECTIONS · MUST DO

P rogral1}4! (.{S§0D51 && 63)) -·- - - -_

· - , (! Q2.oQ

Proaarm S (SO 2 & <4) o

I GRAND TOTAL 30,000 \

o o o

CODE
ACTM TIES RELATED TO INTERVENTIONS
"'-' I I V l'I
OFFICER
1:1 1" " "'
HOLDERS
TIME FRAME
t' U l'I U I l'CU
SOURCE
·- U t'
AMOUNT ACHIEVEMENTS
I "'"'....- r1v 1 I l
BUILDING

0

241.01.2.01.1
Ret1uest funds to orovlde securnv services for the hospital
CEO/OFA
NDoH
2010 NDoH
100,000 Securttv orovded

241.01.2.02.1

In-Service on all emeraeneles

DMS/DNS

St Johrn; Amb.

2010 NDoH

5,000 In-Service Conducted

241.01.2.03.1

Maintain & service all fire fiahtlna eauloments

DFA

Fire Service

2010 NDoH
5,00(Fife eaulpments In Place

2

3

241 - General Administratiol) (01)

ROUTINE SERVICIES

.'It

Objective 1: Improve access to specialist patient care services Objective 2 : Improve accident and emergency services

•· ..'

I• .

Objective 3 : Reduce preventable deaths in public hospitals Objective 4 : Improve infrastructure Objective 5: Improve rural outreach services and supervision

,..·<·;_ :,' 1 '
'. .j,,:.
I., i •: ..

Ob j ective 4 : Imp r ove Infra s tr ucture

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r,... , ·-
• ·•:.":"""-----.-.';" • r;r
a:._,-,f..... I I. .·. ,); I•-!... · 41 ... : _ -;. ,,;. t I
.... . .

Interventions : 241.01.4.01 - Reoair and maintenance of all electrlcal, sewerage & water suppry systems roads and drainage Interventions : 241.01.4.02 - Increasefundina forbuildina renovations andmaintenance
Interventions : 241.01.4.03 - Provide funding to all bIlls
Interventions : 241.01.4.04 - Provide funds for malor renovation & imorovement for staff houses
I " w II U I'I ,......, T"U I'I U I I'I "' IIN UIl.,A 1u" .:, u r- 1.,A t' A \,1 IT
CODE ACTIVITIES RELATED TO INTERVENTIONS OFFICER HOLDERS TIMEFRAME SOURCE AMOUNT ACHIEVEMENTS BUILDING
241.1.4.1.1.1 ReQuest funds for,
Roads & drainages maintenance DFA 2010 NDoH 30,000 Roads & drainaaes maintained Reoalrs & maintenance of all electrical llahts & fittlnas DFA CEO/NDoH 2010 NDoH 20,000 Securitv liahts in olace

Repair & maintenance of seweraae & water suoolv systems DFA CEO/NDoH 2010 NDoH 10,000 Free now of water and sewerage

241.1.4.1.1.2 Reauest funds for:-
Routine maintenance of staff housing CEO/DFA CEO/NDoH 2010 NDoH 50 000 Staff houses maintained
Routine maintenance of hospital buildings DFA 2010 NDoH 45 000 Hosoltal bulldinas maintained

241.1.4.1.1.3 Reauest funds for:-- -- - - - - - - -
Electrtcltv bTils CEO/DFA CEO/NDoH 2010 NDoH 204,000 Electrlctlv bllls oaid
Waterbllls 2010 NDoH 20,000 Water bflls paid

241.01.4.01.4 Reauest funds formalor renovation of staff houses CEO/DFA NDoH 2010 NDoH 320,000 Funds orovided

Subtotal 4 899,000

ROUTINE SERVICES
i 41 Gene ral Administration{i 1V · . " : . : ,,u
Objective 1: Improve access to spaclallst patient care services Ai' l>,,
• .-'- l. ' _._ .,,. 'f_._ '<ll '. ·. .. - ,Jl!..

Objective 2 : Improve accident and emergency services J ,
Objective 3 : Reduce preventable deaths in public hospitals
Objective 4 : Improve infrastructure·,
Objective 5: Improve rural outreach services and supervisio

. '
Objective 4 : Continue Improve Infrastructure ,;'f..iltf ': ...

.: •· ·

Objective5 : Improve rural outreach services and supervision

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u   '

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Interventoi ns : 241.01.4.01.5
–
Providefunds tomaintain
all hosoltaleauloments.
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CODE
ACTIVm ES RELATEDTO INTERVENTIONS
.. ... . , u ..
OFFICER
'"H'O'"L'IUD:E'.RS
TIME FRAME
SOURCE   AMOUNT
"' " " u r
ACHIEVEMENTS
_,,. ,–,. ,I T
BUILDING

DFA

CEO/NDoH

241 .01.4 . 01 .5 .1
Reauest funds to:-

Maintenance of all office eauloment

201 0
NDoH
14 500
Maintenance accomplished

Maintenance of Stand-by Genset

201 0
NDoH
2 00 0
Maintenance accomolished

Maintenance of current lawn movers

2010
NDoH
5, 000
Maintenance accomplished

Maintenance of all air condltlon,refrlaeratlonunits & stoves

2010
NDoH
7,000
Maintenanceaccom0llshed

Purchase fuel for aenset, tractor & lawn mover

2010
NDoH
14 000
Fuel available

Subtotal s
42,500

5

241 General Administration:(01)

ROUTINE SERVICES

""-.,......

Objective 1: Improve access to specialist patient care services Tr ·'
Objective 2 : Improve accident and emergency services . Objecti ve 3 : Reduce preventable deaths in public hospitals :.:· : •.
Objective 4 : Improve infrastructure _:_:.·:;r, - t.
Objective 5: Improve rural outreach services and:supervision
Ob j ec ti ve 6 : Oht e r ·-, ·-..:.:··.· .-.. -.....- - _;;f. ·;r.-c

Interventions : 241.01.6.1.1 - Provide funds for bills rentals & telephone extensions Interventions : 241.01.6.1.2 • Provide funds for fuel realstratlon & maintenance of 6 vehicles Interventions ; 241.01.6.1.3 - Provide funds for Houslna rentals for Contract Officers Interventions : 241.01.6.1.4 - Provide funds for uniforms forthe suooort staff
Interventions : 241.01.6.1.5 - Provide funds to maintain Plant & Operational equipments

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1- - ..-" v , 1 1
CODE
ACTIVITIES RELATED TOINTERVENTIONS
OFFICER
HOU>ERS
TIME FR.AME
SOURCE
AMOUNT
ACHIEVEMENTS
BUILDING
241.01.6.01.1.1 Reauest funds for bills, rentals & telaohone extensions
Teleohona bills _ _ _ _ 25 ooo

241.01.6.01.U Reauest funds for housina rentals for:- 144,000 Rentals oaid
4 Contract Officel'll (CEO OMS, DNS & DFA)

241.01.8.01.1.
4 Reauest funds for Support staff's uniforms 2010 NDoH __ _ _2Qc::,0.::.:00:+=-U
nIfo:..::.:.:.rm:;;:s:....1Dc.:.;ro::..:vc.:ld;.;:;ed.;;....

--1 ----t

..0.1Request funds to maIntain -2 way radios &gaspipes
2010 NDoH
8 000

Subtotal 6
349,000
SUMMARY OFCOSTS ROUTINE SERVICES: 241- GENERAL ADMINISTR.ATION
Subtotal No,
AIYIUUN•

1	30000
2	120,000
3	0
4	699,000
5	42,500
6	349,000
- -- - ., Total .	1,240,500

?.

CODE
ACTIVITIES REu\TEO TOINTERVENTIONS
ACTION OFFICER
HOLDERS
TIME FRAME
SOURCE
AMOUNT
ACHIEVEMEN'1'S BUILDING
241.05.3.01.1.1
Wrtte uo Terms of Reference for Que&\v AssW'l!lnce Commtt\e..,
DMS/QAO
CEO
2009

Terms of Reference In Dl11ce

241.06.3.01.1.2
Conduct qualfty assurance, Infection control & Accident &
Emeroencv CommiUee Meetlnaa

OMS

2009

NOoH

Number of meetinas oondl/ded

Subtotal 3

0

3

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4

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, .:i . ... -..

. ROUTINE SERVICES

241 . Acciden,ts &1E ergency. si , c J(}:-•- _
.-
Objectlve1: Improve access to specialist patient care services .:i tJ } .
Objective 2 : Improve accident and emergency services
Objectlve 3 : Reduce preventable deaths In publi c hospitals • •
Objective 4 : Improve infrastructure ..
Objective 5: Improve rural outreach services and supervision ,ti J - .,
Objecti\le 5: Improverul'illoutteachservlcee andslJllflNlAion Intervention• : 241.XX.5,01.1

a> I ' "' '- u n w , m "' ,., . _, - --- ur ,wr1r "' w I I T
CODE ACTIVITIESRELATED TO INTERVENTIONS ACTION OFFICER HOLDERS TIME FRAME
SOURCE AMOUNT ACHIEVEMENTS BUILDING
2-41.XX,5.01.1.1 0

ROUTINESERVICES
241 • Accidentsi&1Einetqeijcy!Ser;vi cesl(06) .t-ft, t
' 4"'· .. · . -.:,:
Objective 1: Improve access to specialist patient care services
Objective 3 : Reduce preYentable deaths In public hospitals ,: If)-.
Objective 2 : Improve accident and emergency services ;f d'I
Objective 4 : Improve Infrastructure 't:'
':J. ··- I
Objective 5: Improve rural outreach services and supervision
- .. ' . .
..
e.:.I·\
' "t •
\ .,... I '
, .
.,:. 1 ...

OblectIYe 6 : Other

Jntetventions: 241.XX.6.01 .1

CODE
ACTIVm ! SRELATED TOINTERVENTIONS
ACTION OFFCI ER
IH"O'"I."D"ERS
TIME FRAME
U N - H !
SOURCE
11
AMOUNT
n 1.111..11I u" it ur 1""
ACHIEVEMENTS
,..'''' HI
BUILDING
241.XX.6.01. 1,1

0

Su btotalI
0

' OF C CDIIT:5 .:s L.1r --.J11ft. J n , lIONS: 241, ACCmteN TII .,.. .,Nt.EN1,,1
sulitotal No.
1
! A IIRUU 0, 1
0

2
0

3
0

4
21 000

5

0

6
Total
0
21.000

6

LALOKl HOSPITAL 2010 ANNUAL ACTIVITY PLAN
,.. . . - , · ..: :ROUTINE SERVICES

f -. -, - •
241 . Psych iat ri 1Services;(07,,) !""-'='.•.•- . • _. -,

.-.....:;-u

Objective 1: Improve access to specialist patient care services J 1'[. Objective 2 : Improve accident and emergencyservices :· -•··. ·: t ! · Objective 3 : Reduce preventable deaths In public hospitals t ·w] ?·
Objective 4 : Improve Infrastructure "':. 1.,. · t-;· -

Objective 5: Improve rural outreach services andsupervision a" • •
ObJectlYe 1: Improve accessto1 pec:l1lllt patientc1nt Mrvlces • .n

lntllrventlona :241.0T.1.01 • Staff relocation
lntllrvlfttlona: 241,07.1.02 • Strenmnen .,. ltn en hlp with otherstake holdere
Interventions : 241.07 ,1.03 • lm"""vt auallIY nant nt careandmultlskin

CODE

A.CT IVIT1£S RELATEDTOINTERVENTIONS

ACTION OFFICER
I ,.,."._
HOLDERS

TIME FRAME
- •·- ..,.-
SOURCE

AMOUNT
...,,.....'"_ ,, I
INDICATORS OF ACHIEVEMENTS BUILDING
241.07.1.01.1
StaffRelocallon
DFA
CEO/NOOHiUt' M
2010
NOoH
30,000
Staffinolace

241 07.1.01.2

Improve collaboration with other aovemment oms..NGOs & Donors

COEO

LPH

2010

RetallonshiD achieved
241.07.1.01.1
Raaun t funds for•
Orlent111on

SOO/OF"

Once

NOoH

5,000

Staffs orientated

• WorllahDP & Conferences
soo

o nao lna
NDoH
10,000

No. of Conferences attended

- In-HouseTralnlna
SOO

Onaolno
NOoH
1 o ooo
No. of In-House trainlna conducted

• svm!lO!IIUm and 00nference1
SDO

Onaolnes
NOoH
12.000
5 umrv,1lums attended

• Research & Seminars
SOO

Onaolna
NOoH
5,000
Paaer11o resented

· " dvancetrainlna
SOO

2010
NOoH
7,000
Tl'llinlna oompleted

Subt.Otal 1 79,000

'241 • Psychiatric S rvicesJ 07) _

ROUTINE SERVICES

Objective 1: Improve access to specialist patient care services
Objective 2 : Improve accident and emergency services .
Objective 3 : Reduce preventable deaths in public hospitals
Objective 4 : Improve infrastructure
Objective 6 : Improve rural outreach services and supervision –..f•
,. , ' ,.

ObJedlve ,. : Improve Infrastructure

,–...nClh'.1'

– I '. t'

Interventions: z•1.07.4.01– Provldefunda1oImproveInfrastructure& IOnistlca sullPQrt.
Intervention : 241.07....02• Provide fundsfortheeatllbbhement andlmProven'lent of rehabl!t.ation unit lntervenlion: 241.07.4.03– Provide funds tofurnish & enutn emeraencv unit & ward offlcet

::I INU: I \fflUNI G ICAPA11rC
CODE ACTl\lmes RELATED TOINTERVENTIONS ACTIONOFFICER HOLDERS TIME FRAME SOURCE AMOUNT INDICATORS OF ACHIEVEMENTS BUILDING

241.07....01.1 Reciuut funds to:•
Re"'–aafna 25 seater bu1 10 .....,,.old
CEO/OFA
LPH/NOOH
2010
NDoH
170 000
Re..a–_,,,,,10IMlervehlcle 11..,..,.old Replaceaalna mazda 323 ablllon WIIIIOn 15 years old New 2 tontrvcktotran1part euonlu& materiala

180,000
100 000 AQ v eh ldes In olaoe 130 000

241.07....01.2 R11<1111st funds to·
- Renovate rehabunft Renovated rehab untt
- Fulv e<1ul11 rehab unit30000 Fullv eoui...iuntt

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241 - Psych•atric er:y_ic Jv.(O) .. .-.. .

... ,-

ROUTINE SERVICES
..

Objective 1: Improve access to specialist patient care services Objective 2 : Improve accident and emergency services -

Objective 3 : Reduce preventable deaths In public hospitals Objective 4 : Improve infrastructure
-·

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;.. .
'
. -

"""" c
CODE AC'TIVm ES RELATED TO INTERVENTIONS ACTION OFFICER HOLDERS TIMEFRAME
SOURCE AMOUNT INDICATORS OF ACHIEVEMENTS BUI.DING
241.07.8.01.1
Reauest funds for llalf 1elllies & allowances
CEOIOFAIP/0
NDoH
2010
NDoH
2 240829
ullds 8\lailabla
241.07.8.02.1
Maintaincurren1Casual staff on s1rena1h
23Casual ce1nna

CEOIDFA
NOoH/DPM

2010

NOoH
307 ,616

Staffin olace

241.07.8.03.1
Request fUnds for.-
Gratultv - 141

CEO

NOaH/OPM

2010

NOoH

30000

AdMlles accomoUshed

LN\leF-·114

158000

O\lertlme • 113

26,500

241.07.6.04.1
Recruit 18 additional Nuraina staff
CEO/HR
NOoH
2010
NOoH
337832
Nurslna s1lff InDlace
241.07 .8.05 .1
Reauest funds toconduct selectlan & recruitment meetJnas
CEO
NOoH
2010
NOoH
20,000
No. ol m1etlm1• conducted

Subtalall 3,120,1n
,...,.... RY OF1.,;u,o1.:t rn : 241 • PSYcMIA noCS11motaJNo. ......,unr
1 79,000
2 360,300

.3.

610,000
157,500

5 0
8 3120m
Totla4,327,577

241 - Clini cal.Suppor:t el.'Y!c e, s {09) P,ath.ology •

ROUTINE SERVICES
,...._...

Objective 1: Improve access tospecialist patient care services " • Objective 2 : Improve accident andemergency servlcn l : . Objective 3 : Reduce preventable deaths In public hospitals ,cl' .·....
Objective 4 : Improve Infrastructure • , • • . •
Obiecttve 5: Imnrove ruraloutreach services and sunarvlslon -.,.,-..,'al,., .

Objective 2: Improve accident andemergency services
lnterventton1: 241.XX.2.01.1

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SCHEDULE THREE

REBUILDING DEVELOPMENT PLANS AND SUBMISSION.

FAX
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DEPARTMENT OF HEALTH
CURATJVE HEALTH SERVICES DIVISION
Laloki Psychiatric Hospital
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HEALTH BOROKO ·

P.O. BOX 1239·
BOROKO
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20th November, 2007.

Hon. Sasa Zibe
Health Minister
National Department of Health
P.O. Box807
WAIGANI
National Capital District

My Dear Minister,

SUBJECT: PROPOSED LALOKI SPECIALIST HOSPITAL HOUSING AND INFRASTRUCTURE DEVELOPMENT PLANS

I am submitting the Hospital Housing and Infrastructure Development Plan as discussed in your office on the 19th of November 2007.

I have attached the plans of houses that are urgently required.

CLARIFICATION OF SPECIFIC BUILDINGS

1. Office
Office will be to cater for all Management and Administration. Current building has been destroyed by tennites.

2. Ward Building
Common Features
- 4 Wings comprising of 33 beds each.

These wings will accommodate:-
•!• Female - Acute & Moderate undergoing rehabilitation
•:• Male - Young male - 14 - 22 years and very elderly
·!• Male - Moderate undergoing rehabilitation
•!• Male - Acute

3. Rehabilitation Centre
This building is to provide basic home, indoor sporting and other facilities for patients undergoing rehabilitation processes before discharge.

4. Care Centre
This building will accommodate very chronic but improving patients. The building will create an atmosphere of independence and self reliance before patients are discharged.
5. Common Hall
This building will cater for:-
- Meetings and Trainings for staff
- Patients and Staff recreation
- Other common activities that will inclu de patients - Religious activities
- Sporting etc

6. Other Buildings
- 12 houses for Doctors and Hospital Executives

- 22 Duplex x 2 Bedroom houses for staff
- 23 Duplex x 3 Bedroom houses for staff (Specifically for direct service providers)
- Single Quarters - 12 self contained rooms for single female staff
- 12 self contained rooms for single male staff

The Hospital Development Plan was compiled in 2004 and in 3 years have elapse therefore the cost of goods & services have increased by about 16%.

Therefore the total estimated cost for Hospital Development is now:-

- Building costs
- Infrastructure costs
- Professional costs

Total Costs

- K44,802,100

2,900,000
7,192,000

- K54,894,100

I am attaching the original cost proposed by the Architect - Mr. A/ama Oti.

I am referring the Hospital development plans and costings for your perusal and further process.

Thank you kindly my Honourable Minister for considering Laloki Specialist Hospital which is one of most neglected hospital that provide one of the very unique and very much needed service in the country.

Yours Sincerely,

MR. YAMELE GETZO
Chief Executive Officer

OTIARCIDTECTS LTD

P.0. BO.X 4536
BOROKO 111. N.C.D.
PAPUA NE\\i GUINEA

PH : (675) 323 3651
FAX: (675) 323309:2
E.?vL-6,.lL: otiarchitects@datec.net.pg

05 th May 2004

FIRST FLOOR, WORKERS MUTUAL CENTRE BUIW IN G, GABAKA ST. GORDONS.

The Chief Executive Officer, Laloki Psy hiatric Hospital, P. 0. Box 1239,
BOROKO,
National Capital District, Papua New Guinea.

ATTENTION: MR. YAMELE GETZO

Dear Sir,

RE: PROPOSED HOSPITAL DEVELOPMENT AT EXISTING LALOKI PSYCHIATRIC HOSPITAL SITE. NATIONAL CAPITAL DISTRICT.

In regard to the above mentioned project, we would like to thank you for the opportunity given to our company to offer you our revised proposal for your approval.

Please findour attached revised drawings and costings for your information. In reference to the drawings, following is the break down of the building costs for your infonnation; ·

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CARE CENTRE
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K
425,000.00

525 .00 M2
K
1,312,500.00
EXECUTIVE HOUSES (12)
120.00M2
K
3,600,000.00

T be,n :for-e fae rotal ccs t of the buildings will be a bout .K3S 700,000.00.
Infrastructure Cost = 6% x Building Cost
= 6% X K38,700,000.00
= K.2,500,000 .00
Infrasrructure CosI inciudes allowance for the relocation of the existing sewerage ponds , new fencing, new water tank, drainage rectfication, electrical rec tfication, telephone rectfication and new roadworks.

Therefore the total infrastructure cost will be about K2,500,000.00
Total Construction Cost = Building Cost + fofrastrncture Cost
= K38,700,000.00 + K2,500,000.00
= K4 1 ,20 0,000.00
·Therefore the total construction cost wiH be about K.41 ,200,000.00

The professional fees are based upon the approved architerctural scale of fees structure which will be 15.0% of the total construction cost =15% x K41,200,000.00
= K6,200,000 .00
Tne breakdown of the professional fees will be as follows:
Architects = 7% x K41,200 ,000.00 = K3,000,000.00
Structural, Civil, Electrical, Mechanical Enn gineers,
Goe-tech, Surveyors, and Quantity Surveyors = 8% x K41 ,200,000.00 = K.3,200,000.00
Total professional fees wil1 be about K6,200,000.00

Following is the break down of claims to be made for payments after following stages are completed;

Schematic Stage = K 744,000.00 Design Development Stage = K 806,000.00 Contract Documentation Stage= K.2, 790 , 000.00 Contract Administration Stage= Kl,860,000.00
Totai Professional Fees = K6,200,000 .00
TOTAL PROJECT COST = Construction Cost + Professional Fees;
= K38,700 ,000.00 + K 6,200,000.00
= K44,900,000.00
THEREFORE THE TOTAL PROJECT COST \VI.L L BE ABOUT K44,900,000.00
(forty four million nine hundred thousand Kinn only).

The above fees covers full contract documentatjon and project admjnistration to completion. The above costs does not include VAT and statutory approval fees.
Please be advised that for our office to start documentation, we will require a COMMISSION LETTER or an ORDER from your office.

We hope that above information meets your requirements as we look forward for your approval to proceed with starting an interesting project in Papua New Gujnea.
For further information, please do not hesitate to contact the undersigned. Yours Faithfully,
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Managing Director

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SCHEDULE FOUR

LIST OF DOCUMENTS RECEIVED BY COMMITTEE.

1. LALOKI HOSPITAL SERVICE IMPROVEMENT PLAN 2008 - 2010

2. ORGANISATIONAL STRUCTURE AND MANPOWER

3. STATEMENT AND STATISTICS FOR LALOKI GENERAL HOSPITAL INCLUDING RESPONSIBILITIES AND FUNCTIONS

4. SUBMISSION – LALOKI PSYCHIATRIC HOSPITAL TO PUBLIC ACCOUNTS COMMITTEE 19 NOVEMBER 2010

5. AUDIT REPORTS ON LALOKI PSYCHIATRIC HOSPITAL.