

(in Millions of Kina)

PIP No.	Project Title	5 Year Total	2011	2012	2013	2014	2015
3145	HAP	17.5	4.5	4.0	4.0	3.0	2.0
3146	HAT	25.3	7.3	6.0	5.0	4.0	3.0
3147	RHAHP	24.3	6.3	6.0	5.0	4.0	3.0
3148	HSPO	6.7	1.6	1.4	1.3	1.2	1.2
3149	MARH	8.0	2.0	1.8	1.6	1.4	1.2
3150	SMOC	8.0	2.0	1.8	1.6	1.4	1.2
3217	Multiple Initiatives	82.0	29.0	20.0	15.0	10.0	8.0
3229	BHR	21.0	10.0	4.0	3.0	2.0	2.0
3230	AMHR	30.0	10.0	8.0	6.0	4.0	2.0
3231	UWKHOT	5.0	1.0	1.0	1.0	1.0	1.0
3232	URMHFF	8.0	2.0	2.0	2.0	1.0	1.0
3233	CSHAOB	2.5	2.5				
3234	SPERP	25.0	7.0	6.0	5.0	4.0	3.0
3236	UWCPHLLPMGH	8.3	2.3	2.0	2.0	1.0	1.0
3237	DIINW	3.2	.9	.8	.6	.5	.4
3239	DECHP	40.0	13.0	11.0	8.0	5.0	3.0
3242	UTHCRH	11.0	5.0	2.0	2.0	1.0	1.0
3254	KEREMA HOSP REDEV	15.0	5.0	4.0	3.0	2.0	1.0
3282	PRI.MED.EQUIP.REPLAC	50.0	10.0	10.0	10.0	10.0	10.0
3283	PROV.TRANS.MED.STORE	50.4	14.4	12.0	10.0	8.0	6.0
3428	Cuban Docs (MDG 4&5)	25.0	25.0				
TOTAL CAPACITY BUILDING PROJECTS		466.2	160.8	103.8	86.1	64.5	51.0
2460	CBSCP	42.9	14.9	10.0	8.0	6.0	4.0
2480	RWSSP	70.7	18.7	16.0	14.0	12.0	10.0
2486	HSIP	39.0	11.0	10.0	8.0	6.0	4.0
2499	HSRF	150.3	50.3	40.0	30.0	20.0	10.0
2757	HPRHS	15.7	5.7	4.0	3.0	2.0	1.0
2762	LMHC	5.2	1.2	1.0	1.0	1.0	1.0
2901	SMESP	1.8	.4	.4	.4	.4	.3
2912	CMT	4.7	1.0	1.0	1.0	.9	.8
2914	HAM	6.5	1.5	1.4	1.3	1.2	1.1
2918	NZHAI	8.1	2.0	1.8	1.6	1.4	1.3
3227	NNH	24.0	10.0	5.0	4.0	3.0	2.0
3228	PHR	50.0	10.0	10.0	10.0	10.0	10.0
3344	MT HGN HOS REHAB	37.0	10.0	9.0	8.0	6.0	4.0
3346	POM GEN HOS REHAB	10.0	5.0	5.0			
3427	PMC	19.0	5.0	5.0	4.0	3.0	2.0
TOTAL CAPITAL PROJECTS		484.9	146.7	119.6	94.3	72.9	51.5
3144	UN ASSISTANCE TO HEA	31.6	8.6	8.0	6.0	5.0	4.0
		31.6	8.6	8.0	6.0	5.0	4.0
TOTAL		982.7	316.1	231.4	186.4	142.4	106.5

240 Department of Health

AGENCY SUMMARY OF ALL PROJECTS

EXPENDITURE PROJECTIONS AND FINANCING REQUIREMENTS (K Millions)

PROJECT COST		2009 Actual	2010	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments				22.0	22.0				
Current Transfers				8.0	2.0	2.0	2.0	1.0	1.0
Goods and Other Services			203.5	587.3	180.7	143.4	114.4	86.4	62.5
Sub-Total			203.5	617.3	204.7	145.4	116.4	87.4	63.5
Capital Expenditure									
Capital Transfers									
Acquisition of Existing Assets									
Capital Formation			3.4	365.1	111.1	86.0	70.0	55.0	43.0
Sub-Total			3.4	365.1	111.1	86.0	70.0	55.0	43.0
A	TOT DIRECT PROJECT COST		206.9	982.4	315.8	231.4	186.4	142.4	106.5
Technical Assistance									
Project Preparation									
Equipment									
Advisory									
Training									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			206.9	982.4	315.8	231.4	186.4	142.4	106.5
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
Loan									
Grant				548.0	167.7	134.6	107.8	80.9	57.1
b) Self Generating Revenue									
a) Government Input				439.4	153.1	96.8	78.6	61.5	49.4
C	TOTAL DIRECT FINANCING			987.4	320.8	231.4	186.4	142.4	106.5
Technical Assistance									
D	TOTAL FINANCING (C+D)			987.4	320.8	231.4	186.4	142.4	106.5
FINANCING SOUGHT									
Direct Project Cost (A-C)			206.9	-5.0	-5.0				
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			206.9	-5.0	-5.0				

PIP NUMBER: 2460

PROJECT NAME: CAPACITY BUILDING SERVICE CENTRE PROJECT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The purpose of this initiative is to develop competencies and capabilities at the individual, organisational and system levels in PNG Health Sector. Its goal is to support the Health Sector in PNG in order to improve the delivery of Health Services through provision of a pool of personnel/consultants.

PROJECT STATUS:

The program was review by an independent team in 2009 and the program was extended for another 18 months. It will continue to provide Technical Assistant to the health sector and building capacity of the health personel in the health sectors in the country.

PROJECT COMPONENTS:

The Capacity Building Service Center(CBSC) is restricted to providing "capacity building support to the health sector, which includes the l large provision of TA and facilitation of broad list of non - TA arrangement to strenghen the health system.

PROJECT LOCATION:

This project is based in Port Moresby at the National Department of Health (NDOH).

PROJECT JUSTIFICATION:

As all AusAID projects wind down to fully participate in the HSIP to implement Sector wide Approach, there will be a need for continuous provision of TAs to the Health Sector to assist in the implementation of the SWAP. Therefore, AusAID needs fully qualified Advisors to continue assisting NDOH to implement projects through HSIP.

PROJECT CAPACITY:

AusAID has the capacity to implement the project with the support from Department of Health to manage Health Sector Improvement Program (HSIP) and CBSC.

PROJECT BENEFICIARIES:

The National Department of Health will benefit very much from this CBSC where our National Consultants should be able to gain valuable experience and training through full participation in the CBSC.

PROJECT SUSTAINABILITY

AusAID will continue to sustain and ensure smooth progress of the CBSC to achieve better outcomes and results.

2460 CAPACITY BUILDING SERVICE CENTRE PROJECT

ESTIMATED TOTAL PROJECT COST 31,607.6 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			34,011.0	42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
Current Transfers									
Sub-Total			34,011.0	42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST		34,011.0	42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			34,011.0	42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
C	TOTAL DIRECT FINANCING			42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			42,875.0	14,875.0	10,000.0	8,000.0	6,000.0	4,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			34,011.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			34,011.0						

CURRENT DONOR INVOLVEMENT

AusAID is fully funding the project.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022011205 CAPACITY BUILDING SERVICE CENTRE PROJECT

PIP NUMBER: 2480

PROJECT NAME: RURAL WATER SUPPLY & SANITATION PROGRAMME

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The objectives of the programme include: (1) To provide safe water supply & sanitation in rural enclaves (2) To assist village community in promotion of the environment health and (3) To monitor the physical, social, and mental well being of the people in communities and to promote and encourage the maintenance of curative and preventive medical and related health services.

PROJECT STATUS:

The 2010 appropriation is K30million as a grant funding from European Union. The activities conducted includes; 1. Signing of 7 contracts in February 2010 2. Call for proposals made during the 1st quater 2010 and 3. Training conducted for all NSAs.

PROJECT COMPONENTS:

There are five components in the programme: (1) Rural Water Supply & Sanitation Schemes at community level; (2) Rural education & Training through the HRD Programme; (3) Programme Management Unit; (4) Setting up of Programme managed through PMU; and (5) Establishing of networks with implementing agencies.

PROJECT LOCATION:

This project will be implemented in areas where LLG services are inadequate , as well as to promote training of individuals and village level workers in water management, system operations and maintenance.

PROJECT CAPACITY:

The National Department of Health as the executing agency has the capacity to implement and coordinate the programme in collaboration with relevant stakeholders, NGOs, CBOs, with the support from other donor partners.

PROJECT BENEFICIARIES:

The main beneficiaries of the project will be the rural population, in particular the LLGS, villages and communities.

PROJECT SUSTAINABILITY

The Department of Health will continue to implement the water supply scheme after the end of the project with the support from other stakeholders, NGOs and other donor partners.

2480 RURAL WATER SUPPLY & SANITATION PROGRAMME

ESTIMATED TOTAL PROJECT COST 14,500.0 ESTIMATED DURATION OF THE PROJECT 6.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			30,000.0	70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
Current Transfers									
Sub-Total			30,000.0	70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A TOT DIRECT PROJECT COST			30,000.0	70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			30,000.0	70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
C TOTAL DIRECT FINANCING				70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
D Technical Assistance									
TOTAL FINANCING (C+D)				70,736.0	18,736.0	16,000.0	14,000.0	12,000.0	10,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			30,000.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			30,000.0						

CURRENT DONOR INVOLVEMENT

This program is funded by European Union.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022016203 WATER SUPPLY & SANITATION PROGRAMME

PIP NUMBER: 2486

PROJECT NAME: HEALTH SECTOR IMPROVEMENT PROGRAMME

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The program sets in place a Sector-wide Approach (SWAp) framework to handle resources from development partners and the government so that Government is allowed to allocate resources to priority areas in health.

PROJECT STATUS:

The appropriation for 2010 is K7million as counterpart funding from GOPNG and grant funding of K8,926.0 from NZAID to assist in implementing the health activities in the provinces which includes; Procurement and supply of essential medical drugs to most of the rural health facilities; and Provision of funds to Provincial Health Offices for outreach visits to rural health centers. Warrants issued to date is K5.6million, however, no expenditure report has been received to date.

PROJECT COMPONENTS:

The main program components are; 1) Review of the organisational structures of all delivery systems procurement of essential drugs; 2) Capacity building to ensure effective delivery of health services; 3) The partnership policy with the private sector NGOs, or external sources; 4) Develop a Health Promotion Policy for the development of research-based and cost effective information dissemination and health promotion; and (6). Conduct audits on provinces that do not have their books in order.

PROJECT LOCATION:

The Health Services Improvement Programme is executed by the Dept. of Health Management by its Health Services Project Management Unit. The program has been implemented throughout the country.

PROJECT JUSTIFICATION:

The HSIP is a new approach in the health sector. All the individual development projects are winding down paving way for the new SWAP, where HSIP will eventually see the main mode of project delivery. It will source and mobilise resources and fund priority activities.

PROJECT CAPACITY:

The National Department of Health has the capacity to effectively oversee implementation of the programme with the assistance from the the Capacity Building Service Centre Project which will continue to provide technical assistance to the sector.

PROJECT BENEFICIARIES:

The major beneficiaries include NDOH and the Provinces as well as the general population of PNG.

2486 HEALTH SECTOR IMPROVEMENT PROGRAMME

ESTIMATED TOTAL PROJECT COST 101,360.0 ESTIMATED DURATION OF THE PROJECT 6.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			15,926.0	38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
Current Transfers									
Sub-Total			15,926.0	38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST		15,926.0	38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			15,926.0	38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
C	TOTAL DIRECT FINANCING			38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			38,951.0	10,951.0	10,000.0	8,000.0	6,000.0	4,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			15,926.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			15,926.0						

CURRENT DONOR INVOLVEMENT

NZAID is fully funding this programme.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022011206 HEALTH SERVICES IMPROVEMENT PROGRAMME (HS)

PIP NUMBER: 2499

PROJECT NAME: HEALTH SECTOR RESOURCING FRAMEWORK

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To improve delivery of health services, particularly to the rural people. This is the rationale for AusAID's support to the sector, the guide to its engagement on policy and resource allocation issues and the key long term performance measure for the success of its support to the sector.

PROJECT STATUS:

There are effective health systems and processes and improved management capacity in place and the whole community in the rural areas are benefiting. In its operational status to date, support through funding the HSIP activities, co-funded the 2006 Demographic Health Survey, procurement of kits and supplying medical supplies to Health Centres which commenced in 2007. Supported the construction of 38 STI clinics, tendered and constructed through NDOH systems.

PROJECT COMPONENTS:

The project components include: 1) Support to the Government of Papua New Guinea to implement its National Health Plan and (2) Provide funds to enable GoPNG implement improvements to the Health Sector. 3) Funding to the HSIP Trust Account to provide goods and services under the National and Provincial Annual Activity Plans (not covered under the Recurrent budget; (4) Funding towards the construction of STI clinics; (5) Funding towards the conduct of the Demographic & Health Survey; (6) Immunisation Activities for measles and procurement of medical supplies.

PROJECT LOCATION:

The project will be implemented in all centers in Papua New Guinea through National Department of Health.

PROJECT JUSTIFICATION:

This project is important in that it will support the Government of Papua New Guinea to implement its National Health Plan and to provide funds to enable GoPNG implement improvements to the Health Sector.

PROJECT CAPACITY:

The Department of Health has the capacity to effectively implement the program. The program is also supporting the CBSC activities and this is where capacity has expended.

PROJECT BENEFICIARIES:

The whole community in the rural areas will benefit from this project through effective health systems and processes.

PROJECT SUSTAINABILITY

The National Department of Health has both the capacity and technical expertise to effectively sustain and continue the program to effect provision of quality service for its people.

2499 HEALTH SECTOR RESOURCING FRAMEWORK

ESTIMATED TOTAL PROJECT COST 36,310.8 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			53,975.0	150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
Current Transfers									
Sub-Total			53,975.0	150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
TOT DIRECT PROJECT COST			53,975.0	150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			53,975.0	150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
TOTAL DIRECT FINANCING				150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
Technical Assistance									
TOTAL FINANCING (C+D)				150,327.0	50,327.0	40,000.0	30,000.0	20,000.0	10,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			53,975.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			53,975.0						

CURRENT DONOR INVOLVEMENT

AusAID is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022011208 HEALTH SECTOR RESOURCE FRAMEWORK

PIP NUMBER: 2757

PROJECT NAME: HEALTH PROGRAM RESPONSE TO HIV SECTOR

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To support PNG Health Sector's response to the HIV/AIDS epidemic through improving the capacity of primary health services to prevent and manage sexually transmitted infections as well as improving access to HIV/AIDS treatment.

PROJECT STATUS:

The HIV/AIDS epidemic is increasing in PNG and such initiative is addressing the spread of HIV/AIDS through increasing accessibility of STI prevention, care and treatment services to vulnerable groups in PNG.

PROJECT COMPONENTS:

1. The PNG Australia Sexual Health Improvement Program(PASHIP). This program is addressing the spread of HIV through increased accessibility of STI prevention, care and treatment services to valnerable groups in PNG. 2. The Clinton Foundations initiatives- AusAID provides core funding to the Clinton Foundation to assist the Health Sector scale up treatment for HIV/AIDS. 3. Flexibile funding to support the NDOH response to HIV/AIDS, including activities transferred from NACS,such as VCT, condom procurement, antiviral treatment, infection control and education prog

PROJECT LOCATION:

The project will be located at the National Department of Health.

PROJECT JUSTIFICATION:

The HIV/AIDS epidemic is increasing in PNG therefore, such initiative will address the spread of HIV through increasing accessibility of STI prevention, care and treatment services to vulnerable groups in PNG.

PROJECT CAPACITY:

The National Department of Health has the cpacity to execute the project with assistance from theAustralian NGOs to implement the project.

PROJECT BENEFICIARIES:

The people of Papua New Guinea will benefit from the project.

PROJECT SUSTAINABILITY

A component of this project focus's on capacity biulding through transfer of skills, hence the improved manpower capacity will ensure t the project is well managed and sustained in the future by the relevant agency.

2757 HEALTH PROGRAM RESPONSE TO HIV SECTOR

ESTIMATED TOTAL PROJECT COST 20,433.3 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			10,216.0	15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
Current Transfers									
Sub-Total			10,216.0	15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST		10,216.0	15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			10,216.0	15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
C	TOTAL DIRECT FINANCING			15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			15,702.0	5,702.0	4,000.0	3,000.0	2,000.0	1,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			10,216.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			10,216.0						

CURRENT DONOR INVOLVEMENT

The program is fully funded by AusAID.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022015217 HEALTH PROGRAM RESPONSE TO HIV SECTOR

PIP NUMBER: 2762

PROJECT NAME: LEPROSY MISSION HEALTHY COMMUNITIES

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The main objectives of this project is to: 1). To treat and control Leprosy; (2). To enhance TB and Malaria control through improved community health in Bougainville; (3). To carry out immunization activities and antenatal clinic; (4). To carry out awareness on the importance of Safe Motherhood and carrying out activities including; family planning, antenatal care and supervise deliveries.

PROJECT STATUS:

The funds are used to implement the health activities in the Autonomous Region of Bougainville. Leprosy and TB are a concern in Bougainville and it is under control as this project has been addressing these health issues in the Province.

PROJECT COMPONENTS:

The components include; 1) Equipment 2) Staff cost- BHCP staff 3) Administration cost 4) Training materials 5) Transport travel local 6) BHCP staff training/technical support 7) Facilitator training 8) DoH staff training 9) Community training 10) Awareness training 11) Supervision by facilitators 12) Monitoring & Evaluation

PROJECT LOCATION:

The project is located in Buka, North Solomons Province. The intense focus on community mobilisation for health development will be directed towards six (6) districts in the centre and south of Bougainville, namely Kieta, Wakunai, Bana, Siwai, Buin and Torokina. Three (3) were targeted in the first two years, and the remaining districts in the coming years.

PROJECT JUSTIFICATION:

Leprosy and TB are a concern in Bougainville after years of lack of health services and this project aims to address this concern. The project addresses the need to improve healthy communities in Bougainville by controlling leprosy and enhancing TB and malaria control.

PROJECT CAPACITY:

The Autonomous Bougainville Government and the Department of Health have the manpower capacity and technical expertise to implement the and manage the project.

PROJECT BENEFICIARIES:

The people throughout Bougainville will be the beneficiaries including people who live in remote or isolated areas of the province will gain access to services previously unavailable or inaccessible. The intense focus on community mobilisation for health development will be directed towards six districts in the centre and south of Bougainville, namely Kieta, Wakunai, Bana, Siwai, Buin and Torokina districts. Three have been targeted in the first two years, and the remaining districts in the ensuing years.

PROJECT SUSTAINABILITY

The project will be sustained through its recurrent budget from the National Department of Health and Autonomous Bougainville Government with assistance from other Development Partners. There is ownership and very strong partnership among the major stakeholders in Bougainville to ensure sustainability.

2762 LEPROSY MISSION HEALTHY COMMUNITIES

ESTIMATED TOTAL PROJECT COST 435.6 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			1,221.0	5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
Current Transfers									
Sub-Total			1,221.0	5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST		1,221.0	5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			1,221.0	5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
C	TOTAL DIRECT FINANCING			5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			5,173.0	1,173.0	1,000.0	1,000.0	1,000.0	1,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			1,221.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			1,221.0						

CURRENT DONOR INVOLVEMENT

This project is fully funded by the New Zealand Government (NZAID).

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022015222 LEPROSY MISSION HEALTHY COMMUNITIES

PIP NUMBER: 2901

PROJECT NAME: SPECIAL MEDICAL EQUIPMENT SUPPLY PROGRAM (PACELF) SMESP

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The objective is basically to focus on the control and elimination of lymphatic filariasis, a disease commonly caused by Malaria and endemic in many parties of Papua New Guinea.

PROJECT STATUS:

The program commenced in 2007 and is focusing on the decline in number of elephantiasis in all region, fewer admissions and deaths as well as increased productivity and livelihood for all Papua New Guineans.

PROJECT COMPONENTS:

The components of the program include; (1). overseeing the implementation and coordination of the program (2). reporting and reviewing the number of elephantiasis cases in the regions or areas; and (3) research studies conducted The project involves a comprehensive set of strategies, including blood survey for monitoring antigen test (ICT) and Mass Drug Administration (MDA) with new combination drug regiment of Albendazole and Diethylcarbamazine citrate (DEC) vector control, morbidity control and awareness.

PROJECT LOCATION:

This project is implemented in 3 provinces namely Milne Bay, New Ireland and Western Province.

PROJECT JUSTIFICATION:

The project involves a comprehensive set of strategies including; blood survey for monitoring antigen test (ICT) and Mas Drug Administration (MDA) with new combination drug regiment of Albendazole and Diethylcarbamazine citrate (DEC) vector control, morbidity control and awareness.

PROJECT CAPACITY:

The Department of Health as the executing agency has the capacity to implement and coordinate the program with the support from the provincial and district health workers.

PROJECT BENEFICIARIES:

The general population in Milne Bay, New Ireland and WESTERN Provinces will be the main beneficiary as the project is implemented in in these provinces.

PROJECT SUSTAINABILITY

The National Department of Health through its recurrent budget and technical expertise from GoPNG and partners will effectively oversee implementation of the program and ensure sustainability is effected through continuous funding and support to the program. The provision of ensuring capacity building will be part of the program to maintain sustainability once project life ends.

2901 SPECIAL MEDICAL EQUIPMENT SUPPLY PROGRAM (PACELF) SMESP

ESTIMATED TOTAL PROJECT COST 0.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services		1.0	1,756.0	376.0	370.0	360.0	350.0	300.0
	Current Transfers								
	Sub-Total		1.0	1,756.0	376.0	370.0	360.0	350.0	300.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST			1.0	1,756.0	376.0	370.0	360.0	350.0	300.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			1.0	1,756.0	376.0	370.0	360.0	350.0	300.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input								
	b) Self Generating Revenue								
D	Loan								
	Grant			1,756.0	376.0	370.0	360.0	350.0	300.0
TOTAL DIRECT FINANCING				1,756.0	376.0	370.0	360.0	350.0	300.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			1,756.0	376.0	370.0	360.0	350.0	300.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)		1.0						
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT		1.0						

CURRENT DONOR INVOLVEMENT

The project is fully funded by the Japanese Government.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022015224 SPECIAL MEDICAL EQUIPMENT SUPPLY PROGRAM

PIP NUMBER: 2912

PROJECT NAME: CHINESE MEDICAL TEAM

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To provide specialist medical services and impart invaluable skills to PNG doctors by a team of 10 Chinese Experts.

PROJECT STATUS:

The 2010 appropriation is K2million as grant funding from the Chinese government for this attachment program. This funding has assisted the Chinese medical team to provide technical team to provide assistance and expertise on medical services at Port Moresby General Hospital by working together with local doctors and imparting their skills and knowledge to them.

PROJECT COMPONENTS:

The project components include; (1). Provide short and long term training; (2). Provide medical supplies; (3). Learn specialist skills not available in Papua New Guinea.

PROJECT LOCATION:

The Chinese medical team is based at the Port Moresby General Hospital. However, opportunity exists to request the Chinese Government to extend the engagement of its Doctors to certain Provincial Hospitals.

PROJECT JUSTIFICATION:

In order to develop the friendly relationship and cooperation in the field of medical and health services between the two countries, the Government of the Independent State of Papua New Guinea and the Government of the People's Republic of China through friendly consultations have reached the agreement to send the 4th Chinese Medical Team of 10 Chinese Experts to provide specialist medical services to Papua New Guinea.

PROJECT CAPACITY:

The Chinese Medical, in close cooperation with the PNG Medical personnel have the capacity to diligently carry out medical work, exchange experience with and learn from each other through medical practice. The PNG doctors and health workers may then in turn provide the same services and skills within the country.

PROJECT BENEFICIARIES:

The PNG medical personnel will benefit in terms of medical work, exchange of experiences with and learn from each other through medical practice. Patients at the Port Moresby General Hospital will benefit very much from this service as well as people of Papua New Guinea.

PROJECT SUSTAINABILITY

Continuity of this service is possible as doctors become more specialized in their respective areas. The National Department of Health has the capacity to sustain the project activities.

2912 CHINESE MEDICAL TEAM

ESTIMATED TOTAL PROJECT COST 0.0 ESTIMATED DURATION OF THE PROJECT 4.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			2,000.0	4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
Current Transfers									
Sub-Total			2,000.0	4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST		2,000.0	4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			2,000.0	4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
C	TOTAL DIRECT FINANCING			4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			4,700.0	1,000.0	1,000.0	1,000.0	900.0	800.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			2,000.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			2,000.0						

CURRENT DONOR INVOLVEMENT

The People's Republic of China is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022019207 CHINESE MEDICAL TEAM

PIP NUMBER: 2914

PROJECT NAME: HIV/AIDS MANAGEMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To effectively and efficiently manage, coordinate, implement, monitor and evaluate the national response to HIV and AIDS focusing on reducing the rate of HIV and AIDS infection by 2012 and also provide services to those people living with HIV/AIDS.

PROJECT STATUS:

The project is targeted to review all data collection forms for verification, surveillance tools and training of health care workers in HIV surveillance, training community leadership and volunteers especially in the area of advocacy. Additional support is provided through regular donor forums enabling strategic partnerships for Civil Society Organisations and Government in addressing resource mobilization plans.

PROJECT COMPONENTS:

The project component includes; 1). Training of officials at national, provincial, district and sectoral levels; (2). Coordination of donor forum on HIV/AIDS; (3). Comprehensive monitoring and evaluation system; (4). Capacity building for community leadership, volunteers and Provincial Aids Committee Secretariat.

PROJECT LOCATION:

The National Aids Council Secretariat will coordinate and facilitate the program through its network with its respective stakeholders and other implementing agencies throughout the country.

PROJECT JUSTIFICATION:

The project will further strengthen the NACS leadership and coordination through a comprehensive national monitoring and evaluation system managed by NACS to address the National Response. This will be possible through the rollout of the Coordinated Response Information System (CRIS) as the national data base system with linkages to the provinces and all sectors across the board.

PROJECT CAPACITY:

NACS has the capacity to implement the program through its network with the CBOs, NGOs, Private and Government agencies and other respective organisations.

PROJECT BENEFICIARIES:

The Provincial Aids Committee Secretariat and Provincial Surveillance Officers of the Provincial Health Office as well as the respective stakeholders and implementing agencies involved in the national response will benefit in terms of computers and accessories, other equipment and technical assistance on training and support on the HIV data information system.

PROJECT SUSTAINABILITY

The Department of Health in partnership with NACS and other stakeholders will sustain the project activities in the long term.

2914 HIV/AIDS MANAGEMENT

ESTIMATED TOTAL PROJECT COST 0.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services		7,440.0	6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
	Current Transfers								
	Sub-Total		7,440.0	6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST			7,440.0	6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			7,440.0	6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input								
	b) Self Generating Revenue								
	Loan								
	Grant			6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
	TOTAL DIRECT FINANCING			6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
	Technical Assistance								
	TOTAL FINANCING (C+D)			6,468.0	1,468.0	1,400.0	1,300.0	1,200.0	1,100.0
FINANCING SOUGHT									
D	Direct Project Cost (A-C)		7,440.0						
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT		7,440.0						

CURRENT DONOR INVOLVEMENT

UN is involved in funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022015226 HIV/AIDS MANAGEMENT

PIP NUMBER: 2918

PROJECT NAME: NZAID HIV/AIDS INITIATIVE

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To assist Papua New Guinea Government in improving social sector service delivery-leading to improving and achieving identified sectoral outcome, and to assist Papua New Guinea with new initiatives in regards to the fight against HIV/AIDS.

PROJECT STATUS:

The health and HIV/AIDS Program will continue to be a major focus of NZAID support under the new strategy. PNG has a health and HIV/AIDS policy, and financing and delivery framework that are relatively well financed by the Government and Development Partners. However, the effectiveness of service delivery is constrained by leadership and capacity challenges at all levels.

PROJECT COMPONENTS:

1. The project components includes; social sector service delivery, 2.Improving health outcomes; and 3. Strengthen the existing technical / managerial support to the Health Department (HSIP)

PROJECT LOCATION:

The project will be located at the National AIDS Council Secretariate and will be coordinated for effective service delivery or better health outcomes at the provincial and district levels.

PROJECT JUSTIFICATION:

There has been little improvements in achieving of strategies, service delivery or better health outcomes mainly in the HIV/AIDS Program. Inadequate access to sexual and reproductive health care services has contributed to the spread of HIV/AIDS,therefore,NZAID has initiated a new system to address the issues regarding the HIV/AIDS under the National AIDS Council Secretariat.

PROJECT CAPACITY:

The National AIDS Council has the capacity with the support of the NZAID to implement the project.

PROJECT BENEFICIARIES:

The project will benefit the people of Papua New Guinea.

PROJECT SUSTAINABILITY

The project will be sustained by the National AIDS Council through its recurrent budget as well as other Donors and international organisations assistances as its government's priority.

2918 NZAID HIV/AIDS INITIATIVE

ESTIMATED TOTAL PROJECT COST 4,000.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			1,200.0	8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
Current Transfers									
Sub-Total			1,200.0	8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST		1,200.0	8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			1,200.0	8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
C	TOTAL DIRECT FINANCING			8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			8,055.0	1,955.0	1,800.0	1,600.0	1,400.0	1,300.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			1,200.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			1,200.0						

CURRENT DONOR INVOLVEMENT

NZAID is funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022015227 NZAID HIV/AIDS INITIATIVE

PIP NUMBER: 3144

PROJECT NAME: UN ASSISTANCE TO HEALTH SECTOR

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To enhance the Health Department 's capability in implementing its plans and programs in the country.

PROJECT STATUS:

UN is providing financial assistance and support to the Health Department to implement its plans and programs that is in line with the National Health Plan (2011-2020) and Medium Term Development Strategy (2010-2015).

PROJECT COMPONENTS:

The UN gives financial assistance to the Health Department to implement its plans and programs.

PROJECT LOCATION:

The project is located and coordinated by the PNG based UN office in Port Moresby.

PROJECT JUSTIFICATION:

This project is important as it will assist NDOH in terms of its capacity to implement its plans and programs in the country.

PROJECT CAPACITY:

The Health Department has the capacity to implement the plans and programs with assistance from UN.

PROJECT BENEFICIARIES:

The project will benefit the people of Papua New Guinea.

PROJECT SUSTAINABILITY

The Department of Health has the capable of sustaining its self with assistance from the National Government.

3144 UN ASSISTANCE TO HEALTH SECTOR

ESTIMATED TOTAL PROJECT COST 0.0 ESTIMATED DURATION OF THE PROJECT Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			32,479.0	31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
Current Transfers									
Sub-Total			32,479.0	31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
TOT DIRECT PROJECT COST			32,479.0	31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			32,479.0	31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
TOTAL DIRECT FINANCING				31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
Technical Assistance									
TOTAL FINANCING (C+D)				31,638.0	8,638.0	8,000.0	6,000.0	5,000.0	4,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			32,479.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			32,479.0						

CURRENT DONOR INVOLVEMENT

United Nations (UN) is wholly funding this programme.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022011216 UN ASSISTANCE TO THE HEALTH SECTOR

PIP NUMBER: 3145

PROJECT NAME: HIV/AIDS PREVENTION

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To minimise the spread of HIV/AIDS through prevention of new transmission of HIV and secondly to compassionately care for those living with the virus. The goal is to support the implementation of PNG's National Response Strategies including the Medium Term Development Strategy.

PROJECT STATUS:

This is an ongoing project and involving in controlling and preventing the spread of the epidemic in PNG. It is also caring for those living with the virus.

PROJECT COMPONENTS:

The project components include: (1) Education, information and advocacy; (2) Community care and support and strengthening support to Department of Health program management; (3) Capacity building at all levels; (4) Community behaviour change and social marketing of condoms; (5) Strengthen and expand surveillance system for HIV.

PROJECT LOCATION:

The project is now located at Department of Health and will coordinate and facilitate the project with its network including respective stakeholders, CBOs, NGOs and its implementing agencies.

PROJECT JUSTIFICATION:

PNG is facing an eminent danger of losing all its potential workforce from HIV/AIDS therefore all efforts are required to control and prevent the spread of the epidemic in PNG.

PROJECT CAPACITY:

The Department of Health will be responsible for the effective implementation of the project with extended program activity implemented by stakeholders and local agencies.

PROJECT BENEFICIARIES:

The entire population of PNG will benefit from this project.

PROJECT SUSTAINABILITY

The project will be sustained by the Department of Health with support from other donor agencies.

3145 HIV/AIDS PREVENTION

ESTIMATED TOTAL PROJECT COST 6,440.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services				17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
Current Transfers									
Sub-Total				17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation			3,440.0						
Capital Transfers									
Sub-Total			3,440.0						
A TOT DIRECT PROJECT COST			3,440.0	17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			3,440.0	17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
C TOTAL DIRECT FINANCING				17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
D Technical Assistance									
TOTAL FINANCING (C+D)				17,494.0	4,494.0	4,000.0	4,000.0	3,000.0	2,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			3,440.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			3,440.0						

CURRENT DONOR INVOLVEMENT

United Nation is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022017205 HIV/AIDS PREVENTION

PIP NUMBER: 3146

PROJECT NAME: HIV/AIDS TREATMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The project is to make available the antiretro drugs in all the health facilities which are easily accessible by those people who are infected by the virus and living with the virus.

PROJECT STATUS:

This is an ongoing program.

PROJECT COMPONENTS:

The project component include ,the procurement and supply of the antiretro drugs, training of the health care workers on the use of the drugs and management of the drug supplies.

PROJECT LOCATION:

The project is located at the Department of Health and is coordinated and facilitates the project throughout the country.

PROJECT JUSTIFICATION:

The program addresses the procurement process and facilitates universal Access to Treatment.

PROJECT CAPACITY:

The National Department of Health has the capacity to implemnt the program with suppport from the National Health sector workforce.

PROJECT BENEFICIARIES:

The program will directly benefit people who are living with HIV/AIDS.

PROJECT SUSTAINABILITY

The National Department of Health with support of the National Government should be able to take on board the activities once the project ends.

3146 HIV/AIDS TREATMENT

ESTIMATED TOTAL PROJECT COST 8,305.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services			5,305.0	25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
Current Transfers									
Sub-Total			5,305.0	25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A TOT DIRECT PROJECT COST			5,305.0	25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			5,305.0	25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
C TOTAL DIRECT FINANCING				25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
D Technical Assistance									
TOTAL FINANCING (C+D)				25,277.0	7,277.0	6,000.0	5,000.0	4,000.0	3,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)			5,305.0						
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT			5,305.0						

CURRENT DONOR INVOLVEMENT

United Nation (UN) is fully funding this programme.

POTENTIAL DONOR INVOLVEMENT

The program is funded by UNAIDS.

2011 Budget Votes for this PIP are :-

24022013213 HIV/AIDS TREATMENT

PIP NUMBER: 3147

PROJECT NAME: RURAL HEALTH AND HIV PREVENTION

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To improve the health of the people in the rural areas by improving the health services and effectively carry out awareness on HIV/AIDS. Ensure health services are effectively delivered to the rural population.

PROJECT STATUS:

The project has supported the stakeholders, CBOs, NGOs, and Faith Based Organisations to implement its programs and activities especially on HIV/AIDS and health messages in the rural areas especially remote villages.

PROJECT COMPONENTS:

The project's main component is Health education and HIV awareness in rural areas and provision of health service.

PROJECT LOCATION:

The project is located at the Department of Health and is coordinated through out the country.

PROJECT JUSTIFICATION:

About 80% of our country's population lives in the rural area and the essential Government services such as Health and Education are hardly reaching these people. This project will bring basic health improvement and awareness on how to prevent HIV in the rural area.

PROJECT CAPACITY:

The Department of Health has the human resource capacity to implement the project.

PROJECT BENEFICIARIES:

The rural people in Papua New Guinea will benefit from this project.

PROJECT SUSTAINABILITY

The Department of Health will sustain this project through its annual recurrent budget as well as other funding sources.

3147 RURAL HEALTH AND HIV PREVENTION

ESTIMATED TOTAL PROJECT COST 8,133.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services		5,133.0	24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
	Current Transfers								
	Sub-Total		5,133.0	24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST			5,133.0	24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			5,133.0	24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input								
	b) Self Generating Revenue								
D	Loan								
	Grant			24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
TOTAL DIRECT FINANCING				24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			24,257.0	6,257.0	6,000.0	5,000.0	4,000.0	3,000.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)		5,133.0						
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT		5,133.0						

CURRENT DONOR INVOLVEMENT

The project is funded by NZAID.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022013214 RURAL HEALTH AND HIV PREVENTION

PIP NUMBER: 3148

PROJECT NAME: HUMAN SECURITY PROGRAM (OXFAM)

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To promote peaceful development and reduce armed conflict in the Highlands of Papua New Guinea.

PROJECT STATUS:

Health and HIV/AIDS will continue to be a major focus of NZAID support under their new country strategy. PNG has a health and HIV/AIDS policy, and financing and delivery framework that are relatively well financed by the Government and Development Partners. However, the effectiveness of the service delivery is constrained by leadership and capacity challenges at all levels.

PROJECT COMPONENTS:

The major component of the project include: 1. Capacity support to local Community Based Organisation (CBOs) and Non Government Organisations (NGOs) 2. Research, awareness raising and advocacy around small-arms issues. 3. Improve livelihoods, with a focus on women and high risk youths. 4. Learning exchange opportunities.

PROJECT LOCATION:

The project is located at the 5 Highlands Provinces and is coordinated by Department of Health and Oxfam International (NZAID).

PROJECT JUSTIFICATION:

There is widespread recognition within PNG that tribal fights are commonly experienced in the highlands region. The tibal fights result because of various causes and the situations are some times beyond control.Hence the project aims to promote peace, mediate conflict and improve livelihood of the people during and after the tribal fights. The program aims to also educate people to overcome tribal fights, conflicts, and learn how to rebuild their societies, clan and resources.Women, children and youths are the target groups in this project.

PROJECT CAPACITY:

The Department of Health and New Zealand AID have the capacity to implement the project.

PROJECT BENEFICIARIES:

The people from the Five (5) Highlands provinces will benefit from this project as well as the country as a whole.

PROJECT SUSTAINABILITY

Security is a priority and therefore these activities will be sustained through the various components of the law and justice sector activities and programs including Oxfam's own programs.

3148 HUMAN SECURITY PROGRAM (OXFAM)

ESTIMATED TOTAL PROJECT COST 3,264.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services		1,264.0	6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
	Current Transfers								
	Sub-Total		1,264.0	6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST			1,264.0	6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			1,264.0	6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input								
	b) Self Generating Revenue								
D	Loan								
	Grant			6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
TOTAL DIRECT FINANCING				6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			6,664.0	1,564.0	1,400.0	1,300.0	1,200.0	1,200.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)		1,264.0						
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT		1,264.0						

CURRENT DONOR INVOLVEMENT

New Zealand Government is wholly funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022017206 HUMAN SECURITY PROGRAM (OXFAM)

PIP NUMBER: 3149

PROJECT NAME: MATERNAL AND REPRODUCTIVE HEALTH

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To strengthen reproductive health services in Papua New Guinea within the framework of the Health sector improvement programme (HSIP).

PROJECT STATUS:

This project is further helping to improve access and quality of reproductive health services in Four (4) Provinces which are Madang, Manus, East Sepik and Morobe Provinces and later will be rolled out to other Provinces.

PROJECT COMPONENTS:

The components are: 1: Family planning outreach, training and counselling 2: Strengthen and improve management of health facilities and services. 3: Improve health information dissemination system. 4: Better service delivery of contraceptive logistics.

PROJECT LOCATION:

The project is located at the National Department of Health who is the executing agency and coordinates the project in partnership with the NZAID country office.

PROJECT JUSTIFICATION:

The project aims to address the reproductive health issues and lack of family planning in many communities of the PNG which has continued to have high mortality and fertility rates, increased morbidity from STDs and poor understanding of reproductive system.

PROJECT CAPACITY:

The Department of Health has the capacity to implement the project in partnership with the NZAID office through the health existing health establishments throughout the country.

PROJECT BENEFICIARIES:

The beneficiaries include the Health system, the health workers and the general population at large are benefiting from this project.

PROJECT SUSTAINABILITY

The project activities will be sustain by the Department of health through its existing programs through the recurrent budget.

3149 MATERNAL AND REPRODUCTIVE HEALTH

ESTIMATED TOTAL PROJECT COST 2,200.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services		1,200.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
	Current Transfers								
	Sub-Total		1,200.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST			1,200.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			1,200.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input								
	b) Self Generating Revenue								
	Loan								
	Grant			7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
	TOTAL DIRECT FINANCING			7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
	Technical Assistance								
	TOTAL FINANCING (C+D)			7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
FINANCING SOUGHT									
D	Direct Project Cost (A-C)		1,200.0						
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT		1,200.0						

CURRENT DONOR INVOLVEMENT

New Zealand Government through NZAID is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022014212 MATERNAL AND REPRODUCTIVE HEALTH

PIP NUMBER: 3150

PROJECT NAME: SOCIAL MARKETING OF CONDOMS

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

1. Help reduce the HIV infection rate and the transmission of other sexually transmitted infections in Papua New Guinea. 2. Improve the supply and accessibility of low- priced, high quality condoms in all parts of the country. 3. Improve levels of adoption of safer sex behaviours among all sector of society. 4. Promote participation of the public- private partnerships at all levels for wider distrbution of social marketing products.

PROJECT STATUS:

Condom distribution and sales has increased so much in the past years, however, thereis still increase in the HIV infection rate.

PROJECT COMPONENTS:

1. Expand condom sales among general population and priority target groups/places through innovative researched based and professional marketing strategies.

PROJECT LOCATION:

The project will be located nationwide and executed by Department of Health.

PROJECT JUSTIFICATION:

It is significant to expand distribution of condoms and awareness materials among general population and priority target groups/places through innovative researched based professional marketing strategies and awareness activities in order to reduce HIV infection and prevalance rates.

PROJECT CAPACITY:

The Department of Health has the capacity to implement this project with the help of NZAID.

PROJECT BENEFICIARIES:

This project will benefit the people of Papua New Guinea.

PROJECT SUSTAINABILITY

The Department of Health will sustain this project through its annual recurrent budget as well as other funding sources.

3150 SOCIAL MARKETING OF CONDOMS

ESTIMATED TOTAL PROJECT COST 4,124.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services		2,124.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
	Current Transfers								
	Sub-Total		2,124.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST			2,124.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)			2,124.0	7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input								
	b) Self Generating Revenue								
D	Loan								
	Grant			7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
TOTAL DIRECT FINANCING				7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			7,955.0	1,955.0	1,800.0	1,600.0	1,400.0	1,200.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)		2,124.0						
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT		2,124.0						

CURRENT DONOR INVOLVEMENT

New Zealand Government is currently funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022017207 SOCIAL MARKETING OF CONDOMS

PIP NUMBER: 3217

PROJECT NAME: MULTIPLE INITIATIVES TO BE IMPLEMENTED IN HEALTH SECTOR

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

1. To implement plans and programs by improving the health services and effectively ensuring that the health services are effectively delivered in the country; (2). To support and provide technical assistance in multiple health areas in line with the National Health Plan (2011-2020).

PROJECT COMPONENTS:

Provision of technical support and delivery of multiple health plans and programs for the health sector.

PROJECT JUSTIFICATION:

This project is important as it will assist NDOH in terms of its management capacity and technical advice to implement the NationalHealth Plan (2011-2020) and other health related programs in the country.

PROJECT CAPACITY:

The National Department of Health with assistance from AusAID have the management capacity and technical assistance to implement the programs throughout the country.

PROJECT BENEFICIARIES:

The people of Papua New Guinea will benefit through improved health care and services which will be provided by this program. The National Department of Health will also benefit in terms of its management capacity building and technical advice to support the health workers in the country.

PROJECT SUSTAINABILITY

The National Department of Health is capable of sustaining this program through its recurrent budget once the program ends.

3217 MULTIPLE INITIATIVES TO BE IMPLEMENTED IN HEALTH SECTOR

ESTIMATED TOTAL PROJECT COST 28,149.0 ESTIMATED DURATION OF THE PROJECT 1.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services				82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
Current Transfers									
Sub-Total				82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST			82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)				82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input									
b) Self Generating Revenue									
Loan									
Grant				82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
C	TOTAL DIRECT FINANCING			82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			82,006.0	29,006.0	20,000.0	15,000.0	10,000.0	8,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

AusAID is fully funding this program in 2011.

POTENTIAL DONOR INVOLVEMENT

Nil.

2011 Budget Votes for this PIP are :-

24022011217 MULTIPLE INITIATIVES TO BE IMPLEMENTED IN

PIP NUMBER: 3227

PROJECT NAME: NEW NONGA HOSPITAL

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To enable accessibility to basic Primary and Preventative Health Care and provide a modern and clinically safe health services for the people at the Provincial Hospital.

PROJECT COMPONENTS:

Main components are: (1). Inviatation for consultancy services; (2) Project management, design and documentation; (3) Construction phase (mobilization, commissioning) and (4) Tender for design consultancy services.

PROJECT LOCATION:

The project will be located at the Provincial Department of Health.

PROJECT JUSTIFICATION:

The Nonga Regional Hospital had adverse effect to its facility and the patients as a result of the volcanic ash fall out and its function of the existing hospital has been down-graded beacuse of this situation on the volcanic zone and recommended for relocation to a new site.

PROJECT CAPACITY:

The Project Team is consultation with Hospital Management and respective Government agencies and stakeholders has the capacity to manage and implement the project.

PROJECT BENEFICIARIES:

The people of East New Britian Province will benefit from the project.

PROJECT SUSTAINABILITY

After the project life, NDOH in collaboration with Provincial Hospital Administration/Board will sustain the project activities through its recurrent budget.

3227 NEW NONGA HOSPITAL

ESTIMATED TOTAL PROJECT COST 150,000.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services								
	Current Transfers								
	Sub-Total								
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation			24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
	Capital Transfers								
	Sub-Total			24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
A TOT DIRECT PROJECT COST				24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
	b) Self Generating Revenue								
	Loan								
D	Grant								
	TOTAL DIRECT FINANCING			24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
	Technical Assistance								
TOTAL FINANCING (C+D)				24,000.0	10,000.0	5,000.0	4,000.0	3,000.0	2,000.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

The government of Papua New Guinea is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022011219 NEW NONGA HOSPITAL

PIP NUMBER: 3228

PROJECT NAME: POPONDETTA HOSPITAL REDEVELOPMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To enable accessibility to basic Primary and Preventative Health Care at Provincial Hospitals which will also reduce morbidity and mortality related to public health problems such as HIV/AIDS, malaria and tuberculosis.

PROJECT STATUS:

This is a new project to be implemented in 2011.

PROJECT COMPONENTS:

The components of the project include; 1). Consultancy Services including designing, geotechnical surveying, detail design, documentation and tendering and awarding of construction; 2). Consultancy Phase including mobilization, construction, commissioning and demobilization; and (3). Studies and preparation of reports.

PROJECT LOCATION:

The project is located in Popondetta, Oro Province.

PROJECT JUSTIFICATION:

The project is basically targeting to improve the health of the people of Oro Province. The hospital redevelopment program is part of the NDOH Corporate Plan 2009-2010 and the National Health Plan 2011-2020 which state poor infrastructure as one of the key threats to improve quality of health service delivery.

PROJECT CAPACITY:

The National Department of Health has the financial capacity to engage a reputable contractor to carry out the capital work and will be managed by a qualified Project Management Team. The Health Facility Division of the Provincial Hospital Management will also supervise and oversee the implementation of the project.

PROJECT BENEFICIARIES:

The primary beneficiaries will be the rural population of Oro Province and the country as a whole.

PROJECT SUSTAINABILITY

The respective Hospital Board of Administration has the manpower capacity to maintain and sustain the project through its recurrent budget when the project ends.

3228 POPONDETTA HOSPITAL REDEVELOPMENT

ESTIMATED TOTAL PROJECT COST 82,500.0 ESTIMATED DURATION OF THE PROJECT 3.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services				21,000.0	5,000.0	4,000.0	4,000.0	4,000.0	4,000.0
Current Transfers									
Sub-Total				21,000.0	5,000.0	4,000.0	4,000.0	4,000.0	4,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation				29,000.0	5,000.0	6,000.0	6,000.0	6,000.0	6,000.0
Capital Transfers									
Sub-Total				29,000.0	5,000.0	6,000.0	6,000.0	6,000.0	6,000.0
A	TOT DIRECT PROJECT COST			50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)				50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
b) Self Generating Revenue									
Loan									
Grant									
C	TOTAL DIRECT FINANCING			50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

Government of Papua New Guinea is wholly funding this project.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022011218 POPONDETTA HOSPITAL REDEVELOPMENT

PIP NUMBER: 3229

PROJECT NAME: BORAM HOSPITAL REDEVELOPMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To enable accessibility to basic Primary and Preventative Health Care and having access to such will contribute to reduction in morbidity and mortality related public health problems such as STI/HIV/AIDS, malaria and tuberculosis in achieving the development goals of the project.

PROJECT STATUS:

This is a new project to be implemented in 2011.

PROJECT COMPONENTS:

The main components are: 1). Invitation for consultancy services; 2). Project management, design and documentation; 3). Construction phase like; mobilization, commissioning; and (4). Tender for design consultancy services.

PROJECT JUSTIFICATION:

One of the major concerns is having accessibility to the hospital facility and medical supplies. It will improve healthy living standard and increase productivity as well as reduction in the mortality rate. This project will also bring positive social and economic impact within the province and its community.

PROJECT CAPACITY:

The Provincial Hospital Management in collaboration with the National Department of Health have the manpower and management capacity to manage this project.

PROJECT BENEFICIARIES:

The project will benefit the people of East Sepik Province in terms of having acces to better health facility and health care.

PROJECT SUSTAINABILITY

After the project life NDOH and Provincial Hospital Administration or Board will sustain the hospital through its recurrent budget.

3229 BORAM HOSPITAL REDEVELOPMENT

ESTIMATED TOTAL PROJECT COST 150,000.0 ESTIMATED DURATION OF THE PROJECT 3.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services								
	Current Transfers								
	Sub-Total								
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
	Capital Transfers								
	Sub-Total			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
A	TOT DIRECT PROJECT COST			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
B	TOT TECHNICAL ASSISTANCE								
	TOTAL PROJECT COST (A+B)			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
FINANCING SOURCES									
	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
	b) Self Generating Revenue								
	Loan								
	Grant								
C	TOTAL DIRECT FINANCING			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			21,000.0	10,000.0	4,000.0	3,000.0	2,000.0	2,000.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022011220 BORAM HOSPITAL REDEVELOPMENT

PIP NUMBER: 3230

PROJECT NAME: ANGAU MEMORIAL HOSPITAL REDEVELOPMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To redevelop the existing ANGAU Memorial General Hospital into a Specialist Referral Regional Hospital for the people of Morobe Province and the country as whole in terms of providing quality health care services.

PROJECT STATUS:

The redevelopment works estimated will take 5 years to complete and it will commence in 2011.

PROJECT COMPONENTS:

The components are: 1). Developing the Master Plan; 2). Project Definition Plan; (3). Schematic Design; (4). Develop Design; and Early works.

PROJECT JUSTIFICATION:

Due to deteriorating condition and state of the existing infrastructure at ANGAU Hospital it has greatly reduced the level of health service delivery from the hospital. The Board of Management and the general community prompted the Government to announce its intention in September 2006 to proceed with the hospital redevelopment project. NEC Decision 165/2008 calls for the establishment of ANGAU Hospital to be one of the highly specialist regional hospitals.

PROJECT CAPACITY:

The NDOH and Provincial Hospital Mangement have the manpower and management capacity to manage and oversee the implementation of the project.

PROJECT BENEFICIARIES:

The project will benefit the people of Morobe Province in terms of having access to improved health facility and better health care services.

PROJECT SUSTAINABILITY

During and after the project implementation NDOH in collaboration with Provincial Hospital Administration or Board will administer through contribution of technical advice and important sustain the project through their recurrent budget.

3230 ANGAU MEMORIAL HOSPITAL REDEVELOPMENT

ESTIMATED TOTAL PROJECT COST 511,500.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services									
Current Transfers									
Sub-Total									
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation				30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
Capital Transfers									
Sub-Total				30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
A	TOT DIRECT PROJECT COST			30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)				30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
b) Self Generating Revenue									
Loan									
Grant									
C	TOTAL DIRECT FINANCING			30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022011221 ANGAU MEMORIAL HOSPITAL REDEVELOPMENT

PIP NUMBER: 3231

PROJECT NAME: UPGRADING WORK ON KAVIENG HOSPITAL OPERATING THEATER

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To improve surgeries services and to improve patient care under reformed health care system and improve the health treatment and services to the community and the province.

PROJECT COMPONENTS:

Main components for 2011 include; 1. Feasibility Study, Schematic Design, Construction, Documentation Tender and Construction.

PROJECT LOCATION:

Kavieng Hospital, New Ireland Province

PROJECT JUSTIFICATION:

It is important to refurbish the operating theatre because nearly all serious surgeries in Kavieng have been referred to the main General General Hospitals in Kokopo (ENBP) and at Angau Memorial Hospital in Lae. Certain deaths have happened which could have been avoided if the Kavieng Provincial Hospital was equipped to attend to these patient in the first instant. For some patients, high transportation costs as well as other associated costs hinder them from seeking medical treatments in other provinces. Since this is a one-off project it should be fully funded in 2011

PROJECT CAPACITY:

The Project Team in consultation with the Hospital Management and the respective Government agencies and stakeholders have the capacity to manage and implement the project.

PROJECT BENEFICIARIES:

The project will benefit all people of New Ireland Province.

PROJECT SUSTAINABILITY

Kavieng Provincial Hospital with assistance from NDoH will sustain the the activities of the project through its recurrent budget as well as through other revenue raising initiatives within the hospital.

3231 UPGRADING WORK ON KAVIENG HOSPITAL OPERATING THEATER

ESTIMATED TOTAL PROJECT COST 1,000.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services								
	Current Transfers								
	Sub-Total								
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
	Capital Transfers								
	Sub-Total			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
A	TOT DIRECT PROJECT COST			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
B	TOT TECHNICAL ASSISTANCE								
	TOTAL PROJECT COST (A+B)			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
FINANCING SOURCES									
	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
	b) Self Generating Revenue								
	Loan								
	Grant								
C	TOTAL DIRECT FINANCING			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			5,000.0	1,000.0	1,000.0	1,000.0	1,000.0	1,000.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022011222 UNGRADING WORK ON KAVIENG HOSPITAL OPERA

PIP NUMBER: 3232

PROJECT NAME: UPGRADING/REHABILITATION OF MENDI HOSPITAL HEALTH FACILITIES

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To rehabilitate and refurbish rundown hospital buildings and plant equipments.

PROJECT COMPONENTS:

The main components are; - 1. Rehabilitation and refurbishment of rundown hospital facilities and 2. Upgrading and procurement of plant equipment.

PROJECT JUSTIFICATION:

The project is targeting on improving the health indicators for the province which are quite poor because of the quality of medical care services provided at the hospital is not to the standard of a level 3 hospital. It would be more cost effective to replace the rundown facilities totally with new ones, rather than doing patchup or bandaid type work, which would be costly and not sustainable in the long run.

PROJECT CAPACITY:

The project team in consultation with the Hospital and Management and respective Government agencies and stakeholders have the capacity to manage and implement the project.

PROJECT BENEFICIARIES:

The people of Southern Highland Province will greatly benefit from this project.

PROJECT SUSTAINABILITY

After the project life NDOH in collaboration with the Provincial Hospital Administration or Board will sustain through contribution of technical advise and maintenance work will be supported with its recurrent budget.

3232 UPGRADING/REHABILITATION OF MENDI HOSPITAL HEALTH FACILITIES

ESTIMATED TOTAL PROJECT COST 2,999.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services									
Current Transfers				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
Sub-Total				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A TOT DIRECT PROJECT COST				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
b) Self Generating Revenue									
Loan									
Grant									
C TOTAL DIRECT FINANCING				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
D Technical Assistance									
TOTAL FINANCING (C+D)				8,000.0	2,000.0	2,000.0	2,000.0	1,000.0	1,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022011223 UPGRADING/REHABILITATION OF MENDI HOSPITAL

PIP NUMBER: 3233

PROJECT NAME: CONSTRUCTION OF STAFF HOUSING/ADMINISTRATION OFFICE BLOCK

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

The objective is in two fold; 1- To build four duplex three (3) bedrooms (x4) housing and construction of administration office block and 2- To create better office space for the executive class of employees employed at the hospital.

PROJECT COMPONENTS:

The main components are; 1. Construction of four duplex with 3 bedroom 2. Project Management design, and, 3. Construction of administration office block.

PROJECT JUSTIFICATION:

The infrastructure for Laloki Hospital known as Laloki Mental Center was built in the colonial days in the late 1950 and the building s are old and cannot be sustained with the recurrent budgets. Currently, the staffs are facing accommodation problem as a result sharing houses and married couples living in single roomed quaters.

PROJECT CAPACITY:

The project team in consultation with Hospital and Management and respective Government agencies and stakeholders has the capacity to manage and implement the project.

PROJECT BENEFICIARIES:

The staff and patients of the hospital will greatly benefit from these project. This project will boost the morale of the staffs and in return will provide better service to the patients.

PROJECT SUSTAINABILITY

After the project life NDOH in collaboration with the Provincial Hospital Administration or Board will sustain through its recurrent budget.

3233 CONSTRUCTION OF STAFF HOUSING/ADMINISTRATION OFFICE BLOCK

ESTIMATED TOTAL PROJECT COST 2,500.0 ESTIMATED DURATION OF THE PROJECT 1.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services			100.0	100.0				
	Current Transfers								
	Sub-Total			100.0	100.0				
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation			2,400.0	2,400.0				
	Capital Transfers								
	Sub-Total			2,400.0	2,400.0				
TOT DIRECT PROJECT COST				2,500.0	2,500.0				
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				2,500.0	2,500.0				
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			2,500.0	2,500.0				
	b) Self Generating Revenue								
D	Loan								
	Grant								
TOTAL DIRECT FINANCING				2,500.0	2,500.0				
Technical Assistance									
TOTAL FINANCING (C+D)				2,500.0	2,500.0				
FINANCING SOUGHT									
	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT
POTENTIAL DONOR INVOLVEMENT
2011 Budget Votes for this PIP are :-

24022011224 CONSTRUCTION OF STAFF HOUSING/ADMIN OFFIC

PIP NUMBER: 3234

PROJECT NAME: STATIC PLANT EQUIPMENT REPLACEMENT PROGRAM

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To replace, upgrade and improve undated, defunct and economically liable static plant equipment and facilities and introduce new technologies where required to sustain new clinical service requirements and practices in order to support the health of the people of Papua New Guinean with an affordable supply of medical equipment and support services.

PROJECT STATUS:

This is a new project and will end in December 2012.

PROJECT COMPONENTS:

The main components include; 1- Information gathering, feasibility study, site inspection, user consultation. 2- Standard clearance of designs and plant & equipment and specifications. 3- Tender documentation. 4- Tender advertisement. 5- Tender assessment. 6- Contract implementation, project management, and contract administration.

PROJECT LOCATION:

All Provincial Public Hospitals.

PROJECT JUSTIFICATION:

The bulk of static plant equipment replacement program was determined based on a survey of hospital assets conditions and status carried out in 2006 by the Health Facilities Branch of NDOH in collaboration with with all the Provincial Public Hospitals. Specific requests for additional equipment from respective hospitals and specialist clinical facilities to meet various levels of health facilities minimum standard requirements and the need to accommodate new technology requirements based on the changing medical services delivery practices were other means of identification.

PROJECT CAPACITY:

The NDOH through Health Facilities Branch and the Public Hospital in association with private medical equipment suppliers or contractors will implement this project through contract agreements. The project will be managed by Health Facilities Branch in collaboration with NDOH.

PROJECT BENEFICIARIES:

The people of Papua New Guinea will benefit from improved basic health services and facilities.

PROJECT SUSTAINABILITY

The NDOH as executing agency in collaboration with Provincial Hospital Administration or Board will manage and administer the project to ensure that state procurement requirements are met, funds are spent properly and properly functioning equipment that meets standard requirements and handed over to the users. NDOH and Provincial Hospitals will sustain through their annual recurrent budgets to meet costs of personnel and maintenance associated with the project.

3234 STATIC PLANT EQUIPMENT REPLACEMENT PROGRAM

ESTIMATED TOTAL PROJECT COST 18,950.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services									
Current Transfers									
Sub-Total									
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
Capital Transfers									
Sub-Total				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
TOT DIRECT PROJECT COST				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
b) Self Generating Revenue									
Loan									
Grant									
TOTAL DIRECT FINANCING				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
Technical Assistance									
TOTAL FINANCING (C+D)				25,000.0	7,000.0	6,000.0	5,000.0	4,000.0	3,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022011225 STATIC PLANT EQUIPMENT REPLACEMENT PROGR/

PIP NUMBER: 3236

PROJECT NAME: UPGRADING WORK ON CPHL PC3 LABORATORY PMGH

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To upgrade the existing Central Public Health Laboratory for TB into a a Physical Containment (PC) level 3 status in order to assist in the Control of Tuberculosis (TB) incidence by 2020.

PROJECT COMPONENTS:

The components include; 1. Feasibility study 2. Design and documentation 3. Tender stage 4. Construction 5. Defects liability 6.Procument of medical equipment.

PROJECT LOCATION:

The project is located at the Port Moresby General Hospital, National Capital District.

PROJECT JUSTIFICATION:

The upgrading of existing TB laboratory is one of the critical requirements for the overall accreditation of the CPHL to international standards and makes it a reference laboratory. Design and documentation has been completed with construction works but put on hold due to lack of funding. The risk of TB bacteria cross-infection issues to the staff raised by staff working in the lab and independent consultants and the need for the accreditation of the CPHL into a Reference Laboratory in line with international standards governing such facilities.

PROJECT CAPACITY:

NDOH Technical Team in collaboration with the W.H.O and CPHL Management has the capacity to oversee the supervision, coordination and implementation of the project.

PROJECT SUSTAINABILITY

The implementing agency and stakeholders with the Project steering Committee with support from the Government will sustain the project through its annual recurrent budget.

3236 UPGRADING WORK ON CPHL PC3 LABORATORY PMGH

ESTIMATED TOTAL PROJECT COST 2,400.0 ESTIMATED DURATION OF THE PROJECT 1.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST	2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST								
Current Expenditure								
Personal Emoluments								
Goods and Other Services								
Current Transfers								
Sub-Total								
Capital Expenditure								
Acquisition of Existing Assets								
Capital Formation			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
Capital Transfers								
Sub-Total			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
A TOT DIRECT PROJECT COST			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
Technical Assistance								
Project Preparation								
Advisory								
Training								
Equipment								
B TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
FINANCING SOURCES								
IDENTIFIED FINANCING								
Direct Project Financing:								
Government Contributions:								
a) Government Input			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
b) Self Generating Revenue								
Loan								
Grant								
C TOTAL DIRECT FINANCING			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
D Technical Assistance								
TOTAL FINANCING (C+D)			8,300.0	2,300.0	2,000.0	2,000.0	1,000.0	1,000.0
FINANCING SOUGHT								
Direct Project Cost (A-C)								
Technical Assistance (B-D)								
TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this program.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022011234 UPGRADING WORK ON CPHL PC3 LAB-PMGH

PIP NUMBER: 3237

PROJECT NAME: DEVT/INSTALLATION OF IT NETWORK - NDOH

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

1. To build the fundamental ICT capacity necessary for a modern sustainable, information based health system; 2. To develop the resources and expertise to manage and fully utilize information to support monitoring, planning, decision making and reporting and ; 3. To develop hospital based information to support the continuity of care of patients and to support the efficient management and administrative information.

PROJECT COMPONENTS:

1. Site visit and feasibility study, carry out analysis of communication volumes and options, develop technical architectural and business case for PNGHEALTHNET. 2. Purchase of ICT equipments across national level and Provinces.

PROJECT LOCATION:

The project location is Port Moresby, National Capital District.

PROJECT JUSTIFICATION:

Currently there is no effective ICT system network for the National Department of Health which links the Health Centers to the Provincial Hospitals and Provincial Hospitals to the Regional Hospital. The ICT network will have great impact in terms of up to date data collection from all provinces, effective communication between health facilities in regards to patient care and treatment, procurement of drugs and monitoring and evaluation of health projects.

PROJECT CAPACITY:

A Project Manager will manage the implementation of project with the Health Department overseeing and supervising.

PROJECT SUSTAINABILITY

The Department of Health will sustain the project activities into its recurrent buget once the project life ends.

3237 DEVT/INSTALLATION OF IT NETWORK - NDOH

ESTIMATED TOTAL PROJECT COST 900.0 ESTIMATED DURATION OF THE PROJECT 3.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services			3,200.0	900.0	800.0	600.0	500.0	400.0
	Current Transfers								
	Sub-Total			3,200.0	900.0	800.0	600.0	500.0	400.0
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation								
	Capital Transfers								
	Sub-Total								
TOT DIRECT PROJECT COST				3,200.0	900.0	800.0	600.0	500.0	400.0
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				3,200.0	900.0	800.0	600.0	500.0	400.0
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			3,200.0	900.0	800.0	600.0	500.0	400.0
	b) Self Generating Revenue								
D	Loan								
	Grant								
TOTAL DIRECT FINANCING				3,200.0	900.0	800.0	600.0	500.0	400.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			3,200.0	900.0	800.0	600.0	500.0	400.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022011227 DEVT/INSTALLATION OF IT NETWORK-NDOH HEAI

PIP NUMBER: 3239

PROJECT NAME: DEVT/EST.OF COMMUNITY HEALTH POSTS

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To increase accessibility of Health Services at the periphery both in rural and urban areas.

PROJECT COMPONENTS:

Major components include; 1). Formulation and design of the Community Health Post; 2). Situation assessment and project preparation; 3). Identification of sites for Community Health Post roll out; and 4). Purchasing of medical equipment for Community Health Post.

PROJECT JUSTIFICATION:

Many basic health care services is not reaching the rural majority and urban poor through the aid post system due to the inaccessibility, unavailability, lack of capability and capacity.

PROJECT CAPACITY:

The National Department of Health has the manpower, capability and capacity to effectively oversee the implementation of the project.

PROJECT BENEFICIARIES:

The people throughout the eighty-nine (89) districts of the country will benefit by having access to basic health services which previously was unavailable or inaccessible.

PROJECT SUSTAINABILITY

The Department of Health and Provincial Health Administration will sustain the project activities through its recurrent budget once the project life ends.

3239 DEVT/EST.OF COMMUNITY HEALTH POSTS

ESTIMATED TOTAL PROJECT COST 79,180.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST	2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST								
Current Expenditure								
Personal Emoluments								
Goods and Other Services			10,000.0	3,000.0	3,000.0	2,000.0	1,000.0	1,000.0
Current Transfers								
Sub-Total			10,000.0	3,000.0	3,000.0	2,000.0	1,000.0	1,000.0
Capital Expenditure								
Acquisition of Existing Assets								
Capital Formation			30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
Capital Transfers								
Sub-Total			30,000.0	10,000.0	8,000.0	6,000.0	4,000.0	2,000.0
A TOT DIRECT PROJECT COST			40,000.0	13,000.0	11,000.0	8,000.0	5,000.0	3,000.0
Technical Assistance								
Project Preparation								
Advisory								
Training								
Equipment								
B TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			40,000.0	13,000.0	11,000.0	8,000.0	5,000.0	3,000.0
FINANCING SOURCES								
IDENTIFIED FINANCING								
Direct Project Financing:								
Government Contributions:								
a) Government Input			40,000.0	13,000.0	11,000.0	8,000.0	5,000.0	3,000.0
b) Self Generating Revenue								
Loan								
Grant								
C TOTAL DIRECT FINANCING			40,000.0	13,000.0	11,000.0	8,000.0	5,000.0	3,000.0
D Technical Assistance								
TOTAL FINANCING (C+D)			40,000.0	13,000.0	11,000.0	8,000.0	5,000.0	3,000.0
FINANCING SOUGHT								
Direct Project Cost (A-C)								
Technical Assistance (B-D)								
TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022011228 DEVT/EST. OF COMM. HEALTH POSTS

PIP NUMBER: 3242

PROJECT NAME: UPGRADE TELEFOMIN HC TO RURAL HOSPITAL

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To improve the health status of the people of Telefomin Distirct through improved building infrastructure that conforms to hospital standard.

PROJECT COMPONENTS:

The main components are: 1). Upgrading of Telefomin Health Centre to a Rural Hospital based on minimum standard requirement; 2). Construction of staff housing; and (3). Medical and non-medical equipments.

PROJECT JUSTIFICATION:

Telefomin Health Centre was built in early 1950s during the colonial Administration and the health facilities are in dire need of rehabilitation. Due to increased population over the years, the capacities of the health facility need to be increased to provide quality and improved health services to the people of Telefomin District. Given the temperature climate, the facility building infrastructure and including staff houses are in the verge of collapse due to lack of maintenance over the years.

PROJECT CAPACITY:

The Telefomin Health Centre through Provincial Health Administration has the capacity to oversee the implementation of the project and the Project Management Committee will regularly supervise and report on the progress.

PROJECT BENEFICIARIES:

The people of Telefomin in Sandaun Province will benefit through improved facilities and health services.

PROJECT SUSTAINABILITY

The project will be sustained through the operational recurrent budget and in partnership with Baptist Mission who are currently managing the hospital under a Memorandum of Agreement signed in 1987.

3242 UPGRADE TELEFOMIN HC TO RURAL HOSPITAL

ESTIMATED TOTAL PROJECT COST 9,847.0 ESTIMATED DURATION OF THE PROJECT 4.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services									
Current Transfers									
Sub-Total									
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
Capital Transfers									
Sub-Total				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
A TOT DIRECT PROJECT COST				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
b) Self Generating Revenue									
Loan									
Grant									
C TOTAL DIRECT FINANCING				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
D Technical Assistance									
TOTAL FINANCING (C+D)				11,000.0	5,000.0	2,000.0	2,000.0	1,000.0	1,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this program.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022013218 UPGRADE TELEFOMIN HC TO RURAL HOSPITAL

PIP NUMBER: 3254

PROJECT NAME: KEREMA HOSPITAL REDEVELOPMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To redevelop Kerema Hospital into a Provincial Hospital providing an improved, better, affordable and accessible curative health services to the bulk of rural population within the Gulf Province through efficient utilization of available resources and effectively responding to the changes within the country's health systems.

PROJECT STATUS:

The Kerema Hospital Board has secured some funds in 2008 to carryout Master Planning, Design and Construction of the Hospital on the existing site. Master Planning, Schematic Designs and Final Design and documentation was completed. Construction of remaining part which is Part 1A & 1B, for hospital building and staff houses are yet to be constructed.

PROJECT COMPONENTS:

The project components includes construction of hospital building and staff houses.

PROJECT LOCATION:

The project is located in Kerema Town, in Gulf Province.

PROJECT JUSTIFICATION:

In order to achieve an efficient health system which can deliver an internationally acceptable standard of health services in Papua New Guinea, Kerema General Hosptial should be built to achieve better health services for the people of Gulf Province as stated in PNG Development Strategic Plan 2010 - 2030.

PROJECT CAPACITY:

The National Department of Health has the financial capacity through its recurrent budget to effectively oversee implementation of the programme by working closely with the Contract Company in terms of providing techncial assistance to continue to support to the health sector.

PROJECT BENEFICIARIES:

The people of Gulf Province will benefit from this project in terms of having an efficient health system with better affordable and accessible health services. Also the hospital staff will benefit by living in a better accommodation while serving the people of Gulf and PNG as a whole.

PROJECT SUSTAINABILITY

All project activities will be sustained through the recurrent budget of National Department of Health as well as the Kerema Provincial Hospital.

3254 KEREMA HOSPITAL REDEVELOPMENT

ESTIMATED TOTAL PROJECT COST 100,000.0 ESTIMATED DURATION OF THE PROJECT 4.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services									
Current Transfers									
Sub-Total									
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
Capital Transfers									
Sub-Total				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
A TOT DIRECT PROJECT COST				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
b) Self Generating Revenue									
Loan									
Grant									
C TOTAL DIRECT FINANCING				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
D Technical Assistance									
TOTAL FINANCING (C+D)				15,000.0	5,000.0	4,000.0	3,000.0	2,000.0	1,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

Nil.

2011 Budget Votes for this PIP are :-

24022012226 KEREMA HOSPITAL REDEVELOPMENT

PIP NUMBER: 3282

PROJECT NAME: PRIORITY MEDICAL EQUIPMENT REPLACEMENT

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To replace, upgrade and improve outdated, defunct and economically liable static plant equipment and facilities and introduce new technologies where required to sustain new clinical service requirements and practices.

PROJECT STATUS:

About 40% of the Static Plant Equipment identified during the survey in 2006 has been replaced and the program is ongoing.

PROJECT COMPONENTS:

The components of the project include: 1). Feasibility Study, (2). Documentations of specifications; (3). Scope of works and drawings; (4). Tendering; and (5). Contract implementation (supervision and contract management)

PROJECT LOCATION:

It is targeted for various Provincial Public Hospitals in the country.

PROJECT JUSTIFICATION:

The provision of well-maintained and fully functional static plant, equipment will provide conducive working environments for both patients and health works in the health facilities.

PROJECT CAPACITY:

The National Department of Health in collaboration with Provincial Health Administration and Project Management Team has the capacity and technical expertise to effectively oversee implementation of the programme.

PROJECT BENEFICIARIES:

The rural hospitals and district health centres and people throughout the country will benefit from basic health services through purchasing and replacing old damaged vital life saving medical equipment. It is having a big impact on those affected and people's lives are saved in the areas where life saving equipment are in place.

PROJECT SUSTAINABILITY

The Health Department and Provincial Health Administration have the manpower and technical expertise to sustain and continue to effect provision of quality services through its annual recurrent budget.

3282 PRIORITY MEDICAL EQUIPMENT REPLACEMENT

ESTIMATED TOTAL PROJECT COST 2,999.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments									
Goods and Other Services									
Current Transfers									
Sub-Total									
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation				50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
Capital Transfers									
Sub-Total				50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
A	TOT DIRECT PROJECT COST			50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)				50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
b) Self Generating Revenue									
Loan									
Grant									
C	TOTAL DIRECT FINANCING			50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
Technical Assistance									
D	TOTAL FINANCING (C+D)			50,000.0	10,000.0	10,000.0	10,000.0	10,000.0	10,000.0
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022018209 PRIORITY MEDICAL EQUIPMENT REPLACEMENT

PIP NUMBER: 3283

PROJECT NAME: PROVINCIAL TRANSIT MEDICAL STORES CONSTRUCTION

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To improve health service delivery by the provision of transit stores to supply provincial hospitals as well as rural community health posts.

PROJECT STATUS:

Of all 19 provincial transit stores and National Capital District, only two (2) are in excellent operational condition. These are the recently completed transit stores in North Solomons and the Gulf Provinces. The rest are either renting run down warehouses or using very old government stores dating back to the 60s.

PROJECT COMPONENTS:

The components include: (1). Provision of transit stores to provincial hospitals; (2). Conduct inspection, documentation, tendering and awarding of contract; and (3). Construction of transit stores in 18 Provinces.

PROJECT JUSTIFICATION:

The construction of new transit stores and upgrading of existing facilities will ensure better health care service delivery to the people in urban majority and rural population.

PROJECT CAPACITY:

A project management team comprising of NDOH staff from HSIP Management Branch will manage and oversee the implementation of the project.

PROJECT BENEFICIARIES:

The rural hospitals and district health centres and people throughout the country will benefit by way of having better facilities to store drugs and medical supplies and having access to improved basic health services in the Provinces.

PROJECT SUSTAINABILITY

The Health Department which is the originating organization will provide technical advice and monitoring and management of the program whilst individual provinces will provide security and local support for the project per province. Repair and maintenance work will be sustained from each Province's recurrent budget.

3283 PROVINCIAL TRANSIT MEDICAL STORES CONSTRUCTION

ESTIMATED TOTAL PROJECT COST 14,400.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST	2009 Actual	2010 Bugdet	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST								
Current Expenditure								
Personal Emoluments								
Goods and Other Services								
Current Transfers								
Sub-Total								
Capital Expenditure								
Acquisition of Existing Assets								
Capital Formation			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
Capital Transfers								
Sub-Total			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
A TOT DIRECT PROJECT COST			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
Technical Assistance								
Project Preparation								
Advisory								
Training								
Equipment								
B TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
FINANCING SOURCES								
IDENTIFIED FINANCING								
Direct Project Financing:								
Government Contributions:								
a) Government Input			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
b) Self Generating Revenue								
Loan								
Grant								
C TOTAL DIRECT FINANCING			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
D Technical Assistance								
TOTAL FINANCING (C+D)			50,400.0	14,400.0	12,000.0	10,000.0	8,000.0	6,000.0
FINANCING SOUGHT								
Direct Project Cost (A-C)								
Technical Assistance (B-D)								
TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011Budget Votes for this PIP are :-

24022018208 PROV TRANSIT MEDICAL STORES CONSTRUCTION

PIP NUMBER: 3344

PROJECT NAME: MOUNT HAGEN HOSPITAL REHABILITATION

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To rehabilitate the existing Mt. Hagen Hospital into a Specialist Referral Regional Hospital for the Highlands Region and the country as a whole in terms of providing quality health services.

PROJECT STATUS:

This is a new project.

PROJECT COMPONENTS:

The major component are; (1) Contract documentation, (2) Tender for construction, (3) Defects liability period, (4) Actual Construction.

PROJECT JUSTIFICATION:

The approach taken for the rehabilitation of Mt. Hagen Hospital is considered the best approach to take because this will address a number of issues such as meeting health standards, demolition of existing dilapidated buildings and services layout and services layout and upgrade the current general hospital to regional specialist hospital status.

PROJECT CAPACITY:

The project will be managed by NDOH technical team and the Provincial Department of Works in collaboration with the Mt. Hagen Hospital Board and Management. A project steering committee specific for Mt. Hagen Hospital Rehabilitation will oversee the project implementation while design, project management, construction supervision and construction works will be outsourced. NDOH will also provide the overall supervision and manage standards aspects.

PROJECT BENEFICIARIES:

The beneficiaries of this project will be the people of the Highlands Provinces and the staffs of the hospital.

PROJECT SUSTAINABILITY

During and after the project implementation NDOH with the technical personnel team in collaboration with Provincial Hospital Administration or Board will administer through contribution of technical advise. Cost of personel and maintenance cost will be sustained through its annual recurrent budget.

3344 MOUNT HAGEN HOSPITAL REHABILITATION

ESTIMATED TOTAL PROJECT COST 10,000.0 ESTIMATED DURATION OF THE PROJECT 3.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services								
	Current Transfers								
	Sub-Total								
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
	Capital Transfers								
	Sub-Total			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
A	TOT DIRECT PROJECT COST			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
B	TOT TECHNICAL ASSISTANCE								
	TOTAL PROJECT COST (A+B)			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
FINANCING SOURCES									
	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
	b) Self Generating Revenue								
	Loan								
	Grant								
C	TOTAL DIRECT FINANCING			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
D	Technical Assistance								
	TOTAL FINANCING (C+D)			37,000.0	10,000.0	9,000.0	8,000.0	6,000.0	4,000.0
FINANCING SOUGHT									
	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

Currently there is no donor involvement in this project.

POTENTIAL DONOR INVOLVEMENT**2011 Budget Votes for this PIP are :-**

24022012236 MT. HAGEN HOSPITAL REHABILITATION

PIP NUMBER: 3346

PROJECT NAME: PORT MORESBY GENERAL HOSPITAL REHABILITATION

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To rehabilitate and improve deteriorating facilities with new constructions so as to raise the current status as a National Referral Hospital and a Provincial Hospital for National Capital District and Central Province. (2). To improve access to quality and affordable basic health services to the people in addressing the priority health challenges including health status, program coverage and disease prevention program.

PROJECT COMPONENTS:

1). Upgrading and maintenance of wards including the labour ward; 2). Upgrading of staff houses; (3). Reservoir of water supply; (4). Procurement of proper hospital beds/mattress; (5). Renovation of Nurses Station; (6). Upgrading of ablution blocks/toilets; (7). Renovation of service room; (8). Improvement of outpatient for patients; and (9). Improvemend of morguary facilities

PROJECT JUSTIFICATION:

Port Moresby General Hospital is in the national capital and majority of people live and work in Port Moresby. Thus, the hospital is improving to provide the health services to make PMGH effective in service delivery. With the increased capacity of facility, improved health services will be provided to the country and will also improve the health status of the poeple.

PROJECT CAPACITY:

The Port Moresby General Hospital will oversee the implementation of the project with assistance from the National Department of Health and the Project Contractors. A Project Manager will manage the implement the project with qualified builders.

PROJECT BENEFICIARIES:

This is a National Referral Hospital and a Provincial Hospital for National Capital District and Central Province therefore majority of people will benefit from delivery of effective and improved health services provided in the country. The health status will be improved and access to quality and affordable health services to the people of PNG.

PROJECT SUSTAINABILITY

The NDOH will sustain the project from its recurrent budget once the project ends.

3346 PORT MORESBY GENERAL HOSPITAL REHABILITATION

ESTIMATED TOTAL PROJECT COST 5,000.0 ESTIMATED DURATION OF THE PROJECT 2.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
A	DIRECT PROJECT COST								
	Current Expenditure								
	Personal Emoluments								
	Goods and Other Services			2,000.0	1,000.0	1,000.0			
	Current Transfers								
	Sub-Total			2,000.0	1,000.0	1,000.0			
	Capital Expenditure								
	Acquisition of Existing Assets								
	Capital Formation			8,000.0	4,000.0	4,000.0			
	Capital Transfers								
	Sub-Total			8,000.0	4,000.0	4,000.0			
TOT DIRECT PROJECT COST				10,000.0	5,000.0	5,000.0			
B	Technical Assistance								
	Project Preparation								
	Advisory								
	Training								
	Equipment								
TOT TECHNICAL ASSISTANCE									
TOTAL PROJECT COST (A+B)				10,000.0	5,000.0	5,000.0			
FINANCING SOURCES									
C	IDENTIFIED FINANCING								
	Direct Project Financing:								
	Government Contributions:								
	a) Government Input			10,000.0	5,000.0	5,000.0			
	b) Self Generating Revenue								
	Loan								
	Grant								
	TOTAL DIRECT FINANCING			10,000.0	5,000.0	5,000.0			
	Technical Assistance								
	TOTAL FINANCING (C+D)			10,000.0	5,000.0	5,000.0			
FINANCING SOUGHT									
D	Direct Project Cost (A-C)								
	Technical Assistance (B-D)								
	TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

There is no donor involvement. GoPNG is fully funding this project.

POTENTIAL DONOR INVOLVEMENT

2011 Budget Votes for this PIP are :-

24022012237 PORT MORESBY GENERAL HOSPITAL REHABILITA

PIP NUMBER: 3427

PROJECT NAME: PACIFIC MEDICAL CENTRE (PMC)

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To construct a state-of-the-Art hospital that can provide the best medical services to the people of the country and which will be the leading referral hospital with respect to urgent and critical care needs that are beyond the capacity of any public hospital in PNG.

Furthermore, the PMC will be the center of excellence in postgraduate and continuing medical education and professional training aimed at improving the skills of national physicians, nurses, hospital administrators, biomedical engineers and other ancillary staff working in public hospitals in PNG and it will further be the nation's center of excellence in medical research in useful areas of health and etc;

PROJECT COMPONENTS:

Major components include; (1). Feasibility Study; (2). Actual construction; (3). Procurement and installation of required equipment and machines; (4) Training of health personnel; and (5). Health Research.

PROJECT JUSTIFICATION:

PNG currently does not have a state-of-the-Art hospital that can provide the best medical services to the people of the country. The Pacific Medical Centre will be the nation's center of excellence in healthcare where the world's best practices in healthcare and medical practice will be provided and demonstrated to benefit Papua New Guineans in collaboration with public hospitals and some of the world's leading teaching hospitals. It will be the nation's leading referral hospital with respect to urgent and critical care needs that are beyond the capacity of any public hospital in PNG.

PROJECT CAPACITY:

The Department of Health in partnership with private entities will have the capacity to implement this project.

PROJECT BENEFICIARIES:

The people of Papua New Guinean will benefit in terms of having an access to improved and world standard hospital and facilities. People will benefit by way of having access to better healthcare and services in the country.

PROJECT SUSTAINABILITY

The project will be operated in a "public private partnership" arrangement and hence, will sustain its own operations in the long term.

3427 PACIFIC MEDICAL CENTRE (PMC)

ESTIMATED TOTAL PROJECT COST 500,000.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST	2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST								
Current Expenditure								
Personal Emoluments								
Goods and Other Services								
Current Transfers								
Sub-Total								
Capital Expenditure								
Acquisition of Existing Assets								
Capital Formation			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
Capital Transfers								
Sub-Total			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
A TOT DIRECT PROJECT COST			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
Technical Assistance								
Project Preparation								
Advisory								
Training								
Equipment								
B TOT TECHNICAL ASSISTANCE								
TOTAL PROJECT COST (A+B)			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
FINANCING SOURCES								
IDENTIFIED FINANCING								
Direct Project Financing:								
Government Contributions:								
a) Government Input			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
b) Self Generating Revenue								
Loan								
Grant								
C TOTAL DIRECT FINANCING			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
D Technical Assistance								
TOTAL FINANCING (C+D)			19,000.0	5,000.0	5,000.0	4,000.0	3,000.0	2,000.0
FINANCING SOUGHT								
Direct Project Cost (A-C)								
Technical Assistance (B-D)								
TOTAL FINANCING SOUGHT								

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this program.

POTENTIAL DONOR INVOLVEMENT

Nil

2011 Budget Votes for this PIP are :-

24022012238 PACIFIC MEDICAL CENTRE

PIP NUMBER: 3428

PROJECT NAME: CUBAN DOCTORS (MDG 4&5 SPECIAL INTERVENTION)

EXECUTING AGENCY: Department of Health

PROJECT OBJECTIVIES:

To provide specialist doctors and much needed health services to the rural population in remote locations in the country.

PROJECT COMPONENTS:

Providing financial support and logistics to ensure these Cuban Doctors are based in the facilities in rural areas.

PROJECT JUSTIFICATION:

Although, the country has trained medical doctors, these are located mainly in urban areas, the rural health facilities do not have any medical doctors. There are many underlying factors that contribute towards PNG doctors not having an interest in providing their services in the rural areas. As such, Cuban Doctors will be brought into the country to be based in rural areas throughout Papua New Guinea and will be compensated accordingly.

PROJECT CAPACITY:

The Department of Health with support from its stakeholders has the capacity to implement this project based on its experience with the Medicinal Specialists Program.

PROJECT BENEFICIARIES:

The majority of people living in the rural areas and remote locations will benefit from having access to improved health facility and better health care and services.

PROJECT SUSTAINABILITY

The Department of Health will support its stakeholders will sustain project from its recurrent budget.

3428 CUBAN DOCTORS (MDG 4&5 SPECIAL INTERVENTION)

ESTIMATED TOTAL PROJECT COST 100,000.0 ESTIMATED DURATION OF THE PROJECT 5.0 Years

EXPENDITURE PROJECTION AND FINANCING REQUIREMENTS (K'000)

PROJECT COST		2009 Actual	2010 Budget	5 Year Total	2011	2012	2013	2014	2015
DIRECT PROJECT COST									
Current Expenditure									
Personal Emoluments				22,000.0	22,000.0				
Goods and Other Services				3,000.0	3,000.0				
Current Transfers									
Sub-Total				25,000.0	25,000.0				
Capital Expenditure									
Acquisition of Existing Assets									
Capital Formation									
Capital Transfers									
Sub-Total									
A	TOT DIRECT PROJECT COST			25,000.0	25,000.0				
Technical Assistance									
Project Preparation									
Advisory									
Training									
Equipment									
B	TOT TECHNICAL ASSISTANCE								
	TOTAL PROJECT COST (A+B)			25,000.0	25,000.0				
FINANCING SOURCES									
IDENTIFIED FINANCING									
Direct Project Financing:									
Government Contributions:									
a) Government Input				25,000.0	25,000.0				
b) Self Generating Revenue									
Loan									
Grant									
C	TOTAL DIRECT FINANCING			25,000.0	25,000.0				
Technical Assistance									
D	TOTAL FINANCING (C+D)			25,000.0	25,000.0				
FINANCING SOUGHT									
Direct Project Cost (A-C)									
Technical Assistance (B-D)									
TOTAL FINANCING SOUGHT									

CURRENT DONOR INVOLVEMENT

GoPNG is fully funding this program.

POTENTIAL DONOR INVOLVEMENT

Nil.

2011 Budget Votes for this PIP are :-

24022013221 CUBAN DOCTORS (MDG 4 AND 5 SPECIAL INTERV