



BOUGAINVILLE DEPARTMENT OF HEALTH

CORPORATE PLAN

2023 – 2027

Vision

To make Bougainville healthy and prosperous in which everyone can live healthy, happy, and productive lives both Now and for Future Generations.

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Acronyms

AIP	Annual Implementation Plan
ARoB	Autonomous Region of Bougainville
BISDP	Bougainville Integrated Sector Development Plan
CBO	Community Based Organisations
CHP	Community Health Post
DDA	District Development Authority
e-NHIS	Electronic National Health Information System
GoPNG	Government of Papua New Guinea
HIV & AIDS	Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome
ICT	Information Communication Technology
KPI	Key Performance Indicators
KRA	Key Result Areas
MAP	Management Action Plan
MTDP	Medium Term Development Plan
NCD	Non-Communicable Diseases
NDoH	National Department of Health
NGOs	Non-Government Organisation
NHIS	National Health Information System
NHP	National Health Plan
NTD	Neglected Tropical Diseases
PHA	Provincial Health Authority
PNG	Papua New Guinea
SDGs	Sustainable Development Goals
SPAR	Sector Performance Annual Review
STIs	Sexually Transmitted Diseases
SPAs	Strategic Priority Areas
Strategic Priority Areas	Strategic Priority Areas
TB	Tuberculosis
TB	Tuberculosis
VHA	Village Health Assistant
WASH	Water, Sanitation, Hygiene

Minister's Forward



I am pleased to present the Autonomous Bougainville Government (ABG) Department of Health Corporate Plan 2023- 2027.

The ABG is committed to ensure that investments in the health sector are aimed at improving quality health care and to achieve the health outcomes of ABGs medium and long-term plans: Bougainville Integrated Sector Development Plan (BISDP) 2023 – 2027 and Bougainville Long Term Vision 2052 (Vision 2052).

Bougainville is on the cusp of taking control of its own politics and governance as an independent nation and as the Minister responsible for Health, it is my desire that there is increased access to quality and affordable health services for the people of Bougainville.

This Corporate Plan has been developed to realign the Departments functions and activities to ABGs medium and long-term plans. The Department will use this plan as the basis for preparing their operational plans and activities to guide service delivery and other health developments in Bougainville. The Plan has a focus on measures to address key priorities that have a direct impact on health service delivery such as:

- Health Legislation
- Health Workforce
- Health Financing
- Health Infrastructure
- Health Information Systems
- Medical Supplies & Equipment

At the same time, we must continue to be vigilant in our efforts to control communicable diseases and be ready to respond to health security threats, whatever their nature and cause. We will also seek to maintain a clear focus on improving the performance of our hospitals and health centres as well as enhancing the efficiency of the administrative functions which underpin our front-line service delivery.

As we prepare for independence readiness, we will be faced with many complex health challenges and in view of these challenges, I expect the Department to leverage on the resources we have to lead the sector through innovative approaches supporting:

- Primary Health Care
- Specialised Health Care
- Health Infrastructure
- Training

Our community remains at the center of our daily focus. We will continue to pursue, coordinate.

and ensure more access to quality primary health services which are of acceptable standards for the people of Bougainville.

I now challenge you to use the resources you have available, over the next 5 years to improve the health and well-being of the women and children of Bougainville including our remote and rural communities. These are the people we are here to serve, and these are the people that need our help the most.

I look forward to the implementation of the Corporate Plan 2023 – 2027.

HON. DENNIS LOKONAI

Minister for Health

Secretary's Introduction



I am pleased to introduce the Departments Corporate plan 2023 – 2027. This Plan provides a guide in the implementation of our activities over the next five (5) years.

This Corporate Plan takes its cue from key ABG and GoPNG policy initiatives. These are initiatives that are broadly contained under the BISDP and the National Health Plan (NHP). It is the first corporate plan to implement ABGs medium and long-term plan.

The strategic priority areas of this Corporate Plan are primarily designed to improve the health and well-being for the people of Bougainville. The Department is committed to responding to all health needs of the population, based on evidence of health trends which has been instrumental in identifying the key priority areas. There is a greater emphasis on rebuilding public health infrastructure, reforming and strengthening a Bougainville health system including improving and strengthening our health programs and services to create a more robust and modernized health services that meets the needs of the people.

MR. CLEMENT TOTAVUN

Health Secretary

In developing this plan, close attention has been paid to key issues highlighted over the previous year's pertaining to the delivery of health services in Bougainville. It is anticipated that with a more focused approach especially at the operational level we will be able to make the much-anticipated positive progress.

'Health is Everyone's Business', and each sector in Bougainville has a role to play in influencing positive health outcomes. There is ongoing need to empower our people to take ownership of their health by making the right choices towards attaining a healthy and productive life. The Department is committed and dedicated towards working professionally and effectively within the given resources to deliver the best possible services in line with our core business of delivering quality promotive, preventative, public and curative health services Bougainville.

As part of independence readiness our focus is to develop and build capacity across the health sector to effectively deliver health services to our people. I am optimistic that through the implementation of this Plan, there will be positive transformation in the Department to take the lead to support and guide the health sector.

It is my objective through this Plan, to ensure the Department pursues effective partnerships with health service delivery agencies for better coordination of service delivery. The Department will continue to and aspire to deliver effective, equitable and quality health care services to the people of Bougainville to achieve ABGs medium and long-term health outcomes.

I encourage all our stakeholders and Staff to work together to implement this Corporate Plan 2023 - 2027.

Thank you and God bless Bougainville.

Part 1: Introduction

The Autonomous Bougainville Government (ABG) has recently commissioned its 30-year plan. This is Bougainville's first Long-Term Plan known as the Bougainville Vision 2052. The Bougainville Vision 2052 reflects the aspirations of the people of Bougainville to create a prosperous and strong nation following granting of independence by the Government of Papua New Guinea (GoPNG) before the year 2027. The Vision 2052 will be implemented through six 5-year Medium Term Development Plans (MTDPs). The Bougainville Integrated Sector Development Plan (BISDP) 2023-2027 is the first of the six MTDPs underpinned by the

Bougainville Vision 2052. The BISDP forms the basis on which sector alignment between GoPNG and ABG will be achieved.

Each of the six MTDPs has a specific milestone to be achieved that will guide and define the development of policy priorities, strategic objectives, activities, and budget. The key milestone for the BISDP (MTDP I) is 'Independence Readiness'. For the health sector there are several outputs and outcomes that needs to be achieved for this milestone.

MTDP I:	Bougainville Integrated Sector Development Plan (BISDP) 2023 - 2027
Key Milestone:	Independence Readiness
Sector:	Health
Main Outputs and Outcomes:	
<ul style="list-style-type: none"> - Review the legislation and plans for health for an independent Bougainville - 13 district hospitals, 3 referral hospitals and one specialist hospital to be built - All health facilities rehabilitated and equipped with proper communications systems and ambulance/transport. - Improve the health indicators in terms of: <ul style="list-style-type: none"> ▪ Average life span increased to 70 ▪ Increase in the percentage of children receiving vaccinations, (Base Line Data) ▪ Reduce the infant mortality rate to, (Base Line Data) ▪ Reduce the maternal mortality rate to, (Base Line Data) ▪ Reduce the malaria death rate to 40/1,000 	

The ABG Department of Health Corporate Plan 2023 – 2027 is framed around the BISDPs key objective for the health sector which is to 'improve accessibility and the quality of public health infrastructure and health care in Bougainville'. Public health infrastructure remains a critical area of need in terms of accessibility and reach to health facilities and basic health care. This also includes improvements to public health care and service delivery.



Part 2: Our Mandate and Role

The ABG Department of Health hereinafter refer to as the 'Department' is established under the Bougainville Public Services Management and Administration Act (2014) as the lead agency for the health sector in Bougainville.

The Department maintains its core responsibilities under the Bougainville Health Administration Act (2018). It is the key agency for the health sector in Bougainville and leads the implementation of ABG's health priorities. It is mandated to manage, coordinate, and provide:

- technical advice to the Health Minister and ABG.
- health promotion, preventative and curative health services.
- public health and community health services.
- clinical healthcare services in hospitals, health centers, community health posts and aid posts.
- develop policies, guidelines and plans concerning the development, resourcing, coordination, provision, and management of health services.
- establish, monitor, regulate and enforce the health service standards - clinical, infrastructure, workforce, medical supplies.
- monitor and regulate the health sectors performance.

The Department is headed by the Health Secretary and is under the Ministerial leadership of the ABG Minister for Health. The Department has two main Directorates – (i) Policy and Corporate Services and (ii) Public and Clinical Health Services. Each directorate is headed by a Deputy Secretary who reports to the Secretary. The Secretary, Deputy Secretary and the Senior Executive Management Team (SEMT) at the operational level are responsible for the day-to-day business operations of the department. The departments' functional structure can be found in the appendix.



The Secretary

The Health Secretary as the departmental head is appointed in accordance with the Bougainville Senior Appointments Committee Act 2011. The Secretary is the principal adviser to the Health Minister and administers and reports to ensure the efficient and effective performance in the delivery of health services in Bougainville. The Secretary has the powers delegated for the day-to-day administration of the personal management functions of the Department including the implementation of the annual health budget for the Department.

Policy and Corporate Services Directorate

The Directorate is responsible for effectively and efficiently managing corporate services in line with the revised standard policies, processes, procedures and practices and where required drives reviews and recommends changes and updates for improvement to the core functions of the Department. Furthermore, it responsible for and oversees policy and planning; finance; human resources; assets and infrastructure, health information systems including ICT, medical supplies and monitoring and evaluation.



Public and Clinical Health Services Directorate

The directorate consists of both the public health and clinical health services.

The public health services division oversees and ensures basic health (primary healthcare) services such as maternal child health immunization, disease control, malaria treatment/prevention, TB treatment, HIV/AIDS treatment/prevention, dental health, school health and health promotion program entailing the Healthy Island concept are provided at both the program and service level at all functioning health facilities in AROB.

The clinical health services division is responsible for the day-to-day medical services management of health services in AROB excluding services provided at Buka General Hospital. The division is required to manage and direct clinical services and provide leadership in clinical governance, professional affairs, continuous quality improvement and patient safety at all function health facilities from level 1 to level 4.

Our Valued Stakeholders

The health for the people of AROB is not the sole responsibility of the Department, it is a shared responsibility with many stakeholders and the following are major stakeholders which the Department has identified to work closely with in addressing the health needs of the people of Bougainville.

- ABG
- GoPNG
- National Department of Health
- ABG Health Minister
- Church Health Services
- Other ABG Departments, Authorities and Agencies
- District Development Authorities (DDAs)
- Development Partners
- Donor Agencies
- Private Health Care Providers

This Corporate Plan 2023-2027 will guide the Department to maximize partnership relations with the various stakeholders to seek collaboration and support to ensure effective implementation of its strategies.

Part 3: Our Vision, Mission, and Core Values

The mission and vision of the department have been established to drive the commitment of the management and staff in line with the departments core values:

Our Vision

To make Bougainville healthy and prosperous in which everyone can live healthy, happy, and productive lives both Now and for Future Generations.

Our Mission

To provide comprehensive people-centred health care services through the delivery of preventative, promotive and curative health services; and by empowering the people of Bougainville to take ownership of their health.

Core Values

Our values are our fundamental beliefs that identifies what we as a department stand for. The Departments core values are inspired by our vision and mission to prevent, promote, and deliver health services. We are individually and collectively committed to put these values into practice. In performing our day-to-day duties, we will be guided by these key values.



People centred – Health services that are focused on people, family, environment, and culture that are comprehensive, accessible, and community-based that meet health needs of people throughout their life course. We will commit to provide access to quality and affordable health care that is responsive to specific needs.

Health services will be people-centred, empowering individuals to take ownership for their own health and to become self-reliant. Health literacy will be promoted at every opportunity and for all ages. Decisions taken in the health sector will have a people-centred approach at their core

and will determine how proposals impact the health of the people.

Equity – Health services that are equitably distributed and reach all people regardless of their sex, age, political affiliation, religion, culture, gender, or ethnicity. Health is a basic human right that is fundamental to quality of life and a core commitment made in the Bougainville Constitution: “to govern through democracy, accountability, equality and social justice”. Every Bougainvillean have an equal right to basic quality health care. This means the health sector will

strive to address inequities of health outcomes and service provision.

Quality – Health services will meet standards and will have skilled professional staff, adequate medical supplies and equipment appropriate for the level of care provided. The health sector will strive for excellence, reflect on past performance, and apply the wisdom gained to continuously improve. We will commit to provide a balance intervention addressing primary, secondary and tertiary care of health care system. We will pursue high quality and safe health outcomes through research, science and technology that meets international standards.

Accountability – The health sector and service providers are accountable to both the Minister of

Health and the communities they serve. Staff shall demonstrate commitment to the highest ethical standards in all aspects of their work. There should be transparency in the use of funds and allocation of resources for health.

Teamwork – Within the health sector and between the health sector and other sectors, partnerships, networking, and teamwork will be promoted to achieve coordinated and cohesive delivery of services. Teamwork applies across different parts of the sector (community, primary, secondary, tertiary, public health) and across different health organizations (hospital, rural health, churches etc.). We will strive to work with all partners across all levels of the health system.



Part 4: Government Outlook and Planning Context

To achieve ABGs medium and long-term key health outcomes, the ABG Department of Health will be guided and/or driven by key ABG and GoPNG development plans for the health sector which are but not limited to:

ABG:

- Bougainville Vision 2050
- BISDP 2023 – 2027
- Bougainville Master Health Plan (MHP) 2012 - 2030

GoPNG:

- Medium Term Development Plan (MTDP) IV 2023 - 2027
- National Health Plan (NHP) 2021 – 2030
- National Health Service Standards (NHSS) 2021 - 2030

These key plans will provide the overall direction for the Department over the next 5 to 10 years. The cascading logic planning framework below demonstrates the Corporate Plans alignment to both the ABG and GoPNG key development plans.



The Corporate Plan will outline the key strategies and performance indicators of the Department to guide and monitor progress toward achievement of the key health sector plan objectives. The strategies are intended to be inclusive of all the Department's areas of work, including public health, clinical services and administration and finance, with highlighted emphasis areas to help prioritize the Departments efforts and interventions each year. Indicators will be reviewed to take stock of progress and guide improvement.

The Corporate Plan will be specifically built on ABGs health sector priorities and key health outcomes outlined in the BISDP and Vision 2052. Furthermore, the plan will also be guided by GoPNG MTDP IV 2023-2027 including the NHP KRAs. to guide the Department throughout the life of this Corporate Plan.

The Bougainville Integrated Sector Development Plan (BISDP) 2023-2027

To achieve BISDPs key health objective, several health sector objectives, strategies, and key result areas (KRAs) have been identified to guide the Department to develop its plans, strategies, and activities to deliver on the health sectors main outputs and outcomes as specified in ABGs medium and long-term plans.

Reference	Health Sector Objectives & Strategies	Key Result Areas
HE2	H&E Strategic Objective 2 - Improving accessibility and the quality of Public Health Infrastructure and Health Care	
HE2.1	To ensure that the health system has relevant policies and a quality framework fit for purpose	Standardisation of health system, with any revised policies and quality framework
HE2.2	To ensure that there is an improvement in accessibility to public health care services and key health statistics.	Improvement in healthcare worker to patient ratio and key health statistics.
HE2.3	To ensure that there is an improvement in healthcare worker quality and health infrastructure.	Improved training, healthy working conditions, medical supply, and overall infrastructure.
HE2.4	Ensure that public health institutions in Bougainville continue to be safe, vibrant and inclusive spaces for all	Ensure that health facilities and institutions are safe and inclusive spaces for all.
HE 2.5	Preventative and improved health knowledge and practices at the community level, led by good community led governance	Improved level of health practices and health aware population in Bougainville embracing a strong preventative culture to reduction of diseases and illnesses at source.

The National Health Plan (NHP) 2021-2030

To deliver on ABGs medium and long-term health outputs and outcomes the Corporate Plan will also be guided by the GoPNG health sector plans and standards most notably the National Health Plan (NHP) 2021 – 2030 and the National Health Services Standards (NHSS) 2021 – 2030. The NHP 2021 – 2030 emphasis on five (5) KRAs that are accompanied by their detailed objectives and strategies. The five (5) KRAs are:

- **KRA 1** Healthier communities through effective engagement
- **KRA 2** Working together in partnership.
- **KRA 3** Increase access to quality and affordable health services
- **KRA 4** Address disease burdens and targeted health priorities
- **KRA 5** Strengthen health systems.

GoPNG Medium Term Development Plan IV (MTDP IV) 2023 – 2027

The MTDP IV is the fourth and final MTDP envisaged to be aligned to the PNG Development Strategic Plan (DSP) 2010-2030. There are 12 Strategic Priority Areas (SPAs) of MTDP IV with SPA 3 having a specific focus on the health sector.

There are 5 Deliberate Intervention Programs (DIPs) which is assigned to the health sector (SPA 3) to deliver over the MTDP IV period which are:

- **DIP 3.1** Primary Health Care
- **DIP 3.2** Specialized Health Care
- **DIP 3.3** Health Infrastructure
- **DIP 3.4** Specialized Training and Accreditation
- **DIP 3.5** HIV & AIDS

Part 5: Strategic Priority Areas (SPAs)

Bougainville has made some considerable health gains over the past decade. However, progress in a few key health indicators according has worsened or slowed during the COVID-19 pandemic years according to recent SPAR reports. The deterioration of health services has complex causes and challenges which are discussed further in Part 8.

Therefore, to address these challenges and to align to both the ABG and GoPNG key health sector plans, several key strategic priority areas (SPAs) have been identified which will guide implementation of the Corporate Plan. These SPAs will be the focus for all health agencies in Bougainville and provides the basis for the Departments medium and short-term planning.

NO.	STRATEGIC PRIORITY AREAS (SPAs)	CORPORATE OBJECTIVE	KEY HEALTH OUTCOMES
1	Health Legislation	To facilitate the draw down of health functions and powers from GoPNG.	Key Outcome 1: Improved health systems, governance, and administration
2	Health Workforce	To ensure adequate workforce is available by cadre to provide quality health care services to meet present and future health workforce requirements in Bougainville.	
3	Health Financing	To improve coordination and management of financial resources for health service delivery.	
4	M&E & Health Information Systems	To improve performance management, monitoring, and reporting processes to ABG and GoPNG.	
		To improve ICT infrastructure and capacity for efficiency in information for decision making.	
5	Health Infrastructure	To improve primary health care infrastructure (Level 1 - Level 4) and equipment according to NHSS.	
		To upgrade and rehabilitate the Provincial and Specialist Hospital (Level 5) – Buka & Arawa.	
6	Medical Supplies	To improve and strengthen the current medical supplies procurement and distribution system.	
7	Disease Control	To reduce the burden of Communicable Diseases and end the epidemics of NTDs	Key Outcome 2: Improved prevention, control and management of communicable and NTDs
		To reduce non-communicable diseases (NCDs) and their risk factors and minimize NCD preventable deaths.	Key Outcome 3: Improved prevention, control and management of NCDs

8	Family Health	To promote and increase access to reproductive health related services	Key Outcome 4: Improved Sexual and Reproductive Health
		To reduce maternal and perinatal mortality and reduce child morbidity and mortality.	Key Outcome 5: Improved Maternal and Child Health
9	Environmental Health and Health Promotion	To improve and strengthen people-centred and community-based health promotion and prevention	Key Outcome 6: Improved Healthy Living through Health Promotion and Prevention
		To improve and strengthen the preparedness of the Bougainville health sector to respond to disease outbreaks, pandemics, disasters & climate change	Key Outcome 7: Improved preparedness, management and response to disease outbreaks, pandemics, disasters, and climate change.
10	Clinical and Hospital Management Services	To ensure quality clinical health care services is provided at all levels of care according to the NHSS.	Key outcome 8: Improved and effective clinical health care services.

Linking the Corporate Plan Strategic Priority Areas (SPAs) to the MTDP IV, BISDP and NHP

Corporate Plan SPAs	KEY RESULT AREAS (KRAs)		
	MTDP IV 2023 - 2027	BISDP 2023 - 2027	NHP 2021 - 2030
Health Legislation	DIP3.1	HE2.1	KRA 5
Health Workforce	DIP3.1 & DIP 3.4	HE2.2	KRA 5
Health Financing	DIP3.1	HE2.1	KRA 5
M&E & Health Information Systems	DIP3.1	HE2.2 & HE2.3	KRA 5
Health Infrastructure	DIP3.3	HE2.3 & HE2.4	KRA 3 & KRA 5
Medical Supplies	DIP3.1	HE2.3	KRA 5
Disease Control	DIP3.1	HE2.2	KRA 4
Family Health	DIP3.1	HE2.2	KRA 4
Environmental Health and Health Promotion	DIP3.1	HE2.2 & HE2.3	KRA 1 & 2
Clinical and Hospital Management Services	DIP3.2	HE2.2, HE2.3 & HE2.4	KRA 3 & KRA 5

Gender Equality, Disability and Social Inclusion (GEDSI)

The role of women, as both the main users of health services and providers of care within families, is recognized and valued. The plan puts women at the centre of health development. Empowering women in leadership roles and improving health literacy among women will enable them to care for both themselves and others and will lead to better health for all: men, women, and children.

Our commitment in putting women at the centre of health development, is consistent with broader development objectives of ABG, GoPNG including the Sustainable Development Goals (SDGs). Despite the focus on women the plan is developed to ensure GEDSI priorities are mainstreamed into the implementation of Departments activities to enable a strong environment for inclusiveness.

With a committed effort from the sector, the Department will work in partnership with women's groups, disabled persons organisations including community groups to build the momentum to drive GEDSI initiatives to help improve health service delivery so that we can tackle other goals in this plan.



Part 6: Logframe Narrative

Health is a key priority sector for the government. Achieving the health targets set by ABG and GoPNG will require a complete transformation of the health system in Bougainville. Effective management of the health system is vital if resources are going to be used well. It is therefore important to strengthen the capacity of management at all levels of health care. The department recognizes the need to draw down health powers and functions which are retained nationally as part of this transformation. This will require legislative changes and reform to Bougainville's health system.

The quality of health service delivery, including accurate diagnosis and treatment, is highly dependent on the skills of its health workers. It is always a priority for the department to increase both the number and quality of its health workers through better training and recruitment. Modernizing our health infrastructure through the introduction of modern technologies and ICT systems will also improve the quality of health service delivery. Improving and upgrading our health facility infrastructure according to the required standards is also critical. Annex 2 details the Departments health facility infrastructure development plan. Efficient procurement, storage and distribution of basic drugs and medical equipment is also essential.

There is poor access to health services in the rural areas of Bougainville. Improving access is critical for achieving gains in health outcomes. Extending transport, electricity, and utility services into rural areas is fundamental however these are services that sit outside the department's jurisdiction thus the need for a whole of government approach. Strong partnerships with development partners, churches, and other non-government organizations (NGO) health service providers are also very vital.

Preventing illness through the provision of clean water and sanitation is vital for reducing the spread of diseases. Immunization is a key strategy in preventing disease. Our current rate of immunization is low and if raised significantly, will help control the spread of diseases. Support, resource and strengthening our health programs to contain communicable diseases. Lifestyle is critical for good health. Educating the population and encouraging people to maintain a healthy lifestyle through health promotion initiatives is important to avoid the high cost of treating NCDs later on.

Tables 1 to 4 below shows the details of investment, strategies, KRAs and the development indicators which aligns the Corporate Plan SPAs to the BISDP KRAs, MTDP IV DIPs and NHP KRAs.

Table 1: Strategies

No	Implementation Strategies	Sector Policy/Plan Reference
DIP 3.1 Primary Health Care		
1	Improve governance and leadership to ensure effective service delivery	National Health Plan 2021 - 2030
2	Improve coordination and management of financial resources including review current financing arrangements and identify innovative financing strategies.	National Health Plan 2021 - 2030
3	Address critical shortage of workforce. Ensure adequate workforce is available to provide quality healthcare services that meet the needs of the population	National Health Plan 2021 - 2030
4	Strengthen current medical supplies procurement and distribution system	National Health Plan 2021 - 2030
5	Improve performance management and monitoring processes	National Health Plan 2021 - 2030
6	Establish a full functioning integrated monitoring, evaluation, and reporting system for ABG Department of Health incorporating curative and preventative health data systems	National Health Plan 2021 - 2030
7	Improve ICT infrastructure and capacity for efficiency in information flow for decision making	National Health Plan 2021 - 2030
8	Ensure quality healthcare services is provided at all levels of care according to NHSS	National Health Plan 2021 - 2030

9	Strengthen capacity to effectively deliver immunization programs and increase coverage by 80%	National Health Plan 2021 - 2030
10	Strengthen and improve coordination of communicable and non-communicable disease (NCD) programs	National Health Plan 2021 - 2030
11	Increase health promotion and prevention interventions by expanding community participation through public health	National Health Plan 2021 - 2030
DIP 3.2 Specialised Health Care		
12	Strengthen and improve preventative and clinical services for communicable and non-communicable diseases (NCDs)	National Health Plan 2021 - 2030
13	Improve coordination of oral health, mental health and trauma disciplines	National Health Plan 2021 - 2030
DIP 3.3 Health Infrastructure		
14	Improve and rehabilitate aid posts, community health posts and health centres (Level 1-3) infrastructure and equipment according to NHSS	National Health Plan 2021 - 2030
15	Improve and rehabilitate Buka and Buin District Hospital (Level 4) infrastructure and equipment according to NHSS	National Health Plan 2021 - 2030
16	Redevelop and upgrade Arawa District Hospital infrastructure and equipment to perform Level 5 functions as the provincial specialist referral hospital	National Health Plan 2021 - 2030
DIP 3.4 Specialised Training and Accreditation		
17	Training and development	National Health Plan 2021 - 2030
18	Build and strengthen the capacity of Arawa School of Nursing and Tanamalo CHW Training centre training to provide appropriate cadres of workers for the health workforce of the future to reduce attrition rates	National Health Plan 2021 - 2030

Table 2: Deliverables

DIP No	Key Deliverables	Annual Deliverables					Responsible Division
		2023	2024	2025	2026	2027	
DIP 3.1	Number of health facilities with established ICT Infrastructures	0	0	3	3	3	Health information
	Number of Reproductive Maternal Newborn Child Health (RMNCH) programs carried out (Treatment & Prevention)	500	500	500	500	500	Family Health Services
	Number of WASH programs carried out	500	500	500	500	500	Environmental Health
	No of NCDs programs carried out (Treatment & Prevention)	500	500	500	500	500	NCD
	Number of health facilities with access to essential medical supplies & equipment	43	43	43	43	43	Health Service Standards
	No of TB/ Leprosy /HIV/STI programs carried out (Treatment & Prevention)	1000	1000	1000	1000	1000	TB/HIV/Leprosy
DIP 3.2	ABG health expenditure as a proportion (%) of estimated minimum health expenditure required for financing a provincial hospital	10%	20%	30%	60%	100%	Clinical & Hospital Management Services
	Number of specialized services provided at district hospital and provincial hospital	2	2	5	10	14	Clinical & Hospital Management Services
	Number of medical outreach clinic conducted	2	2	2	2	2	Clinical & Hospital Management Services
DIP 3.3	Number of Staff housing renovated and constructed	5	5	5	5	5	Infrastructure
	Number of Aidpost opened	10	10	10	10	10	Infrastructure
	Number of CHP renovated and built	2	2	2	2	2	Infrastructure
	Number of Health Centres rehabilitated & built	10	10	10	10	10	Infrastructure
	Number of district hospital upgraded		1		1		Infrastructure
	Arawa Specialised Hospital constructed	1	1	1	1	1	Health Infrastructure
DIP 3.4	Number of the Inservice training conducted	10	10	10	10	10	Health workforce & Finance
	Number of Graduates from the health training institutions per cadre.	60	60	60	60	60	Health workforce & Finance

Table 3: Investment

MTDP IV DIPs	BISDP REF	ABG Programs Projects	Corporate Plan SPAs	Region/District	Annual Allocation (K'mil)					Total est. cost (K'mil)	Funding Source(s)	
					2023	2024	2025	2026	2027			
DIP 3.1 Primary Health Care	HE2.1	1	BDOH Health System Developments	Legislation, Workforce, Financing, M&E & HIS	North, Central & South	0	8	8	8	8	32	DP/ABG/DSIP/PSIP
	HE.2.2	2	Enhancing Maternal Health	Family Health	All regions	0	2	2	2	2	8	PSIP/DSIP/ABG
	HE2.2	3	Wash	Health Promotion & Prevention	All Regions	0	2	2	2	2	8	DP/ABG/DSIP/PSIP
	HE2.2	4	10,000 toes	Disease Control (NCDs)	North, Central & South	0	5	5	5	5	20	DP/ABG/DSIP/PSIP
	HE.2.3	5	Medical Supplies & Equipment	Medical Supplies	North, Central & South	0	5	5	5	5	20	DP/DSIP/PSIP
	HE2.2	6	TB/HIV & Leprosy control program	Disease Control (Communicable Diseases + NTDs)	All Regions	0	2	2	2	2	8	DP/DSIP/PSIP
DIP 3.2 Specialised Health Care	HE2.2	7	Buka District Hospital Support Program	Clinical & Hospital Management Services	North	0	2	2	2	2	8	DP/ABG/DSIP/PSIP
	HE2.2	8	Doctors Incentives	Clinical & Hospital Management Services	All Regions	0	1.5	1.5	1.5	1.5	6	DP/DSIP/PSIP
	HE2.2	9	Specialised Health Care Services	Clinical & Hospital Management Services	All Regions	0	2	2	2	2	8	DP/DSIP/PSIP
DIP 3.3 Health Infrastructure	HE2.3 & HE2.4	10	BDOH HQ & Staff Housing project	Health Infrastructure	HQ	0	2	2	2	2	8	DP/ABG/DSIP/PSIP
	HE2.3 & HE2.4	11	Aid Post (AP) Rehabilitation program - Level 1	Health Infrastructure	All regions	0	5	5	5	5	20	DP/ABG/DSIP/PSIP
	HE2.3 & HE2.4	12	Community Health Posts (CHPs) rollout program - Level 2	Health Infrastructure	All regions	0	5	5	5	5	20	DP/ABG/DSIP/PSIP
	HE2.3 & HE2.4	13	Health Centre Rehabilitation program - Level 3	Health Infrastructure	All Regions	0	5	5	5	5	20	DP/ABG/DSIP/PSIP
	HE2.3 & HE2.4	14	District Hospital Rehabilitation program - Level 4	Health Infrastructure	North	0	10	10	10	10	40	DP/DSIP
	HE2.3 & HE2.4	14	District Hospital Rehabilitation program - Level 4	Health Infrastructure	South	0	10	10	10	10	40	DP/DSIP/CI
HE2.3 & HE2.4	15	New Health Facility Construction program	Health Infrastructure	All regions	0	6	6	6	6	24	DP/ABG/DSIP/PSIP	
HE2.3 & HE2.4	16	Arawa Specialist Referral Hospital project - Level 5	Health Infrastructure	Central	0	10	10	10	10	50	DP/ABG/DSIP/PSIP	
DIP 3.4 Specialised Training & Accreditation	HE2.3	17	BDOH Capacity Building Program	Health Workforce	All Regions	0	5	5	5	5	20	DP/ABG/DSIP/PSIP
	HE3.2	18	Health Training Institutions Program	Health Workforce	All Regions	0	5	5	5	5	20	DP/ABG/DSIP/PSIP

Table 4: Indicators

Project Link	Provincial Indicators	Source (s)	Baseline (2022)	Annual Targets				
				2023	2024	2025	2026	2027
DIPs 3.1 Primary Health Care, DIP 3.2 Specialised Health Care, DIP 3.3 Health Infrastructure, DIP 3.4 Specialised Training and Accreditation								
1	% Measles Vaccine Coverage for Children < 1	NHIS, SPAR	63	80	80	80	80	80
2	% 3rd Dose Pentavalent Coverage for Children < 1	NHIS, SPAR	77	80	80	80	80	80
3	Antenatal Coverage	NHIS, SPAR	70	75	80	85	90	100
4	Proportion (%) of Supervised births at Health Facilities	NHIS, SPAR	56	65	68	71	74	80
5	Incidence of tuberculosis (TB)	NHIS, SPAR	147	145	140	135	130	125
6	Incidence of malaria per 1,000 population	NHIS, SPAR	9	5	4	3	2	1
7	Number of lifestyle and coronary disease cases	NHIS, SPAR	338	300	300	300	300	300
9	% Children under five years who are moderately or severely underweight	NHIS, SPAR	7	10	10	10	10	10
10	Ratio of outreach clinics held to 1,000 population < 5 years	NHIS, SPAR	54	50	50	50	50	50
11	Outpatients visit per person per year	NHIS, SPAR	0.5	1	1	1.5	1.5	2
12	Proportion (%) of months facilities have adequate and available medical supplies	NHIS, SPAR	27	37	47	57	67	77
13	Proportion (%) of Aid Posts open	NHIS, SPAR	44	45	46	47	48	49
14	% of facilities receiving at least one visit from headquarters a year	NHIS, SPAR	75	80	80	80	80	80
15	Number of health workers per 10,000 population (stratified by cadre)	NHIS, SPAR	3	8	13	18	23	28
16	Number of hospitals (District/Provincial) in full operation	NHIS, SPAR	3	3	3	3	3	3

Part 7: Monitoring, Evaluation and Reporting

Measuring Performance Indicators is very crucial to monitoring of the implementation of plans. Performance information enables tracking of implementation of strategies outlined in the plans and guarantees accountability.

Performance information also needs to be available to managers at each stage of planning, and reporting cycles so that they can adopt a result-based approach to managing health service delivery. This approach emphasizes planning and managing with a focus on desired results and managing inputs and activities to achieve these results.

The below framework identifies each of the processes involved in the management and implementation of the Departments health sector plans.



Guided by the BISDP and the NHP, the Department will develop Management Action Plans (MAP) and Annual Implementation Plan (AIP) to develop appropriate activities for each of the strategic priorities earmarked for the year. These activities will be developed to guide in the implementation of the plan. The AIP is the primary operational framework guiding the work of the Departments directorates, including programs, divisions, sections/units. The MAP delineates specific tasks and responsibilities for each staff member for the year, based on a combination of the expectations outlined in their job description as well as their assigned role(s) for implementing their sections and divisional plans. Each staff Annual Performance Appraisals are based on their adherence to and in the achievement of the expectations outlined in their MAP. Estimated budget figures will be made for each of the activities which will then be assigned to individual officers to manage in implementation and reporting.

The Department as an organization has a corporate responsibility to insist on its divisions and sections to have monthly management meetings, quarterly and annual reviews to provide report on each of the activities and help progress implementation. Implementation issues identified during the reviews can and should be addressed as we move forward with implementation.

Performance Monitoring

Performance monitoring of the Department will occur in several different ways and at differing levels. This includes but not limited to:

- Annual Reporting to ABG Parliament
- ABG Planning & MERL Reporting Framework
- GoPNG Health Sector Performance Annual Reviews (SPAR)
- Satisfaction surveys and consultations with communities and health sector partners
- Reviews with Development Partners through health programs and projects.

There are different levels of monitoring and evaluating performance in any setting. Monitoring occurs at all levels. There is performance monitoring at individual level and divisional levels through staff performance appraisals, section work plans, so as divisional level. These performance monitoring gets fed into the Departments overall organizational performance monitoring and reporting, and ultimately gets fed into and influences the overall monitoring of the health sector and health system performance of Bougainville which is coordinated and facilitated by the Department as the lead health agency in Bougainville.

Part 8: Risk Management

Bougainville has made some considerable health gains over the past decade. However, progress in a number of key health indicators has worsened or slowed during the COVID-19 pandemic years. The deterioration of health services has complex causes. These include:

- poor access to quality health services and facilities such as specialist hospitals, aidposts, health centres and equipment – a situation made worse in the context of rapid population growth including the pandemic.
- the inadequate state of transport infrastructure and other utilities, denying many people adequate access to health services.
- law and order issues, for example, health facilities have been burnt down or health workers have been attacked, resulting in the closure of service centres.
- closure or limited operation of facilities due to shortage of staff (doctors, nurses and community health workers), insufficient medicines, malfunctioning equipment and
- poor maintenance of buildings. Approximately 50 per cent of rural health facilities are not functional.
- lack of emphasis on primary and preventative health practices, healthy lifestyles, and dietary practices; and
- poor management of the highly decentralised and fragmented National Health System, including failure by the government to adequately resource health services through their annual budgets.



Our Challenges

Critical to our success is our ability to respond to the challenges and changes occurring in the internal and external environment. The environment we operate in has a significant impact on the way we conduct health business and the cost of meeting our statutory responsibilities.

Major challenges include:

- The complexity of public sector service delivery channels and levels, including the whole of government approach.
- The parallel and or dual health system in Bougainville at the service delivery level.
- The need to work on effective processes, systems and sound management and practices which meet our business needs.
- The need to improve mind-set in attitudes and behaviour towards organizational change and culture.

- Shortage of health workers difficulties with retention and recruitment.
- The increased focus on the social determinants of health, where root causes of health problems are outside of the health sector's responsibilities or domain.
- The ever-increasing reliance on and complexity of information technology system.
- Increased focus on audit and legislative compliance including attention to sound corporate governance.

In order that we have a good sense of our operational environment and the direction, we are taking as the lead agency of the health sector, we will continuously review and improve processes, support our structures and procedures to deliver optimum performance.

Risks

The corporate plan identifies the risks inherent in health development and the mitigating factors.

Risks	Mitigation
Financial resources for health well below predictions.	Seek agreement on financial envelope from ABG, GoPNG, donors prior to committing to plan.
Financial resources for health well below that required to sustain health services.	Reduce scope of plan to fit available resources.
Continued instability, restricting access to parts of Bougainville - staff insecurity.	Support implement and decentralize (DHFF) to support local level activity even when access is difficult.
Instability in government and interruption of resource flows.	Work with donors to achieve uninterrupted funding flows. Ensure neutrality of facilities and personnel.
Change in donor policies reducing donor support.	Increase rate of ABG financial self-reliance.
Trained health workers seeking better career prospects and opportunities	Introduce package of measure to make it attractive for health workers.
Implementation failure of major priorities.	Establishing a project management function to drive priorities.

Communication Plan

To effectively engaged our stakeholders and general public it is important that we ensure clarity, consistency, and communication of the plan to ensure it is inclusive for all. This plan outlines a multifaced approach aimed at fostering understanding, support and active participation in achieving our health objectives.

The communication plan will ensure increased awareness and understanding of the plan's goals, priorities and benefits. Foster collaboration and engagement among stakeholders and commitment to plan implementation. It will also empower communities to active role in promoting health and wellbeing. Furthermore, provide regular updates and opportunities for feedback to ensure transparency and accountability.

Messages will be tailored to resonate with health professional, policy makers, community leaders, patients and public at large as each group have distinct needs, concern and level of understanding regarding health initiatives.

The stakeholders include ABG Members of House of Representative, National Members of Parliament, Non-Government Organization (NGOs), health workers, and the public.

COMMUNICATION PLAN OUTLINE				
No	Activities	Responsibility	Target Audience	Objective
1	Conduct political advocacy meeting for ABG Ministers & MHOR	Health Minister & Health Secretary	ABG Ministers	To solicit high level political support for the implementation of BDoH Strategic and Corporate Plan 2023-2027
2	Conduct Advocacy meeting with NDOH	Health Minister & Health Secretary	NDOH Staffs	To solicit high level political and administrative support for the implementation of BDoH Strategic and Corporate Plan 2023-2027
3	Provincial advocacy & sensitization meeting	Planning Team	NGOs, Private, Public Stakeholders	To strengthen Coordinate / collaborate with NGOs, Private & Public Stakeholders in implementing the plan
4	Conduct regional advocacy and sensitization	Planning Team	Regional Teams, DDAs, NGOS, Private & Public Stakeholders	To gather community leaders and groups and begin activating their networks to help raise awareness in their communities
5	Conduct Planning workshop of all health facility OICs	Planning & Regional Health Teams	Health Workers	Frontliner health workers having guide in implementing their programs.
6	General Public	Regional & Health Facility Teams	General Communities	Communities are informed and mobilized to support implementation of the plans

The Department will be working closely with the ABG Media and Communications team to support the roll out of these various communication and engagement activities.

Swot Analysis

In order to assess our performance as a Department, a SWOT analysis was undertaken in each of the SPAs of the plan which are also aligned to the key results areas in the BISDP and NHP. The results of the SWOT analysis are expressed in Annex 1.



Annex 1: SWOT Analysis

NO.	SPAs	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS	INTERVENTIONS
1	Health Legislation	<ul style="list-style-type: none"> MoU on draw down of powers and functions (SHARP Agreement) Political will 	<ul style="list-style-type: none"> Limited legal support 	<ul style="list-style-type: none"> Donor support Political Support 	<ul style="list-style-type: none"> Delays from GoPNG - political interference/manipulation 	<ul style="list-style-type: none"> Strengthen relations / ways of working and communication between ABG legal and NDoH
2	Health Workforce	<ul style="list-style-type: none"> Improved Management Capacity In-service Training Opportunities have helped to maintain clinical skills 	<ul style="list-style-type: none"> Inadequate numbers of qualified staff Ageing workforce Performance Management 	<ul style="list-style-type: none"> Restructure and Recruitment 	<ul style="list-style-type: none"> Staff leave due to ageing workforce and alternative work opportunities 	<ul style="list-style-type: none"> HR (Training) Plan Implement New Structure Upskill managers on dealing with workplace issues.
3	Health Financing	<ul style="list-style-type: none"> Increased funding through Health Function Grants and other sources. 	<ul style="list-style-type: none"> Weak financial management capacity & acquittal processes Unexpended Funds not rolled over. 	<ul style="list-style-type: none"> DSIP / PIP Donors District Treasury Roll Out 	<ul style="list-style-type: none"> Delays in accessing funds 	<ul style="list-style-type: none"> Training in financial management Reform of District Budgets Functioning District Management Teams
4	M&E & Health Information Systems	<ul style="list-style-type: none"> All districts and church health services have basic IT equipment. NHIS is well supported in ARoB. MERL Improvement Plan 	<ul style="list-style-type: none"> Computer skills are generally low. Limited IT Support. IT Equipment has a short lifespan. Poor access to networks or email services. 	<ul style="list-style-type: none"> New portable technologies are increasingly affordable. Possible alignment of BHCP monitoring platform and NHIS to strengthen data quality and reporting capability 	<ul style="list-style-type: none"> Lack of backup Equipment becomes 'personalised'. Poor environment for computing services. (Reliable power, air conditioned, dust free) 	<ul style="list-style-type: none"> IT Training Dedicated IT Support Establishment of M&E Committee at provincial and district Level.
5	Health Infrastructure	<ul style="list-style-type: none"> Most Church Health Facilities are functional and well-maintained 	<ul style="list-style-type: none"> Generally, infrastructure is run down – many facilities are in a poor state of repair. There is a failure to properly manage projects 	<ul style="list-style-type: none"> DSIP PIP Donors 	<ul style="list-style-type: none"> Landowner Issues Law and order issues (Vandalism / theft) No Preventive Maintenance Program Political Interference / Manipulation 	<ul style="list-style-type: none"> Ensure adequate funding for maintenance program in annual budget. Strengthen community relations Pursue the establishment of a Provincial Hospital.
6	Medical Supplies	<ul style="list-style-type: none"> Skill Knowledge Improved Funding 	<ul style="list-style-type: none"> Delay in release of funds No vehicles to transport 	<ul style="list-style-type: none"> Political Support 	<ul style="list-style-type: none"> Natural Disaster Landing Ports Closed (Remote Air Strips) Social Issues 	<ul style="list-style-type: none"> Medical Supplies will be distributed promptly if there is transport available and funding for fuel etc.
7	Disease Control	<ul style="list-style-type: none"> Laboratory DOTS and TB drugs, ART Drugs, LLIN, AL Treatment and RDT Kits Trained Manpower Logistics support Treatment facilities Annual Funding Transport Accredited VCCT sites 	<ul style="list-style-type: none"> Inadequate lab consumable and equipment's Irregular FDC Delayed quarterly reports Lack of trained manpower Funding delay Closed down health facilities 	<ul style="list-style-type: none"> Improvement in infrastructure Improvement in road infrastructure and bridges Funding support from District, LLGs and Political supports Partners and donor support Easy excess to communication 	<ul style="list-style-type: none"> Poor infrastructure Poor road network partners and donors support Poor communication Natural disasters Outbreaks Emergence of Multi drug resistant TB resistants, TB and HIV co-infection, malarial drug resistance 	<ul style="list-style-type: none"> Strengthen political commitment for TB and Leprosy control. Ensure a sufficient number of quality-assured laboratories are established and functioning efficiently with the help of CPHL. Implement a quality and supervised Tuberculosis Directly Observed Treatment, Short- course (TB DOTS) program across the Region.

NO.	SPAs	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS	INTERVENTIONS
			<ul style="list-style-type: none"> Delay in establishment of VCCT sites 			<ul style="list-style-type: none"> Ensure every person who is HIV positive has access to TB DOTS. Introduce an integrated surveillance and monitoring. Strategy for communicable diseases. Increase access to quality HIV counselling & testing services. Increase access to quality (ARV) treatment for adults and children. Ensure male and female condoms are available throughout ARoB. Increase access of the general population to (PEP) services. Ensure every facility is able to provide PPTCT services. Strengthen political commitment. Improve vector control measures, with a priority of all households having access to (LLIN), and a reintroduction of residual spraying where appropriate. Maximize access to prompt quality diagnosis and appropriate treatment. Strengthen epidemic surveillance and response capacity for communicable diseases with a potential for outbreaks.
8	Family Health	<ul style="list-style-type: none"> Availability of transport Program planning capacity Availability of funding Regular program reviews Operational vaccine fridges Availability of human resource Operational health facilities 	<ul style="list-style-type: none"> Irregular outreach patrols No targets set Delay in funding Lack of skill officers Lack of transport utilization Lack of timely reporting Lack of coordination Inadequate vaccine supplies Lack of supervision Non-operational vaccine fridges 	<ul style="list-style-type: none"> NGO partnership 	<ul style="list-style-type: none"> Bad weather Disease outbreaks Natural disasters Deviation of fund Delay of funds Geographical situation 	<ul style="list-style-type: none"> Allocation of transport to programs Develop yearly targets of core indicators EPI logistic training for health workers Conduct regular program review meetings Strengthen NHIS reporting at the peripheral facilities.
9	Environmental Health and Health Promotion	<ul style="list-style-type: none"> Skills and knowledge Financial Support Manpower Food and Sanitation Act 1991 	<ul style="list-style-type: none"> Lack of skilled manpower Lack of tools and equipment Delay in releasing funds Transportation 	<ul style="list-style-type: none"> Training Political Support Donor funding Increase resourcing to roll HI and CAP concept to districts 	<ul style="list-style-type: none"> Social problems like law & order Natural Disaster Local beliefs, customs & taboos Political interference. Possible lack of support from administration and communities 	<ul style="list-style-type: none"> Integration of BHCP's Preventative Health Model with DoH structure Awareness on safe water supply. Establishment of WASH Committee at provincial and district Level.

NO. SPAs	STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS	INTERVENTIONS
10 Clinical and Hospital Management Services	<ul style="list-style-type: none"> ▪ health promotion officers are trained in HI & CAP concept ▪ Growing network of partners involved in health promotion ▪ The health promotion officers have some experience in the usage of multimedia for awareness 	<ul style="list-style-type: none"> ▪ health promotion officers not familiar with CAP concept. ▪ Limited dialogue between partners ▪ Usage of modern multimedia equipment is minimal. ▪ Unavailability of basic multimedia equipment 	<ul style="list-style-type: none"> ▪ Advocate for increased dialogue and coordination with partners ▪ Train health promotion officers in communication skills. ▪ Acquire multimedia equipment. ▪ Expand the current relationship with the media 	<ul style="list-style-type: none"> ▪ Duplication of activities and programs ▪ General lack of support from district and provincial administrations ▪ Minimal funding available 	<ul style="list-style-type: none"> ▪ Community awareness on proper excreta disposal systems at the village level. ▪ Community awareness and Food Handlers training. ▪ Food inspection and enforcement of Food Sanitation Acts 1991 ▪ Organise for training on Occupational Health and Safety. ▪ Support District Staffs through supervisory visits ▪ Train key personnel, advocate and work with partners. ▪ Networking with partners ▪ Training of health officers in communications studies ▪ Improve current networking with media organizations

North Bougainville Region		
No.	Health Facility	District
1	Nissan HC	Nissan
2	Carterets SC	Atolls
3	Kuraio SC	Kunua
4	Tearouki HC	Tinputz
5	Sipai SC	Kunua
6	Skotolan SC	Buka
7	Buka UC	Buka
8	Kekesu SC	Tinputz
9	Lemanmanu SC	Buka
10	Kunua HC	Kunua
11	Selau (Hantoa) SC	Selau/Suir
12	Hanahan SC	Buka
13	Gagan SC	Buka

Central Bougainville Region		
No.	Health Facility	District
1	Kodora CHP	Kieta
2	Arawa DH	Kieta
3	Wakunai HC	Wakunai
4	Paruparu SC	Panguna
5	Kakusida CHP	Kieta
6	Koromira HC	Kieta
7	Manetai HC	Panguna
8	Panguna HC	Panguna
9	Orami CHP	Panguna
10	Ruruvu SC	Wakunai

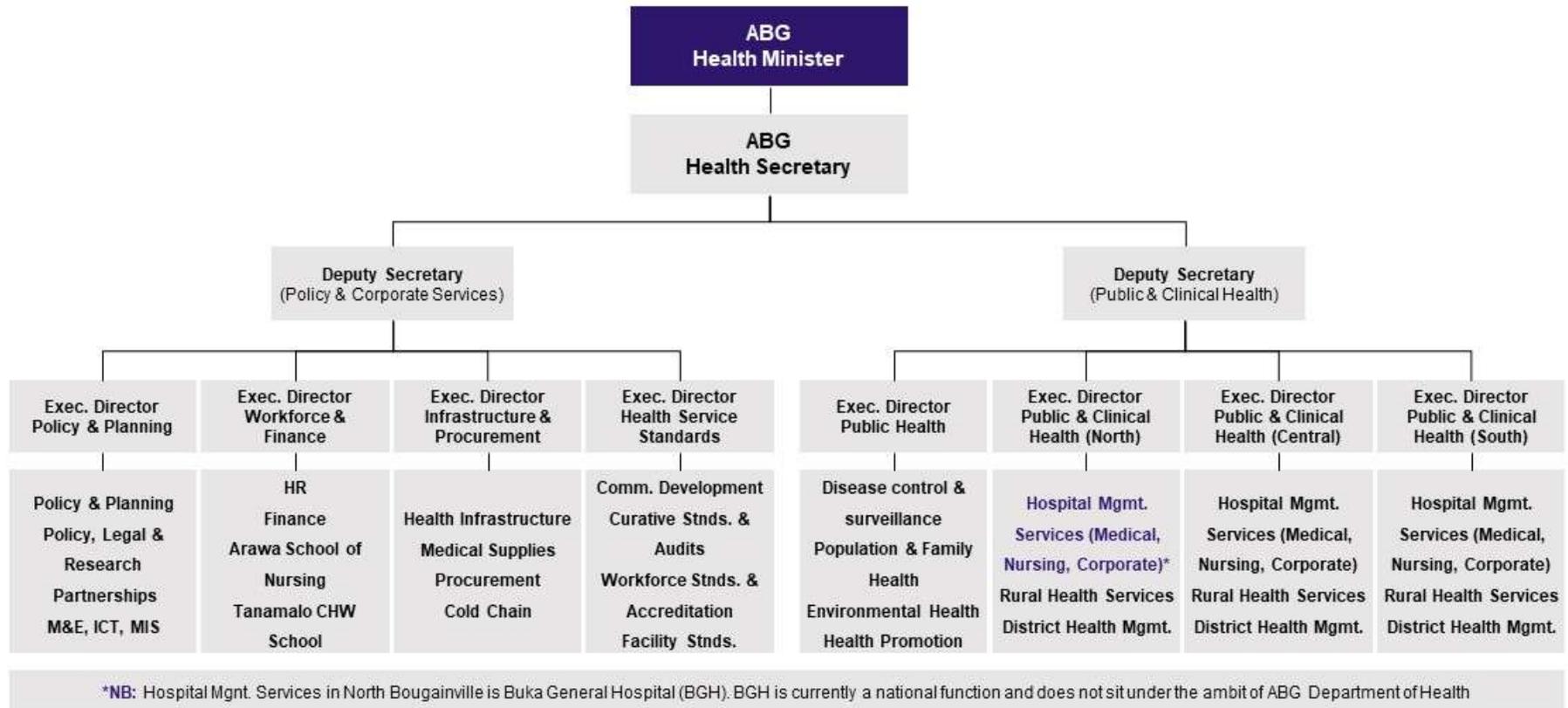
Annex 2: Health Infrastructure Development Plan Level 2 – Level 5

NORTH BOUGAINVILLE REGION							
No.	District	Health Facility	Agency	Facility Level	Status	Building Condition	Plan
1	Buka	Buka Hospital	Govt	L5/6	Open	Fair	Buka Hospital will be redeveloped as the Level 4/5 District Hospital for North Bougainville once Arawa Specialist Hospital is developed.
2	Buka	Buka Urban Clinic	Govt	L3	Open	Poor	Upgraded and reorganised with appropriate staffing to serve as Level 3 health centre.
3	Buka	Lemanmanu	Govt	L3	Close	Fair	Relocate the service to Tanamalo. Tanamalo should be developed as a fully functional Level 3 Health Centre.
4	Buka	Hanahan	Govt	L2	Open	Fair	Revitalised to operate as a Level 2 Community Health Post.
5	Buka	Gagan	Catholic	L2	Open	Fair	Installed running water to delivery room and procure sterilizer / Upgrade to L3
6	Buka	Skotolan	UC	L2	Open	Fair	Redeveloped as a Level 2 Community Health Post
7	Buka	Hantoa	Govt	L3	Open	Fair	Upgraded and reorganised with appropriate staffing to serve as Level 2/3 Health Centre
8	Tinputz	Tearuki	Catholic	L3	Open	Poor	Upgrade Tearouki HC to function properly as a Level 3
9	Tinputz	Kekesu	UC	L2	Open	Fair	Close HF and relocate to laun to serve as L3 facility
10	Kunnua	Rukusia	Govt	L1	Open	Poor	Upgrade to Level 2_CHP. New construction of HF & 3 Staff houses
11	Kunnua	Kunnua	Govt	L3	Open	Fair	Maintain at Level 3
12	Kunnua	Sipai	Catholic	L2	Open	Fair	Maintain operate as a Level 2 Community Health Post.
13	Kunnua	Kuraio	Catholic	L2	Open	Poor	Upgrade the Kuraio HSC and support it to function effectively as a Level 2 Community Health Post
14	Attolls	Nissan	Govt	L3	Open	Under Renovation	Upgraded and reorganised with appropriate staffing to serve as Level 2/3 Health Centre

15	Atolls	Caterets	Govt	L2	Open	Poor	Upgrade to operate as Level 2 Community Health Post
CENTRAL BOUGAINVILLE REGION							
No.	District	Health Facility	Agency	Facility Level	Status	Building Condition	Plan
1	Wakunai	Ruruvu	UC	L2	Open	Fair	Upgraded and reorganised to operate as a Level 2 Community Health Post
2	Wakunai	Wakunai	Govt	L3	Open	Poor	Upgraded and reorganised to operate as a Level 3 Health Centre
3	Panguna	Manetai	Catholic	L2	Open	Fair	Upgraded and reorganised to operate as Level 2 Community Health Posts
4	Panguna	Orami	Govt	L2	Open	New	Maintain and operate as Level 2 Community Health Post
5	Panguna	Paruparu	Govt	L2	Open	Poor	Upgraded and reorganised to operate as a Level 3 Health Centre
6	Panguna	Panguna	Govt	L2	Open	Good	Relocated in consultation with Panguna District Administration and other key stakeholders
7	Kieta	Arawa	Govt	L3	Open	Good	Upgraded and reorganised to operate Level 5 Specialist Hospital.
8	Kieta	Koromira	Catholic	L2	Open	Fair	Maintain and operate as Level 2 Community Health Post
9	Kieta	Kodora	Govt	L2	Open	New	Maintain and operate as Level 2 Community Health Post. Need minor maintenance
10	Kieta	Kakusida	Govt	L2	Open	New	Maintain and operate as Level 2 Community Health Post. Need minor maintenance
11	Panguna	Orami	Govt	L2	Open	New	Maintain and operate as Level 2 Community Health Post. Need minor maintenance
SOUTH BOUGAINVILLE REGION							
No.	District	Health Facility	Agency	Facility Level	Status	Building Condition	Plan
1	Bana	Morantona	Catholic	L3	Open	Good	Upgrade to Level 4- District Hospital
2	Bana	Sovele	Catholic	L2	Open	Poor	Upgraded, staffed and organised to function as a Level 3 Health Centre.

3	Bana	Singkodo	Govt	L2	Open	Poor	Upgraded, and reorganised to operate as Level 2
4	Bana	Boku	Govt	L3	Open	Good	Upgraded, and reorganised to operate as Level 2
5	Bana	Siandaru	UC	L1	Open	Poor	Upgraded and register to operate as Level 2 Community Health Post
6	Siwai	Haisi	Catholic	L1	Open	Good	Upgraded and register to operate as Level 2 Community Health Post
7	Siwai	Tonu	UC	L2	Open	Fair	Upgraded and reorganised to operate as a Level 2/3 Health Centre
8	Siwai	Monoitu	Catholic	L2	Open	Poor	Upgraded and reorganised with appropriate additional staffing to operate as a Level 2/3 Health Centre for Siwai District
9	Siwai	Konga	Govt	L2	Open	Fair	Upgraded and reorganised to operate as Level 2 Community Health Post
10	Siwai	Katukuh	Govt	L3	Open	Poor	Upgraded and reorganised to operate as Level 2 Community Health Post
11	Buin	Piano	Catholic	L2	Open	Poor	Upgraded and reorganised with appropriate staffing to serve as Level 2/3 Health Centres
12	Buin	Lenoke	Govt	L2	Open	Poor	Maintain as Level 2 Community Health Posts
13	Buin	Buin	Govt	L3	Open	Poor	Upgrade Buin District Hospital with appropriate additional staffing to operate as Level 4.
14	Buin	Turiboiru	Catholic	L2	Open	Poor	Maintain as Level 2 Community Health Posts/ Turiboiru should be reviewed and may be reduced to that of a day clinic or MCH service after redevelopment of BDH
15	Buin	Muguai	Govt	L1	Open	Fair	Upgrade and register as Level 2 Community Health Post
16	Buin	Tabago	Catholic	L2	Open	Fair	Upgraded and reorganised with appropriate staffing to serve as Level 2/3 Health Centres
17	Buin	Oria	Govt	L2	Open	Fair	Maintain as Level 2 Community Health Posts
18	Buin	Lehu	UC	L1	Open	Fair	Upgrade and register as Level 2 Community Health Post
19	Torokina	Piva	Govt	L3	Open	Fair	Upgraded and reorganised with appropriate staffing to serve as Level 3 Health Centres
20	Torokina	Karato	Govt	L2	Open	New	Maintain as Level 2 Community Health Posts. Need minor maintenance

Annex 3a: Management & Functional Structure – ABG Department of Health



Annex 3b: Management & Functional Structure – Buka General Hospital



the first two, the first is a *de novo* mutation and the second is a mutation that occurred in the germline of the mother.

For the third, the mutation occurred in the germline of the father, and for the fourth, the mutation occurred in the germline of the mother.

For the fifth, the mutation occurred in the germline of the father, and for the sixth, the mutation occurred in the germline of the mother.

For the seventh, the mutation occurred in the germline of the father, and for the eighth, the mutation occurred in the germline of the mother.

For the ninth, the mutation occurred in the germline of the father, and for the tenth, the mutation occurred in the germline of the mother.

For the eleventh, the mutation occurred in the germline of the father, and for the twelfth, the mutation occurred in the germline of the mother.

For the thirteenth, the mutation occurred in the germline of the father, and for the fourteenth, the mutation occurred in the germline of the mother.

For the fifteenth, the mutation occurred in the germline of the father, and for the sixteenth, the mutation occurred in the germline of the mother.

For the seventeenth, the mutation occurred in the germline of the father, and for the eighteenth, the mutation occurred in the germline of the mother.

For the nineteenth, the mutation occurred in the germline of the father, and for the twentieth, the mutation occurred in the germline of the mother.

For the twenty-first, the mutation occurred in the germline of the father, and for the twenty-second, the mutation occurred in the germline of the mother.

For the twenty-third, the mutation occurred in the germline of the father, and for the twenty-fourth, the mutation occurred in the germline of the mother.

For the twenty-fifth, the mutation occurred in the germline of the father, and for the twenty-sixth, the mutation occurred in the germline of the mother.

For the twenty-seventh, the mutation occurred in the germline of the father, and for the twenty-eighth, the mutation occurred in the germline of the mother.

For the twenty-ninth, the mutation occurred in the germline of the father, and for the thirtieth, the mutation occurred in the germline of the mother.

For the thirty-first, the mutation occurred in the germline of the father, and for the thirty-second, the mutation occurred in the germline of the mother.

For the thirty-third, the mutation occurred in the germline of the father, and for the thirty-fourth, the mutation occurred in the germline of the mother.

For the thirty-fifth, the mutation occurred in the germline of the father, and for the thirty-sixth, the mutation occurred in the germline of the mother.

For the thirty-seventh, the mutation occurred in the germline of the father, and for the thirty-eighth, the mutation occurred in the germline of the mother.

For the thirty-ninth, the mutation occurred in the germline of the father, and for the fortieth, the mutation occurred in the germline of the mother.

For the forty-first, the mutation occurred in the germline of the father, and for the forty-second, the mutation occurred in the germline of the mother.

For the forty-third, the mutation occurred in the germline of the father, and for the forty-fourth, the mutation occurred in the germline of the mother.

For the forty-fifth, the mutation occurred in the germline of the father, and for the forty-sixth, the mutation occurred in the germline of the mother.

For the forty-seventh, the mutation occurred in the germline of the father, and for the forty-eighth, the mutation occurred in the germline of the mother.

For the forty-ninth, the mutation occurred in the germline of the father, and for the fiftieth, the mutation occurred in the germline of the mother.