For Departments, Statutory Authorities and Provinces				Table I
(insert Agency Number & Name)	2022 NATIONAL BUDGET - AGENCY SUMMAR	- AGENCY SUMMARY		
SECTOR/AGENCY FIRST Q	SECTOR/AGENCY FIRST QUARTERLY PROGRESS REPORT (ASSOCIATED W	RT (ASSOCIATED WITH MTDP	TTH MTDP IMPLEMENTATION)	
Sector	Health			
Agency's programs, projects and activities alignment to MTDP II and Agency's Vision Statement	Briefly describe agency's progra agenda	Briefly describe agency's programs, projects and activities linkage and/or alignment to the MTDP II and agency's development agenda	and/or alignment to the MTDP II a	and agency's development
Sector Lead Agency	Department of Health			
Sector Goal	Efficient health system which c	Efficient health system which can deliver an internationally acceptable standard of health services	table standard of health services	
Supporting Sector Departments/Agencies	Hospital Management Services	Hospital Management Services, National AIDS Council Secretariat, Institute of Medical Research	; Institute of Medical Research	
Contact Person - Designation	Mr. Jack Black - Budget Officer			The state of the s
Quarter - Reporting Period	First Quarter - 1 st January to 31st March 2022	st March 2022		
Details	2021	2022	2023	2024
Total Annual Appropriation (K) Capital Investment Expenditure (K)	355,357,700			
Operational Expenditure (N)	355,357,700			
Actual Warrant released to date against Annual Appropriation (Amount (N & Percentage) Capital Investment Expenditure (V)	159,910,965 45%		Comments	
Operational Expenditure (K)	159,910,965			
Previous Quarter Roll Over (K)	3,000,000			
Total Current Quarter Budget	162,133,687			
Operational Expenditure (K)	162,133,687 46%	6		
Actual Expenditure against Quarter warrant released	56,137,790 35%	66		
Capital Investment Expenditure (K) Operational Expenditure (K)				
Progress Report in regard to Non Financial Instructions	Yes/No	yes, progress report in regard to a Officer (Name)	in regard to agency NFIs is attached or will be submitted to Treasury Budget	submitted to Treasury Budget
Budgetary Issues				
hereby certify that all the information provided in this report is correct				
Name of Accounting officer:	Signature:			

For Departments, S	For Departments, Statutory Authorities and Provinces	rovinces Table 2
		AGENCY REVENUE (add more lines if required)
Source of Revenue	Amount Received	Proposed used of revenue (external revenue - CRF/internal revenue - explanation of Agency use)
GoPNG		
Donor - Grants		
Loans		
Internal (Specify)		
Others		
Total		

	OPERATIONA	L (RECURRENT)) EXPENDITURE	OPERATIONAL (RECURRENT) EXPENDITURE - QUARTERLY REPORT ON REVENUE	EPORT ON REVE	NUE	:	Table 2
Division no: (insert Division number) Operating Agency:	Operating Agency:		(insert Agency name)	ame)			Quarter Ending:	31-Mar-22
Source of Revenue	Revenue	2021	2022	Projected	Actual	Variance	Projected	
{1}}	(2)	(3)	(4)	(5)	(6)	473 = (6 - 6)	(8)	(9)
							3	
Internal Revenue								
(collected and used by agency) List by source of funds								
						0		
						0 0		
						0		
						0		
		į				0		
External Revenue				0		0		
(collected and deposited into Consolidate						, 0		-
List by source of funds				0 (0 0		
				٥		0		
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				0		0		:
				0		0		
				0		0		
				0		0		
				0		0		
						5 0		
Total Revenue	0	0	0		0	0	0	
Please provide a response to the following questions: When was the last time you have your fees and charges reviewed?	ing questions: s and charges revi	wed?						
Are there plans underway to review your fees and charges?	es and charges?		Yes / No		•			
if yes, provide details of the proposed review including expected completion date: Are there any other issues you want addressed relating to collection receipting recording & reporting of payents 2.	essed relating to col	ted completion da lecting receipting	ite: recording & renu	writing of revenue?				
	ú	g	g					
thereby certify that this is a full listing of all the internal and external revenue of the agency and the information contained on this form is correct.	I the internal and ex	temal revenue of	the agency and t	he information cont	ained on this form	is correct.		
Name of Accounting officer:					Signature:			Date:

Permanent Staff Casual Staff Funded Vacancies Unfunded Vacancies Budgeted Salary Cost: 3. If you have any unattached officers, are they included in the current Retrenchment/Retirement process being managed by DPM? If not, please advise whether your agency is able to absorb the cost of retrenchment/retirement payments for any of these officers from within its 2021 Operational (Recurrent) Budget appropriation. Please answer the following questions: 1. If staff have been included that are paid through systems other than Concept, please identify the number of staff and provide an explanation as to why these staff have noticen not be transferred. Division Number: 2. Have funded vacancies been advertised? Please complete the table below retrenching Unattached – retiring Unattached ~ Agency: a. If yes, when were the positions advertised and what is the status of the recruitment process? b. If no, what is the cause of the delay and what savings have accrued to the agency's budget due to delays in Manpower (insert annual budgeted salary costs) (insert Division number) (insert Agency name) Funded Ceiling National Budget - Agency Staffing Level Form Payroll – Agency Head count ĭ 2022 First Quarterly Budget Review Payroll - Concept Payroll – PGAS Payroll - other Approved Establishment Table 3

Section Provide Prov	Appropriation Appropriation Appropriation Provided (25%). YTD (25%) TTD (25%) Appropriation Appropriation Appropriation Provided (25%). YTD (25%) TTD (25%)								SASSAS - Special Support Create
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ttern Original Revised Warrants Provite Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD. (25%) YTD (ess Provita) (explanation needed if variance is more than 10 per cent)	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification (explanation needed if variance is more than 10 per cent) Oess				1				215000 - Retirement Benefits, Pensions, Gratuities and
ttern Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation YTD. (25%) YTD (ess Prorata) (explanation needed if variance is more than 10 per cent)	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification (25%) YTD YTD less Prorata (explanation needed if variance is more than 10 per cent)								214000 - Leave Fares
ttern Original Revised Warrants Provite Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD. (25%) YTD YTD less Provite) (explanation needed if variance is more than 10 per cent)	tern Original Revised Warrants Provide YTD (Expenditure Justification Appropriation Appropriation YTD (25%) YTD YTD less Provide (explanation needed if variance is more than 10 per cent)								213000 - Overtime
Item Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD. (25%) YTD YTD less Prorata) (explanation needed if variance is more than 10 per cent)	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation YTD (25%) YTD (ess Prorata) (explanation needed if variance is more than 10 per cent)	;							212000 - Wages
ttern Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation YTD. (25%) YTD (ess Prorata) (explanation needed if variance is more than	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Provide Spenditure Variance (Expenditure Justification Appropriation Appropriation YTD (25%) YTD YTD less Provide Variance is more than 10 per cent)								211000 - Salaries and Allowances
ttern Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD (25%) YTD YTD less Prorata) (explanation needed if variance is more than	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Provide YTD (25%) YTD (25%) Provide Provide Variance (Expenditure Justification (explanation needed if variance is more than 10 per cent)								210000 - Personnel Costs
Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD (25%) YTD YTD less Prorata) (explanation needed if variance is more than	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD. (25%) YTD YTD less Prorata) (explanation needed if variance is more than 10 per cent).								Personnel Emoluments (PE)
Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD. (25%) YTD less Prorata) (explanation needed if variance is more than	NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS Original Revised Warrants Prorata Expenditure Variance (Expenditure Justification Appropriation Appropriation YTD (25%) YTD (ess Prorata) (explanation reeded if	10 per cent)							
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		Justification	Variance (Expenditure	Expenditure	Prorata	Warrants	Revised	Original	ltem.

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Table 5

				Primary Health and Hospital Services					Main Program
Health Support Services	Rural Health Support Services	HIV/AIDS	Urban Health Facilities	Top Management and General Administration	Medical Supplies and Equipment	Health Promotion and Education	Environmental Health and Water Supply	Disease Control	Program
		:							Achieved Outcomes
									Issues S
									Strategy Major
								-	
						ì			Responsible Officer
									Is agency on track with plans (yes/no)

TOTAL BUDGE	TOTAL BUDGET - QUARTERLY REPORT ON TRUST ACCOUNT	AT ON TRIIST AC	COUNTS		Table 6
					2000
Division no: (insert Division number)	Operating Agency	(insert Agency name)		Quarter Ending:	16-Mar-22
<i>{1}</i>	{3}	{4}	<i>{5</i> }	<i>{</i> 6 <i>}</i>	· <i>(7)</i>
Trust Code Trust Name	Administering Department	Balance 1-Jan-21	Receipts Year to date	ate s	Balance at the end of quarter
					11.000
			1		
Comments:			3		
I hereby certify that this is a full listing of the trust accounts of the agency and the information contained on this form is correct.	the trust accounts of the	agency and the in	formation contair	ed on this form is	correct.
Name of Accounting officer:				Date:	

Program Project (Sample) Expected Outcomes Performance Indicators Baseline	a da Ar ografia	THE PROPERTY OF THE PROPERTY O
тте	Program (Sample)	Project/ Activities (Sample)
	тте	Disease Control Project
Family Health Services Health Promotion and Education Human Resources Development Medical Supplies and Equipment Top Management and Ceneral Administration Urban Health Facilities		Environmental Health and Water
Services Health Promotion and Education Human Resources Development Medical Supplies and Equipment Top Management and General Administration Urban Health Facilities		Family Health
Health Promotion and Education Human Resources Development Medical Supplies and Equipment Top Management and General Administration Urban Health Facilities		Services
Human Resources Development Medical Supplies and Equipment Top Management and General Administration Urban Health Facilities		Health Promotion
Development Medical Supplies and Equipment Top Management and General Administration Urban Health Facilities		Human Resources
Medical Supplies and Equipment Top Management and General Administration Urban Health Facilities		Development
Top Management and General Administration Urban Health Facilities		Medical Supplies and Equipment
Urban Health Facilities		Top Management and General Administration
	· · · · · ·	Urban Health Facilities

For Departments, Statutory Authorities and Provinces	thorities and Provinces							Table 8
	CAPITAL IN	CAPITAL INVESTMENT IMPLEMENTATION PROGRESS AND FINAN	ATION PROG	GRESS AND FINA	NCIAL DISBURSEMENT	MENT		
)					Monitoring and
		Project Implementation Status (Sample)	tatus (Sampl	(e)				Evaluation Issues
								Analysis/ Comments on
Program (Sample)	Project/Activities	Output Indicators	Targete	Progress/		Warrant VTD	Actual	Variances -
0		1	9 400	Status	r alpha old management		Expenditure 1	Performance
						•		against Indicator
								Budget was
77 7.3 7	Provision of medical	% of health with adequate						insufficient to
Health Improvement Program	311	medical supplies and	65%	55%	K 12,000	K 12,000	K 12,000 undertake	undertake
		equipment						districttravels/
								Tarate not
								achieved due
	Rehabilitation of	% of district hospital						to lack of
	district hospital	rehabilitated	40%	30%	N 30,000	A40,000	K40,000 draftsman	draftsman and
								design
								architects.

For Departments, Statutory Authorities and Provinces	orities and Provinces	SUMMARY OF ISSUES	55	Table 9
Level of Implementation	Issues Arising this Quarter	Actions taken (or Proposed) In Response	Evidence of Effectiveness of Action	Action Plan
Issues associated towards achieving the expected CIP				
outcomes and outputs				
Issues associated towards				
achieving the expected Operational Expenditure outcomes and outputs				
Issues associated towards achieving the Revenue Targets				
Issues associated with manpower				
Issues associated with financial disbursement				

For Departments, Statutory Authorities and Provinces

Table 10

LESSONS LEARNT (Combine the lessons learnt of both the Capital Investment and Operational Components)

Lessons Learnt (Learning and Insights during the quarter in review - use additional sheets if required) -Sample

- 1. Need to develop resource mobilization strategy to support district health plans in close collaboration with MPs, DAs and other local stakeholders
- 2. Continue to strengthen PCMCs capacity tot help monitor provincial health delivery system