

Ambulance Service Papua New Guinea



Activity Report Ambulance Service



01 January – 31 March **2022**

Published 24 May 2022, Port Moresby





Introduction

This document reports the activity of St John's ambulance service for the period of 01 January 2022 until 31 March 2022. Activities are described by their clinical, demography and geographical characteristics in NCD, Central, East New Britain, Morobe and Simbu provinces.

Summary

St John responded to **4,575** incidents during the report period, of which St John Ambulance treated **2,280** patients.

There was an increase of 609 incidents between Q4, 2021 (3,966) and Q1, 2022 (4,575) 2022. This represents a 15% increase compared to Q4 2021.



St John Ambulance

Background and history

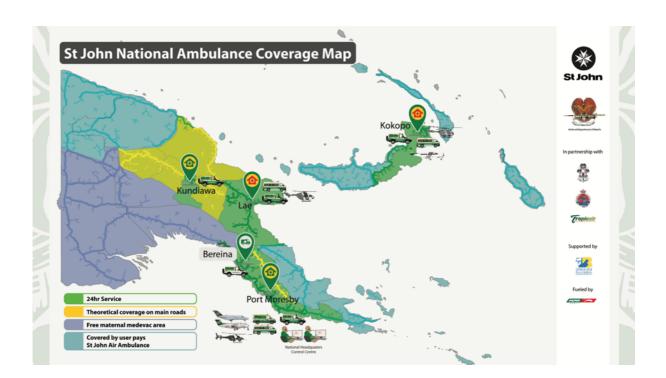
St John Ambulance Service provides the majority of first responses to medical emergencies in Papua New Guinea (PNG).

St John is a trusted Papua New Guinean civil protection charity that has operated as an independent non-government statutory body since 1976. St John Ambulance is engaged by the National Department of Health (NDOH) under a Memorandum of Agreement (MOA) to provide PNG's primary emergency ambulance services.

In 1983, the NDOH assigned responsibility to St John for operating the emergency ambulance service in PNG's southern region. Since this time St John has been engaged by provincial governments and health authorities to operate ambulance stations in respective provinces.

St John now provides PNG's primary emergency ambulance service, serving a combined population of about 3 million people by road, and the entire population by air. St John has stations in each the following towns:

- Port Moresby
- Baruni
- Bereina
- Lae
- Kundiawa
- Kokopo



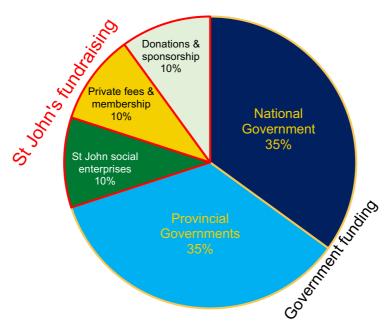


St John's status as a civil protection charity established by an Act of Parliament

How is the ambulance service funded?

The St John public ambulance service funding is split between reoccuring annual government grants from national and provincial governments and St John's own fundraising efforts.

Ambulance Service Funding



National Governmet funding: 35%

The national government's funding to St John is through the treasury, and it accounts for about 35% of St John's funding. National government funding supports the national ambulance control centre, the national emergency 111 number, and the ambulance service command, training and education.

Provincial funding: 35%

Provincial authorities with whom St John has a Service Agreement provide direct reoccuring funding. Provinical funding supports fuel, maintnenance and medical supplies.

St John's fundraising: 30%

St John Ambulance raise the remaining 30% through its social enterprise and fundraising efforts. By raising 30% of our own funding, we are greatly reducing the cost burden on the PNG Government, meaning those savings can be used by the government to fund other essential health activities.



What makes St John unique in how it delivs value and service to Papua New Guineans?

St John's status as a civil charity established by an act of parliament has unique benefits for both the government and the community. As an independent body, St John is a dynamic organisation, capable of rapidly adapting to changing environments. This builds resilience into our operations, allowing us to forward plan in order to provide the best services for the community whilst simultaneously providing strong value for the government's investment.

As a statutory body, the government has oversight of St John's activities, which is achieved by way of a Council appointed by the Governor General, quarterly reporting and annual audits made available to the Parliament.



As a charity, St John is able to harness strong community support throught its trusted brand which attracts volunteers, sponsorship and donations. This support provides better cost-efficiency for the government and higher-quality services for the community.

Being a charity also has challenges however, as not having formal access to a 'seat at the table' in government health service forums can be detrimental to our progress as an organisation.





St John's place in the health care system

St John has followed a similar path to the wider PNG health undergoing care system, gradual centralisation and professionalisation. From the early days of administration and then independence in PNG, a mix of providers offered health care services. This included government, voluntary, church and not-forprofit sectors, including St John. Over the vears. government has been challenged provide to ambulance services and has



relied upon St John to provide this technical emergency service. St John provides similar ambulance services for government in many other countries, including Australia, United Kingdom, New Zealand.

An Emergency Service and a Health Service.

St John provides one of PNG's designated emergency services, alongside the Royal Papua New Guinea Constabulary and the National Fire Service. St John's collaborative partnerships with these services enables 24/7 coordination of multiagency emergency response.

We have close collaboration with the PNG Fire Service, in fact 3 of our 6 stations are colocated with the Fire Service.





About the ambulance service

The St John ambulance service is the primary mechanism for delivering prehospital care to the community. Well-coordinated prehospital care is an essential component of an effective emergency care system.

The ambulance service, sometimes referred to as an emergency medical service, provides urgent pre-hospital treatment and stabilisation for people with serious illness and injuries and transports them to hospital.



St John Ambulance can be summoned by members of the public (as well as medical facilities, other emergency services) via the national ambulance emergency number – 111. This number puts the caller in direct contact with the St John national ambulance control centre (NACC) based in Port Moresby. The control centre will then dispatch suitable ambulance resources for the situation.

How is prehospital care essential to good health care in PNG?

Ambulances and rapid response vehicles are the primary mode of delivering prehospital emergency medical services in PNG, however St John also uses aircraft and boats to access patients in rural and remote areas. St John also has a special operations team and rescue squad that provides technical rescue and retrieval services.

The ambulance service has a key role in supporting quality services, minimising health degree of injury and reducing fatalities. Ambulance response times significantly impact survival in critical patient emergencies. St John works hard to strategically manage ambulance resources to ensure rapid response times despite the substantial geographical and logistical challenges.





Definitions

These definitions match that of the Council of Ambulance Authorities Australasia's Report on Government Services.

Term	Definition	Comment
Incident	An event that results in a demand for ambulance resources to respond.	Incidents are logged in CAD as a case. Incidents are measured using CAD data.
Response	An ambulance response is a vehicle sent to an incident.	There may be multiple responses to one incident if several units are dispatched to a single incident
	A patient is someone assessed,	Patients are counted by the number of episodes. Patients may be the subject of more than one (1) episode per year.
Patient	treated, or transported by the ambulance service.	The ambulance worker completes an individual 'patient care report' for each patient. The patient care report is documented either on a paper sheet or using St John's eMR system.

Phone Assist Incident

Definition: a Phone Assist Incident is a genuine call for assistance to St John where a trained call-taker gives first aid advice to a patient, but an ambulance is not sent for any reason.

Phone assistance must be documented in CAD. Phone assistance incidents are measured through CAD.



Clinical Advice Incident

Definition: a Clinical Advice Incident is a genuine call for assistance to St John where a registered health professional performs clinical assessment or gives clinical advice to a patient, but an ambulance worker is not sent for any reason.

Clinical advice incidents must be documented in CAD. Clinical advice incidents are measured through CAD.



Definitions of response priorities

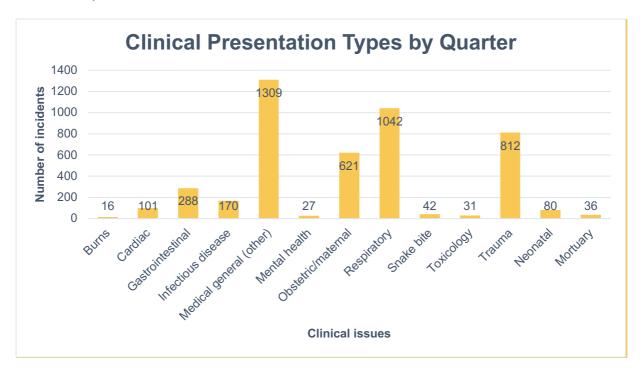
Response Code	Problem	Degree of urgency	Lights & Sirens	Recommended number of ambulances to send	Target Time to patient location from time of call (median)
1A	Immediately life- threatening problem e.g., cardiac arrest, ineffective breathing	Immediate Highest priority response. Cloesest ambulances to respond.	Yes	Minimum 3, preferably 4.	Within 10 minutes (Ideally less than 8 minutes)
1B	Potentially life- threatening problem e.g., unconscious	Immediate High priority	Yes	1 – 2	Within 15 minutes
1C	Possible life- threatening emergency e.g., breathing problem or chest injury, or serious bleeding	Priority	Yes	1 - 2	Within 15 minutes
2A	Unlikely threat to life. e.g. abdominal pain	Urgent	No	1	Within 30 minutes
2B	No threat to life e.g. unwell for days, limb injury	Mobilise when sufficient resources available	No	1	Within 60 minutes
3	medical response requested by a doctor or nurse. often referral case	Within requested timeframe	No	1	Usually within 90 minutes
4 – 9	Non-emergency	Routine transport	No	1	



Medical issues

During the reporting period, St John attended to 4,575 incidents. This is a 609 **increase** compared to Q4 2021.

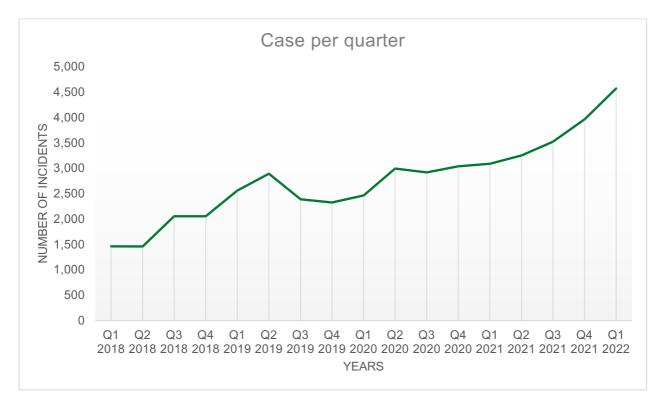
The graph below shows the type of clinical issue and the total number of incidents attended by clinical issue.



The table below shows the number of incidents and the type of clinical issues attended to in 2022 compared to the same period of the previous year.

Clinical Issue	Q1	Q2	Q3	Q4	Q1	2022 VTD
	2021	2021	2021	2021	2022	YTD
Burns	2	13	10	6	16	16
Cardiac	58	93	89	72	101	101
Gastrointestinal	132	243	264	159	288	288
Infectious disease	264	437	187	161	170	170
Medical general (other)	989	631	838	1,222	1,309	1,309
Mental health	36	33	37	20	27	27
Obstetric/maternal	343	527	513	490	621	621
Respiratory	533	517	691	887	1,042	1,042
Snake bite	38	53	43	48	42	42
Toxicology	25	34	27	25	31	31
Trauma	502	564	704	759	812	812
Neonatal	71	68	50	84	80	80
Mortuary	97	39	76	33	36	36
Total	3,090	3,252	3,529	3,966	4,575	4,575







CEO's Analysis of clinical presentation variances

St John has seen significant growth in emergency incidents in Q1, 2022 compared to Q4 2021. Most of the clinical presentation for this period are categorised as general medical issues, which is consistent with other quarters. The number of respiratory incidents drastically increased compared to Q1 2021.



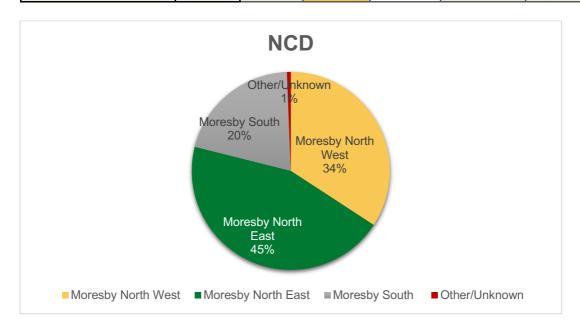
Incidents by Electorate -

St John operates full ambulance service in the National Capital District, Central, Simbu, Momase and East New Britain provinces.

Our services in other provinces are currently limited to air ambulance response.

NCD

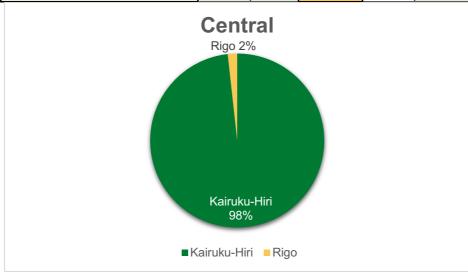
ELECTORATE	Q4 2021	%	Q1 2022	%	Variance	Total YTD
Moresby North West	1,026	37	1200	34	174+	1200
Moresby North East	1,114	40	1568	45	454+	1568
Moresby South	632	23	718	20	86+	718
Other/Unknown	0	0	22	1	22+	22
Total	2,772	100	3,508	100	736+	3,508





Central Province

ELECTORATE	Q4 2021	%	Q1 2022	%	Variance	YTD
Kairuku-Hiri	374	96	450	98	76+	450
Goilala	0	0	0	0	0	0
Rigo	14	4	8	2	6-	8
Abau	3	<1	0	0		0
Total	391	100	458	100	67+	458

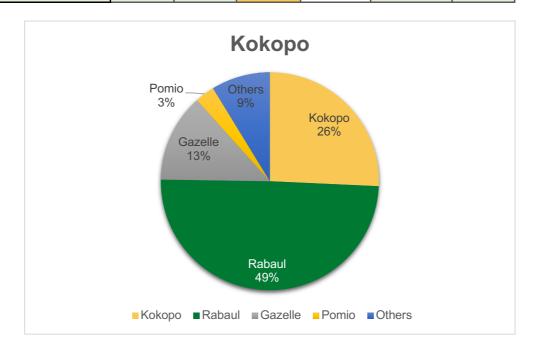






East New Britain

ELECTORATE	Q4 2021	%	Q1 2022	%	Variance	YTD
Kokopo	119	52	53	26	66-	53
Rabaul	41	18	102	50	61+	102
Gazelle	48	21	27	13	21-	27
Pomio	23	10	6	3	17+	6
Others/ Unknown	0		18	9	18+	18
Total	231	100	206	100	25-	206

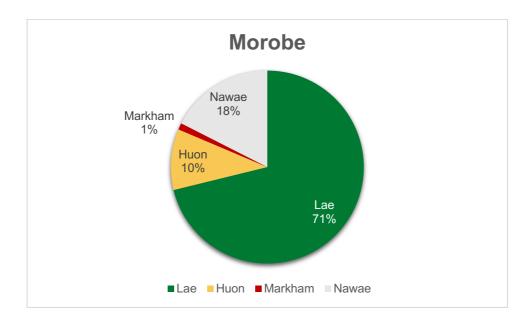






Morobe

ELECTORATE	Q4 2021	%	Q1 2022	%	Variance	YTD
Lae	250	91	195	71	55-	195
Bulolo	0	0	0	0	0	0
Finschhafen	0	0	0	0	0	0
Huon	7	3	28	10	21+	28
Kabwum	0	0	0	0	0	0
Markham	0	0	3	1	0	3
Menyamaya	0	0	0	0	0	0
Nawae	18	6	48	18	30+	48
Tewae-Siassi	0	0	0	0	0	0
Total	275	100	274	100	1-	274

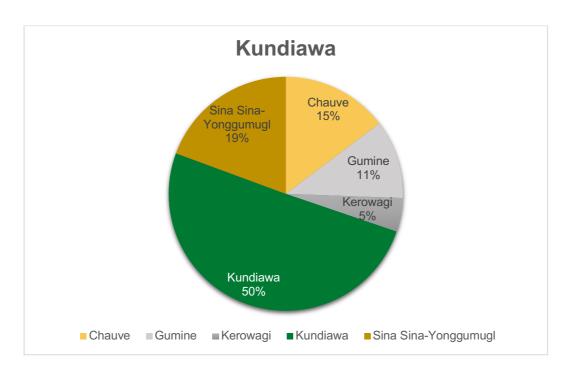






Simbu

ELECTORATE	Q4 2021	%	Q1 2022	%	Variance	YTD
Chauve	10	4	19	15	9+	19
Gumine	31	12	14	11	17-	14
Karimui-Nomane	0	0	0	0	0	0
Kerowagi	26	10	6	5	20-	6
Kundiawa	130	50	65	50	65+	65
Sina Sina- Yonggumugl	61	24	25	19	36-	25
Total	258	100	129	100	129+	129



CEO's Analysis

There has been a significant increase in incidents overall for NCD, specifically in the Moresby North East electorate with 45% compared to other districts in the Nation's Capital.

In Central, Kairuku Hiri, the largest district accounted for the most incidents attended to in Q1 2022.

Rabaul district in East New Britain has seen a 50% increase in incidents this quarter compared to previous reports, accounting for 52% of the incidents attended to.

In Morobe and Kundiawa, most incidents were attended to within the city area due to road conditions and distance.



Response Performance by Priority (Median)

The response time of Emergency Ambulance Services (EAS) is an elemental factor for prehospital care to be successful and, therefore, must be controlled to increase the chances of survival³. Calls are assessed and triaged, with priority given in order of severity and acuteness of illness/injury, with priority 1A being the highest, and priority 8 being the lowest.

'Dispatch time' is defined as the time between when the call-taker first receives the call about a case and the dispatcher tasks an ambulance crew to attend the case by sending a message to crew (usually by radio or pager).

Dispatch		National Capital District	Central Province	East New Britain	Morobe	Kundiawa
Priority	Target	Q1 2022	Q1 2022	Q1 2022	Q1 2022	Q1 2022
			Secon	ids		
1A	60	218	319	1,313	213	213
1B	90	262	364	207	401	401
1C	90	433	581	461	529	529
1P		538	1,230	-	-	-
2A	180	706	655	903	549	549
2B	180	1,114	1,554	780	931	931
2P		1,012	-	-	5,381	5,381
P3	1200	1,452	862	599	838	838

Morobe and Kundiawa dispatch times are identical for Q1 2022 as the computer aided dispatching program had Momase and Highlands group as one dispatch area. In Q2 2022, these regions will be split.



'Response time' is the time between notification of an occurrence and the ambulance arrival at the scene.

According to the WHO, an ideal response time is equivalent to less than 8 minutes¹.

Graph showing the median response time per case priority.

Response		National Capital District	Central Province	East New Britain	Morobe	Simbu
Time	Target	Q1 2022	Q1 2022	Q1 2022	Q1 2022	Q1 2022
			(minເ	utes)		
1A	10	16	73	94	40	40
1B	15	18	54	51	49	49
1C	15	30	71	68	59	59
1P (COVID-19)	15	23	150	-	-	-
2A	30	38	74	88	58	58
2B	60	51	113	88	67	67
2P (COVID-19)	60	34	-	-	229	229
3	90	52	138	73	113	113





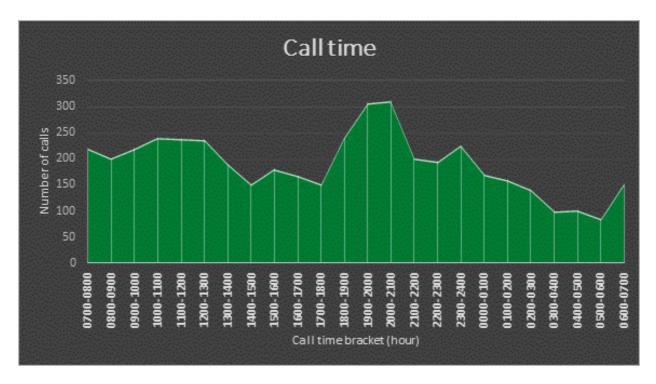




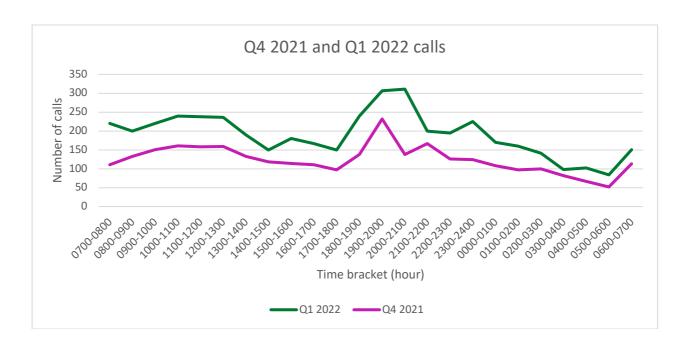
Peak call periods

We keep track of the times in which calls for help are received.

For this period, the highest number of calls for help were received between 20:00 - 21:00 PM with a total of 311 calls.



During the reporting period, the busiest time for St John Ambulance was between 10:00-11:00 hours during the day and 20:00-21:00 hours during the night. (Daytime period: 06:00 to 18:00); Night-time period: 18:01 to 05:59)





Patients by condition and age group

St John attends to people of all gender and ages. The table below shows incidents as a percentage by age group.

≤13 years	Q4 2021	Q1 2022	YTD
Clinical presentation			
Burns	1%	0.70%	0.70%
Cardiac	0%	0.50%	0.50%
Gastrointestinal	3%	3.80%	3.80%
Infectious Diseases	4%	3.70%	3.70%
Mortuary	0%	0.20%	0.20%
Neonatal	21%	18.00%	18.00%
Obstetric/Gynaecological	0%	2.30%	2.30%
Other clinical issues	28%	50.00%	50.00%
Respiratory	24%	13.50%	13.50%
Snake bites	3%	0.70%	0.70%
Toxicology	3%	0.20%	0.20%
Trauma	13%	6.50%	6.50%

Age ≥14 - ≤30	Q4 2021	Q1 2022	YTD
Clinical presentation			
Burns	0.10%	0.40%	0.40%
Cardiac	0.90%	1.60%	1.60%
Gastrointestinal	4.80%	8.20%	8.20%
Infectious Diseases	2.00%	4.10%	4.10%
Mental Health	0.30%	0.20%	0.20%
Mortuary	0.40%	0.10%	0.10%
Obstetric/Gynaecological	27.50%	20.30%	20.30%
Other clinical issues	21.40%	39.00%	39.00%
Respiratory	10.90%	6.30%	6.30%
Snake bites	1.90%	1.80%	1.80%
Toxicology	0.60%	1.40%	1.40%
Trauma	29.30%	16.70%	16.70%



Age ≥31 - ≤45	Q4 2021	Q1 2022	YTD
Clinical presentation			
Burns	%	0.70%	0.70%
Cardiac	1.80%	2.20%	2.20%
Gastrointestinal	5.20%	8.20%	8.20%
Infectious Diseases	4.90%	5.60%	5.60%
Mental Health	0.60%	0.20%	0.20%
Mortuary	0.70%	0.40%	0.40%
Obstetric/Gynaecological	13.50%	12.00%	12.00%
Other clinical issue	31.20%	44.00%	44.00%
Respiratory	21.90%	12.20%	12.20%
Snake bites	1.10%	0.20%	0.20%
Toxicology	0.40%	0.60%	0.60%
Trauma	18.70%	13.70%	13.70%

Age ≥46 - ≤59	Q4 2021	Q1 2022	YTD
Clinical			
presentation			
Cardiac	2.60%	5.00%	5.00%
Gastrointestinal	3.10%	7.90%	7.90%
Infectious Diseases	6.10%	5.90%	5.90%
Mental health	0.60%	0.30%	0.30%
Mortuary	2.00%	0.70%	0.70%
Obstetric	0.90%	1.70%	1.70%
Other clinical issues	42.50%	52.80%	52.80%
Respiratory/sob	32.30%	17.80%	17.80%
Snake bites	0%	1.00%	1.00%
Toxicology	0.60%	0.30%	0.30%
Trauma	9.20%	6.60%	6.60%

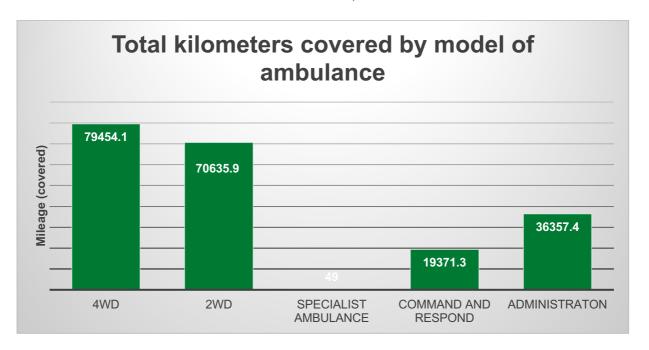
Age ≥60	Q4 2021	Q1 2022	YTD
Clinical presentation			
Burns	0%	0.00%	0.30%
Cardiac	4.60%	3.20%	3.20%
Gastrointestinal	3.80%	7.40%	7.40%
Infectious diseases	6.30%	5.20%	5.20%
Mental Health	0.50%	0.20%	
Mortuary	0.20%	1.40%	1.40%
Obstetric/Gynaecological	0.30%	0.60%	0.60%
Other clinical issues	35.00%	61.90%	61.90%
Respiratory	43.90%	16.90%	16.90%
Snake Bite	0.30%	0.00%	0.00%



Trauma 5.00% 3.20% 3.20%

Kilometres travelled

The total kilometres travelled in Q1 2022 is 205,867.7 kilometres.



Nationally

Vehicle class	Q4 2021	Q1 2022	YTD average
4WD Ambulance	70,582.5	79,454.1	79,454.1
2WD Ambulance	66,277.7	70,635.9	70,635.9
Specialist Ambulance	56.8	49	49
Command & respond	52,706.7	19,371.3	19,371.3
Administration	07.8	36,357.4	36,357.4
Total KMs	197,230.5	205,867.7	205,867.7





NCD

Vehicle class	Q4 2021	Q1 2022	YTD average
4WD Ambulance	43,133	36,042.1	36,042.1
2WD Ambulance	47,100.1	55,601.3	55,601.3
Specialist Ambulance	56.8	49	49
Rapid response and command vehicle	52,706.7	12,157.7	12,157.7
Administration		36,357.4	36,357.4
Total KMs	142,996.6	140,207.5	140,207.5

East New Britain

Vehicle class	Q4 2021	Q1 2022	YTD average
Land cruiser ambulance	8,967.7	5,009.3	5,009.3
Other Ambulance	7,333.1	7,446.6	7,446.6
Command vehicle	5,669.8	3,581.8	3,581.8
Total KMs	21,970.6	16,037.7	16,037.7

Morobe

Vehicle class	Q4 2021	Q1 2022	YTD average
Land cruiser ambulance	5,119.3	27,106.8	27,106.8
Other Ambulance	6,670	7,588	7,588
Command vehicle	-	3,631.8	3,631.8
Total KMs	11,789.3	38,326.6	38,326.6

Simbu

Vehicle class	Q4 2021	Q1 2022	YTD average
Land cruiser ambulance	11,811.8	11,295.9	11,295.9
Other Ambulance	0	0	0
Command vehicle	0	0	0
Total KMs	11,811.8	11,295.9	11,295.9



Central Province

Vehicle class	Q4 2021	Q1 2022	YTD average
Land cruiser Ambulance	-	660.4	660.4
Total KMs	-	660.4	660.4





Air Ambulance

Missions

Helicopter	Q1 2021	Q1 2022	YTD average
Southern	1	1	1
Momase	7	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total	8	1	1

Fixed wing	Q1 2021	Q1 2022	YTD average
Southern	2	4	4
Momase	5	1	1
NGI	2	6	6
Highlands	3	1	1
Australia	1	2	2
International	0	0	0
(other)	1.0		
Total	13	14	14

Flight Hours

The total hours flown by air to provide care this period is shown below.

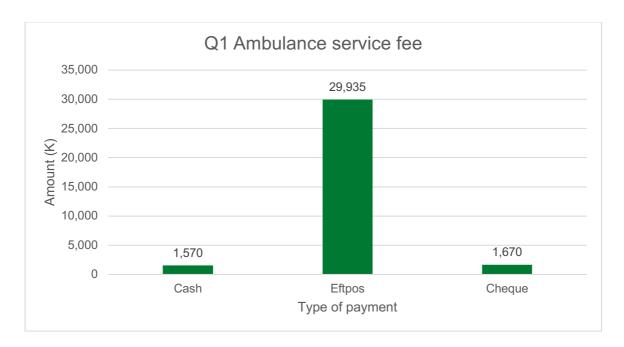
Helicopter	Q1 2021	Q1 2022	YTD average
Southern	2	2	2
Momase	8	0	0
NGI	0	0	0
Highlands	0	0	0
International	0	0	0
Total hours	10	2	2

Fixed wing	Q1 2021	Q1 2022	YTD average
Southern	4.3	6.4	6.4
Momase	13.7	2.0	2.0
NGI	6.3	23.0	23.0
Highlands	6	1.6	1.6
Australia	2.8	11.9	11.9
International	33.1	0	0
Total hours	66.2	48.8	48.8

Total ambulance service fee collected for Q1 2022 is K33,175.00.



St John Ambulance has "No Cash Policy" so all the payments are paid through EFTPOS.



Form of payment	Q1 2021	Q1 2022	YTD total
Cash	30,774	1,570	1,570
EFTPOS	41,851	29,935	29,935
Cheque	400	1,670	1,670
Total (PGK)	73,025	33,175	33,175



ANNEXE A – Key Performance Targets

Ambulance Service

Name	Target	Q4 2021	Q1 2022
Minimum ambulance crewing	The number of ambulances on duty meets that required in Annexe A 90% of the time.	80%	93%
Response time (National Median) 1A	An ambulance arrives on scene within 11 minutes from time of call for 1A incidents in NCD	15 minutes	40 minutes
Response time (National Median) 1B, 1C	An ambulance arrives on scene within 20 minutes from time of call for 1B & 1C incidents in NCD	1B: 21 minutes 1C: 32 minutes	1B: 49 minutes 1C: 59 minutes
Referrals (Reservist Stations)	80% of Central Province referral incidents to PMGH are met midway by NCD ambulance.	N/A	Work in progress. Delayed by opening of Bereina was delayed and A130 is offroad has awaiting parts on backorder.
Patient Documentation	99% of ambulance incidents are documented by ambulance crews using AMII eMR.	N/A	94% of NCD ambulance incidents completed using AMII. 86% of all incidents in PNG are documented using AMII. *AMII was introduced to the ambulance serviced in the first week of 2022. NCD commenced using AMII in January 2022. ENB will start using in April 2022. Kundiawa and Lae are still using paper case sheets.
Document all			
instances that an ambulance arrives at scene or has patient contact	An eMR is completed for 100% of instances where a crew arrives on scene, even if patient is not located.	N/A	95% of time the eMR is complete for cancel incidents. In few incidents, eMR is null or without information.



National Ambulance Coordination Centre (111)

The National Ambulance Coordination Centre (NAAC) is the hub for the 111emergency call centre and ambulance dispatching systems. It facilitates communication with and coordination of the ambulance service across NCD, Central and East New Britain provinces and the tracking of the Air Ambulance missions.

The NACC also provides clinical advice to communities and health workers in other provinces. The NACC enables interagency cooperation with other emergency service providers during times of mass casualty or complex incidents such as earthquakes.

Name	Target	Q1 2021	Q1 2022
Dispatch time	The median time that an ambulance is dispatched to a 1A case is less than 90 seconds from time the first call about the incident is received.	5 minutes	3m 6s
Skill Maintenance	Skills Maintenance and reaccreditation program implemented for all NACC roles	In progress	In progress
Use of call- taking script	The call-taker completes the call-taker script for 100% of genuine calls	N/A	19 NACC completed basic NACC control centre officer training.
Feedback to call-takers	2 calls are randomly selected each week with feedback given to the call-taker by registered paramedics	N/A	Deferred to Q2, 2022.



Clinical & Operation Support Group (COSG) KPIs

Name	Target	Q1 2021	Q1 2022
Clinical case review	75% of case sheets reviewed, positive, and constructive feedback given on 20% of incidents.	Ongoing	25% of incidents were reviewed this quarter.
			Clinical Operations greatly supported the introduction of AMII eMR system.
			Case sheet reviews are being incorporate into fortnightly training sessions.
			For Q2 additional clinicians will be assigned to review case sheets with an aim to reach 75%
Skills maintenance records	All operational staff will have a skills maintenance record by 30 March each year	Completed skills training for Q1,	100% ambulance officers have skills register and 94% have successfully achieved annual re-accreditation.
Aeromedical Equipment	Three full sets of kits are available 100% of the time	Ongoing	97% availability. Additional and new kits to be purchase in Q2 once DFAT funds are reallocated.
Staff deployment time	Medical crew is at airport base 30 mins before scheduled departure time 100% of the time	Ongoing and compliant	Achieved
Patient Satisfaction Survey	95% of patients (or immediate family member) are surveyed.	Ongoing	Deferred to Q2 2022.
Patient Satisfaction	Maintain overall patient satisfaction score of 95%	Ongoing	Deferred to Q2, 2022
Revenue Targets	Obtain revenue targets of K250,000 per quarter (or 15 missions per month)	Below target for Quarter 1 - PGK 137,225.00 across 21 missions for the quarter	PGK 174, 850 (70% of target) over 16 missions completed in Q1.





Papua New Guinea Since 1957

St John is a statutory incorporation operating in accordance with the *St John Council Incorporation* Act of *1976*.

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