National Capital District Provincial Health Authority

ANNUAL MANAGEMENT REPORT 2025.

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ABRBREVIATIONS

AFB	Acute Flaccid Paralysis
AIDS	Acquired Immunodeficiency Syndrome
AIP	Annual Implementation Plan
ARV	Antiretroviral
BMU	Base Management Unit
CEO	Chief Executive Officer
CHS	Church Health Services
CHP	Community Health Post
CSSD	Central Sterilizing Services Department
DDA	District Development Authority
DFAT	Australian Department of Foreign Affairs & Trade
DPLGA	Department of Provincial and Local Governments Affairs
DS- TB	Drug Sensitive TB
EOC	Emergency and Obstetric Care
FAS	First Assistant Secretary
FBO	Faith Based Organizations
GPH	Gerehu Provincial Hospital
HIV	Human Immunodeficiency Virus
HRM	Human Resources Management
HRMIS	Human Resources Management Information System
HRIS	Health Resources Information System
ICT	Information Communication Technology
IMCI	Integrated Management of Childhood Illness
KPI	Key Performance Indicators
KRA	Key Result Areas
M&E	Monitoring & Evaluation
MDG	Millennium Development Goals
MDR-TB	Multi-Drug Resistant TB
MKA	Motu-Koita Villages
MO	Medical Officer
MOU	Memorandum of Understanding
MTDP	Medium-term Development Plan
MVA	Motor Vehicle Accident
NCD	National Capital District
NCDC	National Capital District Commission
NCDPHA	National Capital District Provincial Health Authority
NDoH	National Department of Health
NHAA	National Health Administration Act
NHIS	National Health Information System
NHP	National Health Plan
NHSS	National Health Service Standards
NGO	Non- Government Organization
PHA	Provincial Health Authority
PILAG	Public Institute of Leadership and Governance
PIP	Project Implementation Plan
PNGIMR	Papua New Guinea Institute of Medical Research
PMGH	Port Moresby General Hospital
PPCTC	Prevention of parent to child transmission care
PPP	Public Private Partnership
SDG	Sustainable Development Goals
SEM	Senior Executive Management
SIP	Service Improvement Program
SMART	Specific, Measurable, Achievable, Realistic, Timeliness
SMO	Specialist Medical Officer
SOP	Standard Operating Procedure
STI	Sexually Transmitted Infection
SWOT	Strenght, Weaknesses, Opportunities & Threats
TB	Tuberculosis
TB-DOT	Tuberculosis Directly Observed Treatment
UPNG	University of Papua New Guinea
WHO	World Health Organization
X- DR TB	Extreme Drug Resistant TB

FOREWORD

It is with great pride and a strong sense of responsibility that I present the 2025 Annual Management Report for the National Capital District Provincial Health Authority (NCD PHA). This report provides a comprehensive account of our performance, key achievements, and the continued progress we have made in strengthening healthcare service delivery for the people of the National Capital District and beyond.

Throughout the year, NCD PHA has remained committed to delivering accessible, equitable, and high-quality healthcare services. Despite ongoing challenges within the health sector, we have continued to implement our strategic priorities in alignment with the Clinical Services Plan, as well as key national frameworks including the National Health Plan 2021–2030, the Papua New Guinea Development Strategic Plan 2010–2030, and the Medium-Term Development Plan IV 2023–2027.

One of the most significant highlights for 2025 has been the continued progress toward the development of the new NCD Level 5 Provincial Hospital. This transformative project represents a major investment in the future of healthcare in our nation. Designed to incorporate modern medical technologies and sustainable infrastructure, the facility will significantly enhance service capacity and quality, and position NCD as a leader in healthcare delivery across Papua New Guinea.

The achievements outlined in this report are a testament to the dedication, resilience, and professionalism of our staff across all divisions and facilities. I wish to sincerely acknowledge and commend their tireless efforts. I also extend my appreciation to the leadership of Chief Executive Officer Dr. Robin Oge for his strategic direction and stewardship throughout the year.

Equally, we recognize the invaluable contributions of our development partners, stakeholders, and the Government, whose continued support has been instrumental in advancing our programs and initiatives. Through these partnerships, we are able to deliver more impactful and sustainable health outcomes for our communities.

As we move forward, NCD PHA remains focused on strengthening governance, improving service delivery, and fostering innovation within the health system. We are committed to building a resilient and responsive healthcare system that meets the evolving needs of our population.

On behalf of the Board, I thank all stakeholders for their continued support and partnership. We look forward to building on the progress achieved in 2025 and continuing our collective efforts toward a healthier future for all.

Sincerely,

Mr. Daniel Waswas
Chairman
National Capital District Provincial Health Authority

MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

Under my leadership, the National Capital District Provincial Health Authority (NCDPHA) has made steady and meaningful progress in strengthening institutional capacity and improving healthcare service delivery.

A key foundation for this progress has been the establishment and continued leadership of the NCDPHA Board since 2023. The Board has provided strong governance and strategic oversight, ensuring that the Authority remains focused, accountable, and aligned with its long-term vision.

Over the past year, our priority has been to stabilize and strengthen internal systems, streamline leadership structures, and enhance coordination across all directorates. These efforts have been critical in improving efficiency and ensuring the consistent delivery of quality healthcare services to the people of the National Capital District.

Under my leadership, particular emphasis has been placed on rebuilding trust and confidence among our staff, partners, and the public. This has involved identifying key operational gaps, addressing management challenges, and implementing targeted reforms to improve performance and service outcomes across the Authority.

One of our key achievements in 2025 has been the development of the NCDPHA five-year Corporate Plan, which will soon be formally launched. In addition, we have finalized the NCDPHA Health Services Strategic Development Plan (2026–2035), which will serve as a comprehensive roadmap to guide service delivery, infrastructure development, and long-term growth of the Authority.

I extend my sincere appreciation to the Senior Executive Management team, Line Managers, and all staff for their dedication, professionalism, and unwavering commitment to our shared vision: *Healthy People and Thriving Communities in the NCD and Motu Koita Areas.*

As we look ahead, I remain fully committed to advancing NCDPHA's mission of providing accessible, high-quality healthcare services and positioning the Authority as a model Provincial Health Authority in the country. The progress we have made lays a strong foundation for a resilient and sustainable healthcare future.

With this, I am pleased to present the National Capital District Provincial Health Authority Annual Management Report for 2025.

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Dr. Robin Oge
Chief Executive Officer, NCDPHA

PART 1: ORGANIZATIONAL OVERVIEW

ABOUT US

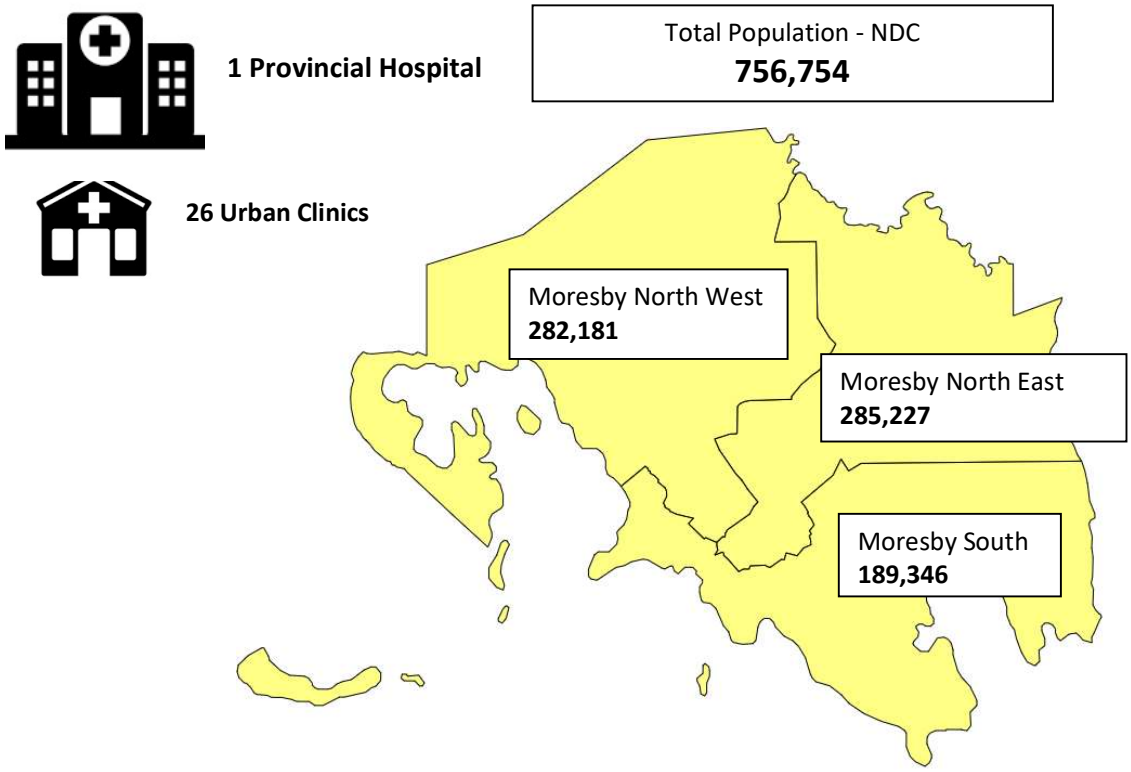
The National Capital District Provincial Health Authority (NCDPHA) was the last province in Papua New Guinea to adopt the Provincial Health Authority system of managing health services in a province. February 2024 marked four (4) years since the National Capital District Provincial Health Authority (NCDPHA) was given the mandate to oversee the provision and management of health service delivery in the National Capital District (NCD).

The core business of NCDPHA is the provision of Curative Health and Public Health services to the people of the National Capital District – each area has a Directorate under the NCDPHA Organisational Structure managed by Director. To support these core functions, NCDPHA has a Corporate Services Directorate that provides Human Resources Management, Finance, Information & Communication Technology, Operations Management services.

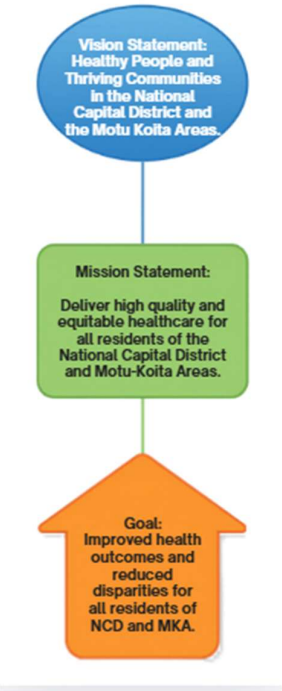
The governance arrangements and metropolitan setting of NCD presents unique circumstances and challenges for NCDPHA. This is mainly because the Papua New Guinean Health Sector have focused primarily on rural health because the majority of its population are rural based. NCDPHA is the first Provincial Health Authority to solely focus on urban health.

Our Locations

NCDPHA services cover a land area 240km^2. The population density of NCD would have increased as well from its 2025 estimate of 2,138.61 persons per sq.km – making NCD the most densely populated province in PNG. We oversee twenty-six (26) urban health facilities through NCD. Our Provincial Hospital is located in Gerehu (Moresby North West).



OUR MISSION, VISION, GOAL AND VALUES



STRATEGIC NINE (9) PILLARS

STRATEGIC PILLAR 1: UNIFIED LEADERSHIP AND GOOD GOVERNANCE

Objective: To establish the NCDPHA as the single, authoritative leader and steward of an integrated, accountable, and transparent provincial health system.

STRATEGIC PILLAR 2: PEOPLE-CENTRED & PROACTIVE SERVICE DELIVERY

Objective: To reorient the service delivery model from a reactive, hospital-centric system to a proactive, accessible, and high-quality Primary Health Care (PHC) network that effectively meets community needs.

STRATEGIC PILLAR 3: STRENGTHENED PUBLIC HEALTH PROGRAMS AND COMMUNITY ENGAGEMENT

STRATEGIC PILLAR 4: ADDRESSING DISEASE BURDEN AND TARGETED HEALTH PRIORITIES

Objective: To reduce the morbidity and mortality associated with the triple burden of disease in NCD (communicable diseases, non-communicable diseases, and trauma and injuries) by implementing targeted, evidence-based public health and clinical programs.

STRATEGIC PILLAR 5: HEALTH FACILITY INFRASTRUCTURE CONSTRUCTION AND REHABILITATION

Objective: To transform the NCDPHA's physical infrastructure from a state of systemic failure into a modern, resilient, and fit-for-purpose network of health facilities that meet national standards and community needs.

STRATEGIC PILLAR 6: ACCESSIBLE MEDICAL PRODUCTS, VACCINES & TECHNOLOGIES

Objective: To ensure a reliable, efficient, and uninterrupted supply of safe and effective medical products, vaccines, and technologies to all NCDPHA health facilities.

STRATEGIC PILLAR 7: RESILIENT AND MOTIVATED HUMAN RESOURCES

Objective: To build, retain, and motivate a competent, adequately sized, and equitably distributed health workforce capable of meeting the demands of an expanding health system.

STRATEGIC PILLAR 8: SUSTAINABLE AND ACCOUNTABLE HEALTH FINANCING

Objective: To establish a stable, transparent, and sustainable financial foundation for the NCD health system, with resources strategically aligned to primary health care priorities.

STRATEGIC PILLAR 9: A MODERN, DATA-DRIVEN DIGITAL ECOSYSTEM

Objective: To build a robust and resilient digital health ecosystem that enables evidence-based decision-making, improves clinical quality, and enhances operational efficiency at all levels of the health system.

OUR FUNCTION

The National Capital District Provincial Health Authority (NCDPHA) has the following service functions as stipulated under Schedule 5 of the Provincial Health Authority Act 2007:

a) to administer and maintain the provincial health authority and its facilities for provision of public health services and curative services for the protection, care and treatment of the local people;
b) to engage in and assist local authorities in the provision of community health education, services to promote health and provide public health information services to local communities;
c) to provide or assist in the provision of facilities for, or in connection with, education, instruction or practical training of its professional staff and other employees;
d) to disseminate information and knowledge in the field of public health for the benefit of the public;
e) to provide facilities for teaching, instruction, research or post-graduate studies in medicine, nursing, allied health professional training, dentistry, obstetrics, paediatrics, surgery, ophthalmology, pathology, psychiatry, radiology, oncology, community health workers and other related fields as the Board may consider fit;
f) to encourage research and experimentation into any areas of public health services, health services, medical activities or paramedical activities conducted according to national and international ethnical standards;
g) to administer and expend money appropriated by the State and development partners for the purposes of the provincial health authority; and
h) to consult and co-operate with appropriate authorities and with other organizations, associations and persons on matters related to its activities.

Its key policy functions involve the following (as outlined by Schedule 6 of the Provincial Health Authority Act):

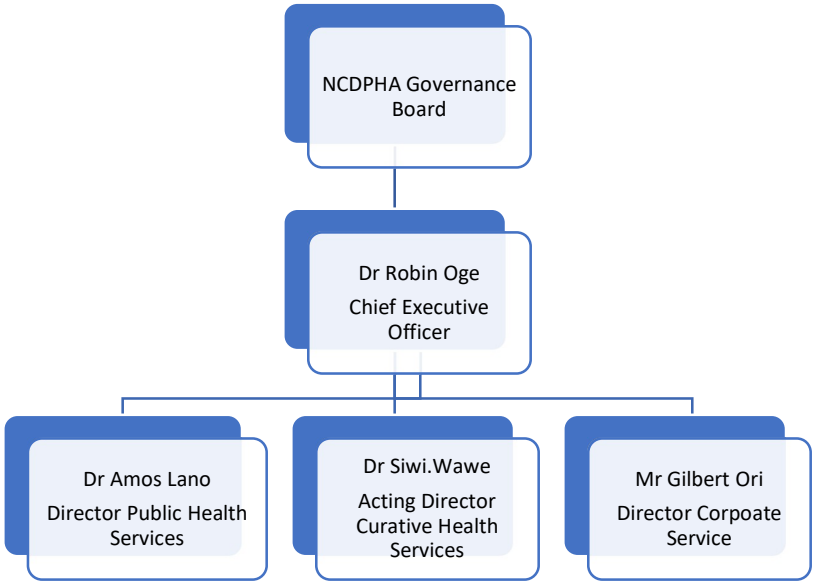
a) Implementation and monitoring of the National Health Plan in NCD;
b) Advice National Capital District Commission (NCDC) on health matters;
c) To maintain effective liason with the National Department of Health (NDoH), Provincial and District Administrations and government agencies.
d) Advise the NDoH on resourcing matters for health in NCD.

The NCDPHA performs these functions through three directorates – Public Health, Curative Health Services and Corporate Services. Each directorate is led by a Director. Diagram 1 presents the functional structure of NCDPHA.

OUR GOVERNANCE, LEADERSHIP AND MANAGEMENT

Effective leadership has and continues to be priority to mobilize resources and influence the available workforce towards delivering health services in NCD despite limited resources. External forces and the emergence of unforeseen challenges in 2023 required resilience and a firm stance by the Senior Executive Management (SEM) team to make challenging decisions for the betterment of organisation.

Diagram 1: NCDPHA Top Management Functional Structure



OUR GOVERNANCE AND REPORTING FRAMEWORK

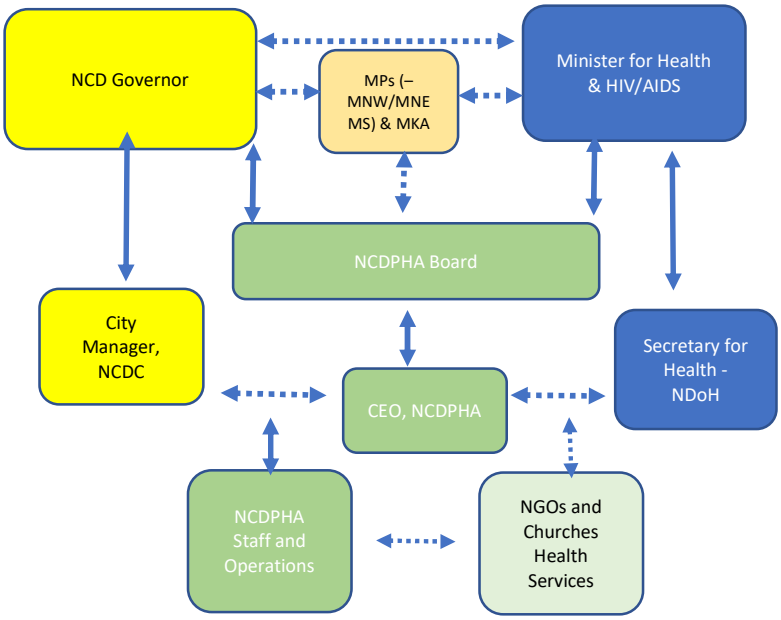
As shown in *Diagram 2*, NCDPHA's Governance Framework revolves around key stakeholders in its business of health service provision in the public sector. The blue arrow heads represent constant communication between the different parties concerned. The dotted lined arrows show a liaison and advisory type relationship between the parties. The straight blue arrows represent direct reports and control.

NCDPHA appreciates its working environment and strives to foster relationships with key stakeholders. The NCDPHA Governance Board has played a pivotal role in building those relationships over the last three years until the terms of Board Members expired in December 2022.

In NCD the Governor and NCDC are at the forefront of development in all sectors. NCDPHA understand the need to forge relationships that will be beneficial to the improvement of health services in NCD. Each Member of Parliament (MP) in NCD is also an important stakeholder and are key political leaders in supporting improvement of health services in Districts. It is hoped that good relationships with MPs will enable their consideration to use District Service Improvement Program (DSIP) funds for health projects in their respective electorates including Motu Koita villages.

Political affiliations and partnership arrangements with all NCD politicians is crucial for funding opportunities as well as accountability. NCDPHA pursues close working relationships with the NCDC City Manager and District Administrators.

Diagram 2: NCDHA Governance and Reporting Framework



Legend

Liaison and advisory
Direct report and control

OUR GOVERNANCE BOARD

We welcomed the following members to our new term Board in February 2024;

- Mr Daniel Waswas – Chairman
- Ms Hubert Namani – Deputy Chairman
- Mr Justin Tan
- Mr Ravu Frank
- Ms Miriam Dogimap
- Dr Luke Anthony
- Reverand Harry
- Dr Dora Lenturut
- Ms Dika Toua

These individuals bring a wealth of experience, expertise, and dedication to the organization, and we are confident that their contributions will greatly enhance our ability to achieve our goals and fulfill our mission. We look forward to working together to lead NCDPHA into the future.

OUR PERFORMANCE

CURATIVE HEALTH SERVICES

DISTRICT HEALTH SERVICES

INTRODUCTION

The Office of the District Health Service (DHS) is responsible for delivering quality and affordable Primary Health Care in the three (3) Districts, Moresby North East (MNE), Moresby North West (MNW) and Moresby South (MS) in the National Capital District (NCD) and Motu Koita Assembly (MKA). The Office directly runs and supervises the eleven (11) NCDPHA Health Facilities and oversees fourteen (14) Partner clinics, excluding Gerehu Hospital. The DHS office reports directly to the Office of the Director Curative Health.

The main key goal of the DHS is to ensure that quality, affordable, basic primary and specialist healthcare services is provided to the people of NCD and MKA by well-trained clinical and support staff who are equipped with the right tools and medical supplies to service the people according to the National Health Standards.

The key responsibilities of the DHS are:

- ✓ Execute correspondences and or directives from the office of CEO and DCH.
- ✓ Oversees planning of the District Health Services Activities for the office of DDC-DHS, Infection Prevention Control (IPC), Medical Supplies, Nursing Standards Coordination and the 11 NCDPH Health Facilities.
- ✓ Monitor and manage operations in the Eleven (11) NCDPHA Facilities and also provide support and oversight of the 14 partner clinics. This is to ensure that the facilities provide the essential services according to the National Health Standards.
- ✓ Manage and monitor medical supplies and equipment of the facilities.
- ✓ Responsible for organizing and conducting trainings and meetings.
- ✓ Plan activities to capture and improve the District Health Key Performance Indicators (KPI).
- ✓ Reporting – to DCHS and to CEO and down to the line managers
- ✓ Ensure students (nursing, medical, dental) receive quality mentoring and coaching during their clinical placement in the clinics.

National Capital District Profile

NCD and MKA covers an area of 240 km^2 with 2025 projected total population of 513,265.

Table 1: Projected Population of National Capital District by Electorate by 2024 (NHIS)

Electorate	**Population**
Moresby North East	196,008
Moresby North West	183,003
Moresby South	134,254
Total Population	**513,265**

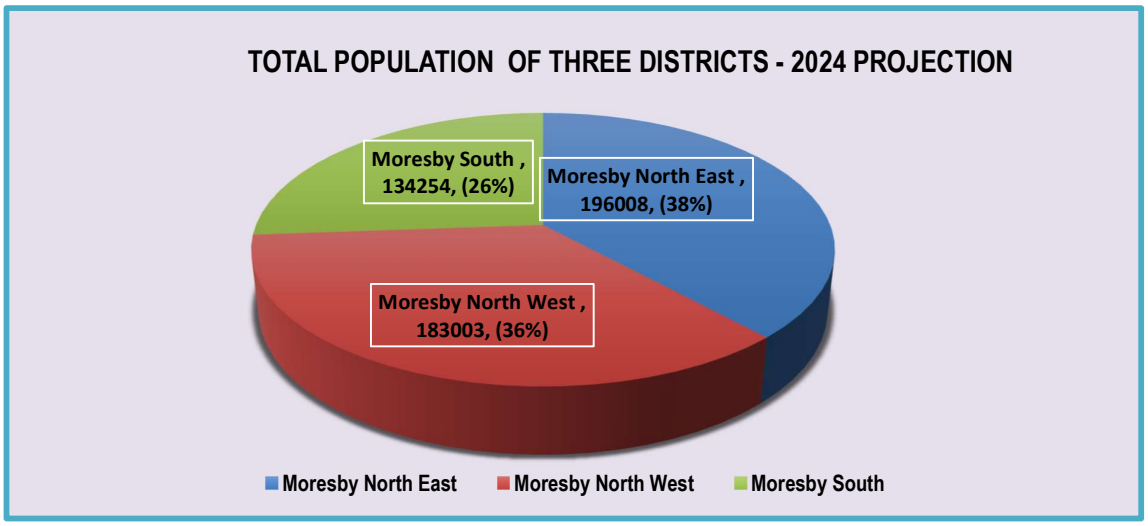


Figure 1: Showing *Moresby North East with the highest population of 196,008 and with the least being Moresby South with 134,254.*

Table 1: District Facilities Status

Districts	Facilities	Partners	Level	Status
MNE	1. 6 Mile	NCDPHA	3	Open
	2. Gordons	NCDPHA	3	Open
	3. 9 Mile	Hope WW/NCDPHA	3	Open
	4. CS Bomana	Correctional Services	2-3	Open
	5. Bomana Police	Police Department	2	Open
	6. Air Base ATS	PNGDF	2	Open
	7. PNGEI Gordons	Education Department	2	Open
MNW	8. Morata UC	NCDPHA	3	Open
	9. St. Theresa UC	Catholic Church/NCDPHA	3	Open
	10. Tokarara UC	SDA/NCDPHA	3	Open
	11. Metorea UC	NCDPHA	3	Open
	12. Murray Barracks UC	PNGDF	2	Open
	13. St Paul's UC	Catholic Church	2-3	Open
	14. UPNG Clinic	UPNG	2	Open
	15. Angelicare Begabari	Anglicare Church	2	Open
	16. PNG IPA (SILAG)	SILAG	2	Open
MS	17. Lawes Rd. Clinic	NCDPHA	3	Open
	18. Badili Clinic	NCDPHA	3	Open
	19. Kaugere Clinic	Foursquare Church	3	Open
	20. Pari Clinic	NCDPHA	2	Open
	21. Vabukori Clinic	DDA MS/NCDPHA	2	Open
	22. Ulamagi (Gereka)	Nazarene Church	2-3	Open
	23. Taurama UC	PNGDF	2-3	Open
	24. Koki Salvation Army	Salvation Army	2	Open
	25. Koki Wanigela	DDA MS	2	Open

*** The health facilities in red are NCDPHA operated clinic.*

Table 2 : District Staff Strength of 2024

Electorate	Facilities	MO	HEO	Dental	RNO	CHW	X-Ray Tech	Pharm	Lab (MLA)	Admin	Support	Total
Moresby North West	St Therese	0	0	0	6	10	0	0	0	0	11	27
	Tokarara	0	1	0	3	10	0	0	2	3	7	26
	Morata	1	0	0	7	5	0	0	0	1	5	18
	Total	**1**	**1**	**0**	**16**	**25**	**0**	**0**	**2**	**4**	**22**	**70**
Moresby North East	6 Mile	2	4	4	11	6	2	1	4	1	11	43
	Gordons	0	1	0	10	13	0	0	0	0	12	46
	9 Mile	0	0	0	3	5	0	0	0	0	11	19
	Total	**2**	**5**	**4**	**24**	**24**	**2**	**1**	**4**	**1**	**34**	**121**
Moresby South	Kaugere	0	2	1	5	8	0	1	3	5	9	34
	Lawes Road	1	0	0	12	8	0	1	3	1	8	34
	Badili	0	0	0	4	5	0	0	0	0	6	15
	Vabukori	0	0	0	2	2	0	0	0	1	1	6
	Pari	0	0	0	5	1	0	0	0	0	1	7
	Total	**1**	**2**	**1**	**28**	**24**	**0**	**2**	**6**	**7**	**25**	**96**
Total		**4**	**8**	**5**	**68**	**73**	**2**	**4**	**12**	**12**	**81**	**287**

Table 3: Show Types of Services Provided in the Districts

FACILITY	CONSULTATION CLINIC			OPD	ANC/FP	WBC/NUTRITION	TB	LAB	HIV/STI	DENTAL	X-ray
	SMO	**MO**	**HEO**								
6 Mile	√		√	√	√	√		√	√	√	
Gordons			√	√	√	√			√		
9 Mile			√	√	√	√		√			
CS Bomana			√	√					√		
Police Bomana				√	√	√			√		
Air Base – PNG DF				√	√	√			√		
PNG EI				√							
LLH Kaugere			√	√	√				√		
Badili				√	√				√		
Vabukori				√	√						
Pari				√	√				√		
Lawes Road Clinic	√		√	√	√	√			√		
Ulamagi - Nazarene				√	√				√		
St. Thresea				√	√	√			√		

Morata				√	√	√			√		
Tokarara				√	√	√			√		

Note: *The symbol below represent the signs on the table;*

√ *- Exist*

X - Not Exist

Table 4: Showing Logistics for the three Districts

Facility	**No. of Buildings**	**Status**
LLHS Kaugere	3	Needs minor maintenance
Badili	1	Colonial building – requires major maintenance
Vabukori	1 small newly renovated by BSP	Good
Koki Salvation Army	1	Good
Ulamagi Nazarene	1	Good/Newly built
Morata	1 & VCT extension 1 illegal staff occupation	1984 building – need renovations
Tokarara	1 1 staff Duplex	Needs Renovations Major renovations
St. Thresea	Under class room	Catholic church
Gordons	1	Needs renovation
6 – Mile	6 3 staff houses	- Needs some renovations - Needs demolition
9 – Mile	1	Old but functional
CS Bomana	2	Good
Police Bomana	1	Good
Airbase/PNG DF	1	Good – some minor renovation required.
PNGEI	1 1 Staff House	Newly renovated, well kept.

Key Achievement for 2025

Table 5: Showing Logistics for the three Districts

Clinics	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	*Total: clinic*
Gordan	2226	1809	1973	3000	2785	1831	2048	1404	1391	904	1865	1791	23027
6MPC	5444	9539	9042	9161	10689	9577	9368	9286	8780	9098	9803	10535	110322
9MC	1592	2191	1044	1255	2290	2226	2904	2047	1668	2058	2073	1929	23277
Morata	1744	1265	1256	1636	1273	1172	985	1054	660	887	1104	1265	14301
St Theresa	1254	1816	2157	1555	1897	1633	1824	1518	910	1351	1160	1541	18616
Tokarara	2277	2532	3230	2189	2452	2137	2142	2449	1600	1746	1744	2727	27225
Metoreia	2561	2466	2183	2450	1747	1699	1773	1732	558	1508	1595	1898	22170
Badili	650	728	642	235	656	514	1614	538	678	1341	1000	1268	9864
LRC	1129	1929	1479	1406	2343	2608	1611	1839	1041	1003	2332	1482	20202
Pari	987	1015	1196	1014	1091	946	490	733	490	958	681	1053	10654
Vabukori	1030	1236	1198	976	846	874	891	804	587	834	929	1007	11212
Total	20894	26526	25400	24877	28069	25217	25650	23404	18363	21688	24286	26496	**289,826**

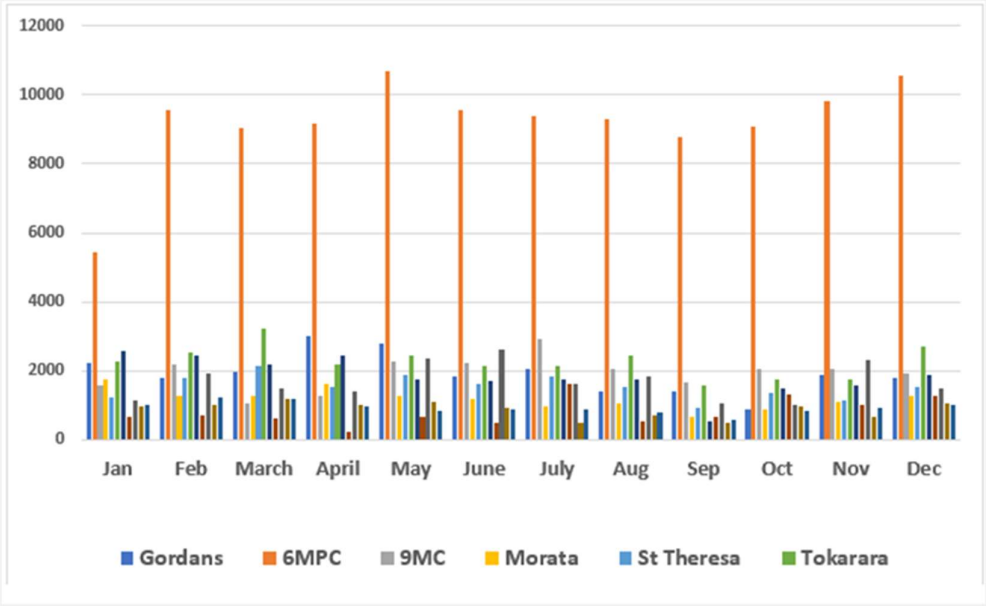


Figure 2: Graph showing the monthly Outpatient attendance of 11 NCDPHA Facility 2025.

- The eleven (11) NCDPHA health facilities saw and attended to a total of **289,826** patients for the year 2025.
- 6MPC saw three to four times more than the other facilities in each month.

- 6MPC alone saw 40% of the total outpatient numbers, followed by Tokarara Clinic 9.4% and least by Badili Clinic 3.4%.

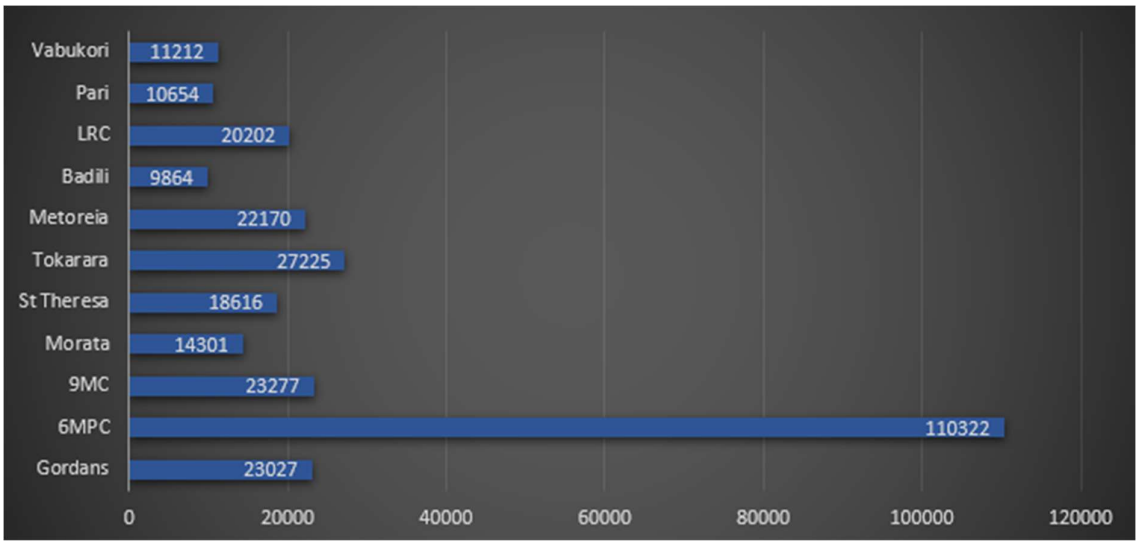


Figure 3. Graph showing the 2025 Outpatient by Facility.

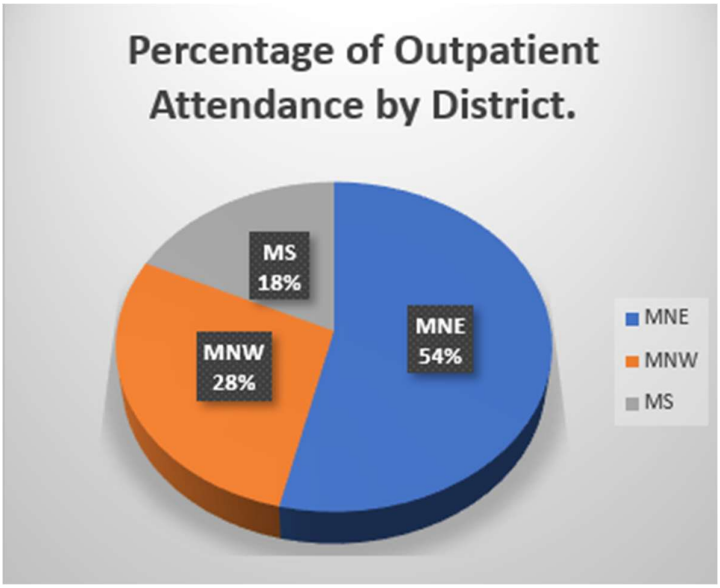


Figure 4. Graph showing the Percentage of Outpatient Attendance by Districts.

Moresby North East saw 54% of the Outpatient attendance in the 11 Facilities in NCD, followed by Morsby North West 28% and Moresby South 18%.

Table 6. The Total Outpatient attendance for the NCDPHA clinics from Jan-Dec 2025

NO	Medical Condition	Total
1	All Others	96,879
2	Simple Cough	35,191
3	Other Respiratory	34,261
4	Skin	31,813
5	Diarrhea < 5years	12,253
6	Pneumonia Other	11,522
7	Pneumonia < 5 years	9,822
8	Diarrhea Other	7,956
9	Accident & Injuries (including Motor)	7,097
10	Eye	5,023
11	Ear	4,890
12	STD (Genital Ulcer & Discharge	3,576
13	Malaria (RDT & Clinical)	3,500
14	Yaws	2,768
15	Physical Violence	1,374
	TOTAL	267,925

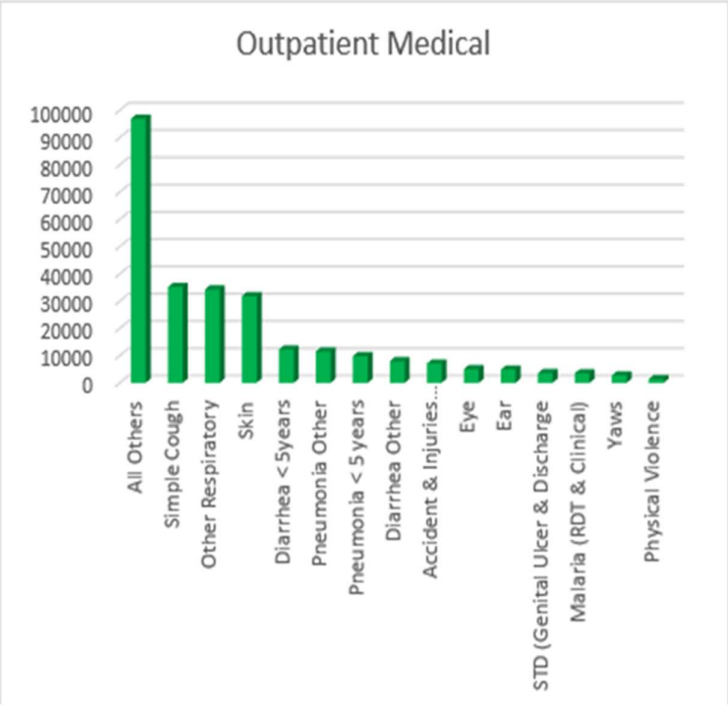


Figure 5: Graph showing Outpatient Medical Data

- The highest number of cases seen at the Outpatient Is All Others, which is 36.2%. These are cases that are not captured/identified in the eNHIS forms.
- Followed by Simple cough (13.2%), Other Respiratory (12.8%) and Skin Cases (11.8%).
- The least of the top 15 outpatient case is Physical Violence 0.5 %.

Specialist Consultation Services

The specialist services are provided at the major health facilities on a weekly schedule by each specialist.

Table 7. The table shows the total number of cases seen by the Specialist Medical Officers.

Specialists Consultation Services		
Specialist	**Facility**	**Total Number of Patients seen by SMO, 2025**
General Surgeon Consultations	6MPC = 469 MUHC = 308	**777**
Physician	6MPC = 383, St Theresa= 127 Tokarara= 173 MUHC= 391	**1074**
Pediatrician	6MPC = 849 Gordans = 431	**1280**
Obstetrics & Gynaecology (Quarter 1 data only)	MUHC	**133**
Psychiatry (Partner PMGH)	6MPC = 176	**176**

Note: These data only represent the total number of patients seen at the Facility. The full report for the type of cases seen, referrals, etc. is captured in their respective reports.

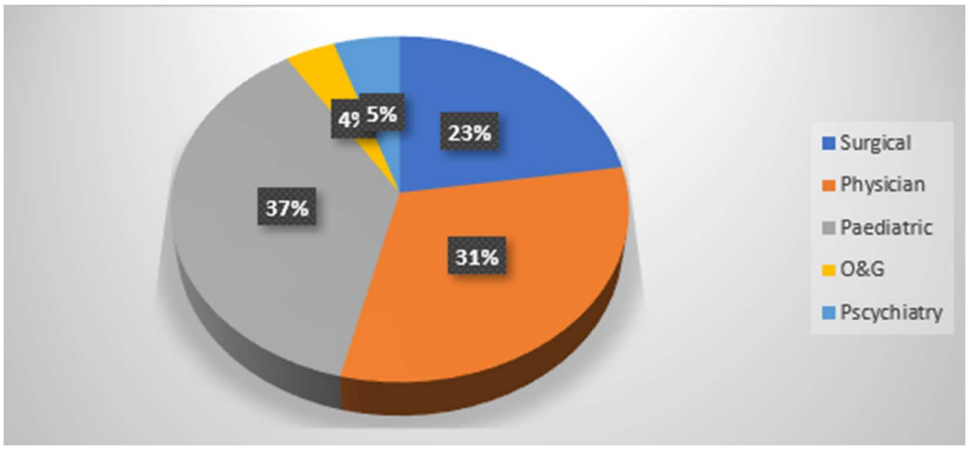


Figure 6. Graph showing the percentage of the total attendance seen by specialist medical officers at the consultation clinics.

Medical Officer and HEO General Clinics

Medical officers and HEOs are based at the major health facilities. There are two (2) MOs and four (4) HEOs including the Clinic Manager who run the 24 hours OPD and Emergency service at 6MPC and one (1) MO and 3 HEO including the Clinic Manager who run the OPD and 24 hours Birthing Service at Metoreia Health Center.

Table 8: Table Showing MO and HEO Data

FACILITY	6 MILE POLLY CLINIC	METEROIA CLINIC	TOTAL
Medical Officer	Data combined (9,356)	1758	
Health Extension Officer	Data combined (9,356)	1,488	
Total	9,356	3,246	12,602

- The cumulative cases seen by the 3 MOs and 7 HEO is 12,602.
- 74% of the cases were seen by Mos and HEOs at 6MPC and 26% by Metoreia Team.
- These are cases seen via OPD, referrals from other facilities and even from Central and Gulf province.

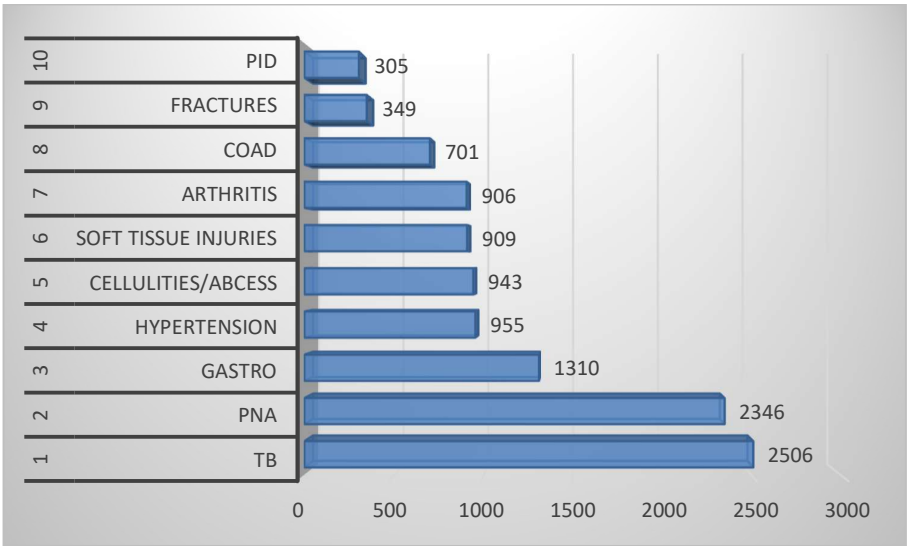


Figure 7: The Graph shows the top ten (10) conditions seen by the Mos and HEOs 2025.

- *Tuberculosis and Pneumonia remain the common and the top medical conditions seen by the Mos and HEOs.*
- *This demonstrates the Triple Disease Burden in NCD, the Infectious Disease (TB/PNA), the non-communicable diseases (Hypertension), and the trauma and injures.*

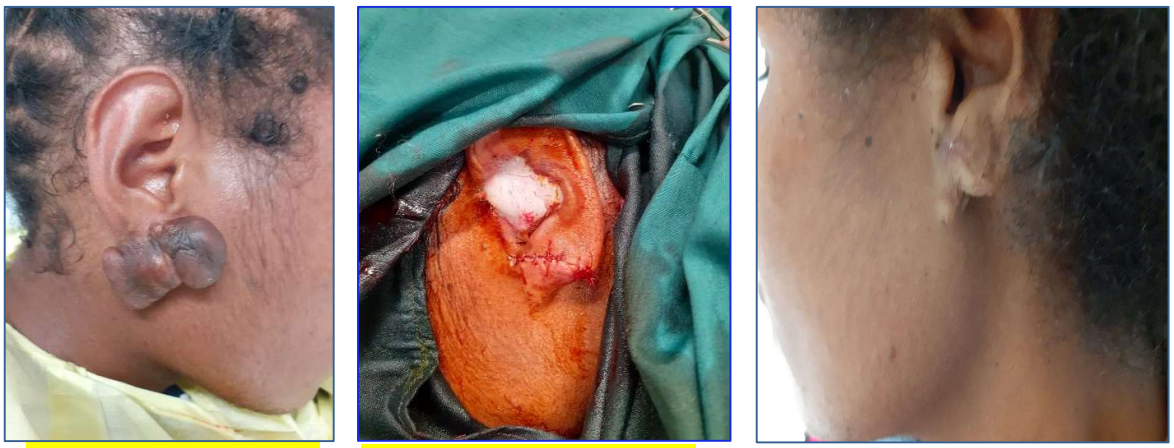
Minor Surgeries at Metoreia Health Center

MUHC has a new theatre where the general surgeon performs minor procedures under local anaesthesia. In 2025 a total of 56 procedures were performed by the surgeon.

Table 9: Data showing Procedures Done

PROCEDURES	No
Excision of Lipoma, Cysts	31
Keloid Excision/ Refashioning	5
Fracture MUA/POP	4
Biopsy	3
POP	2
Keloid Depo- Medrol Injection	2
Aspirations	2
Incision & Drainage	1
Circumcision	1
Phimosis dilatation	1
Foreign Body Removal	1
Intra-Articular Steroid Injecti	1
Plastic Reconstruction	1
Removal of stitches	1
TOTAL	56

Photo of Manipulation under anesthesia and POP done by Dr Mao.



Photos showing excision & refashioning

Dental Data (MPC & MUHC)

Table 10. Shows the number of attendances at the two dental clinics

Facility	6 MPC	MUHC	Total for both facilities
Total No of patients	**5268**	**3398**	**8666**
Initial	3361	1608	4969
Reviews	1907	1790	3697
Male	2512	624	3136
Female	2519	984	3503

- 6MPC saw 60.8% of the Total Attendance at the 2 Clinics.
- 52.8% of the total attendance were female patients and 47.2 were males.
- 57.3% of the total attendance were Initial cases and 43.7% were review cases.

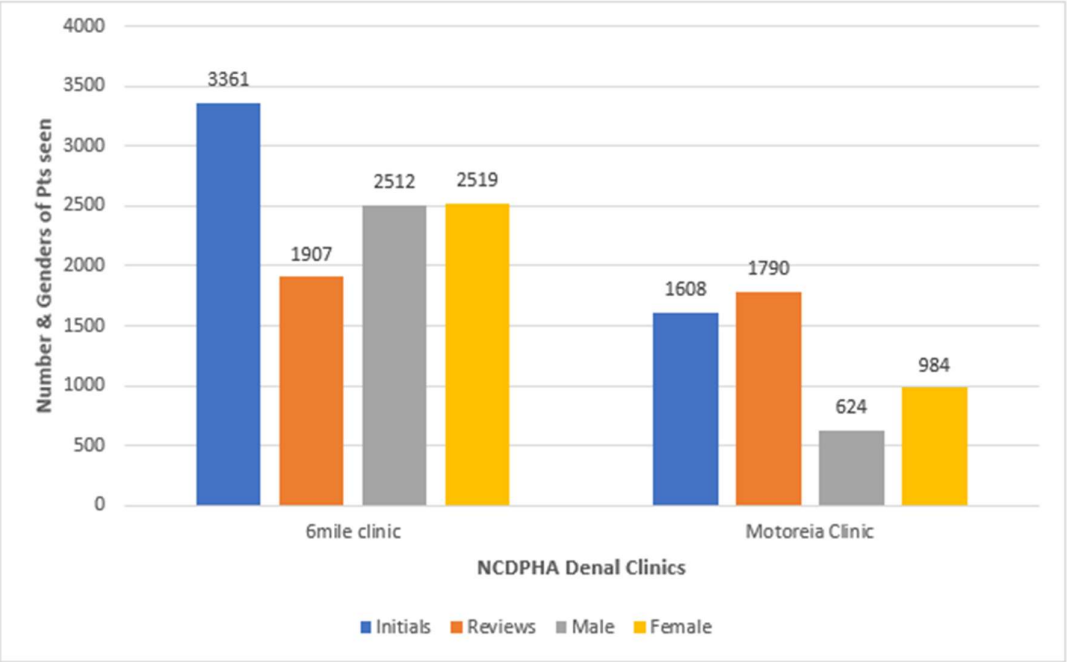


Figure 8. Graph showing 2025 Annul Attendance Summary for 6mile and Metoreia dental clinics.

Table 11: This table shows the summary of Dental Treatments of 6MPC and MUHC.

Facilities	6mile	Metoreia	Total for both facilities
Total No of Treatments	4926	2582	7508
Teeth Extractions (MOS)	2848	943	3791
Teeth Fillings (Resto)	1113	1113	2226
Teeth Cleaning (Perio)	214	109	323
Oral Surgery (OS)	360	3	363
False teeth (Pros)	321	0	321
Root Canal Treatment (RCT)	70	414	484
X-Rays	85	325	410
Referrals	139	155	294
Others	303	93	396

- *The two Dental Clinics treated a total of 7,508 patients.*
- *Of the Total number of treatments, 6MPC treated 65.6% of the cases.*
- *Metoreia Urban Health Center being just over a year old treated 34.4% of the cases.*
- *The highest treatment was for Teeth Extractions (50.5%) followed by Teeth Fillings (29.6%).*
- *The least treatment were Teeth Cleaning (4.3%) and False Teeth -Prosthetic (4.3%).*

- *About 294 cases were referred for further treatment and investigations.*

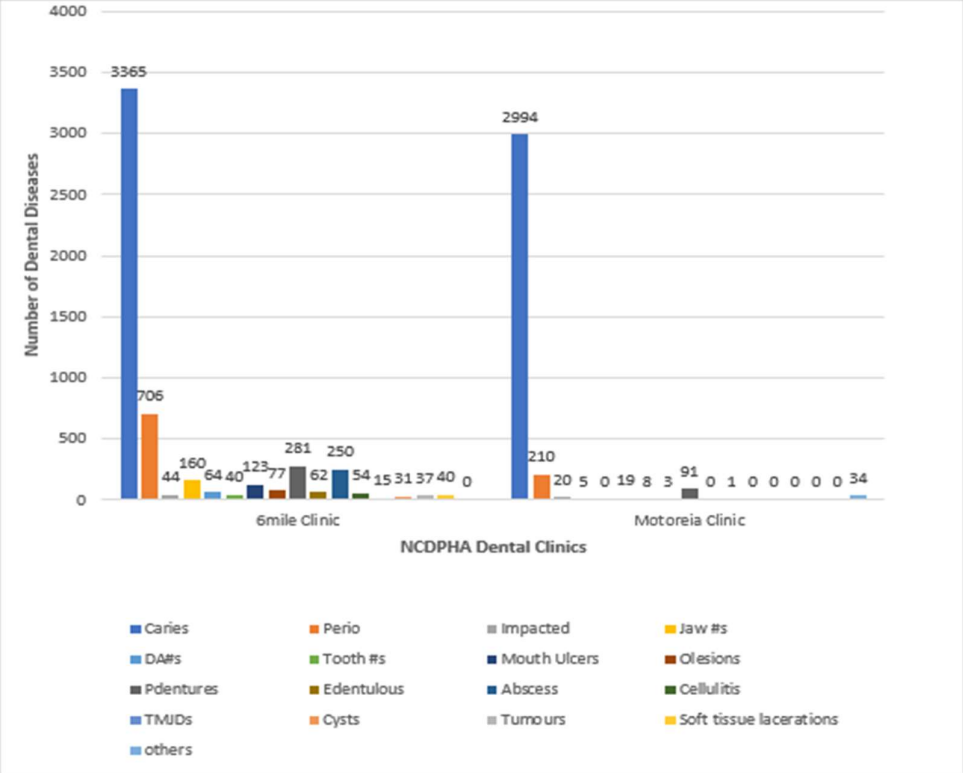


Figure 9. Graph showing 2025 Annual Dental Disease Summary for 6mile and Metoreia dental clinics.

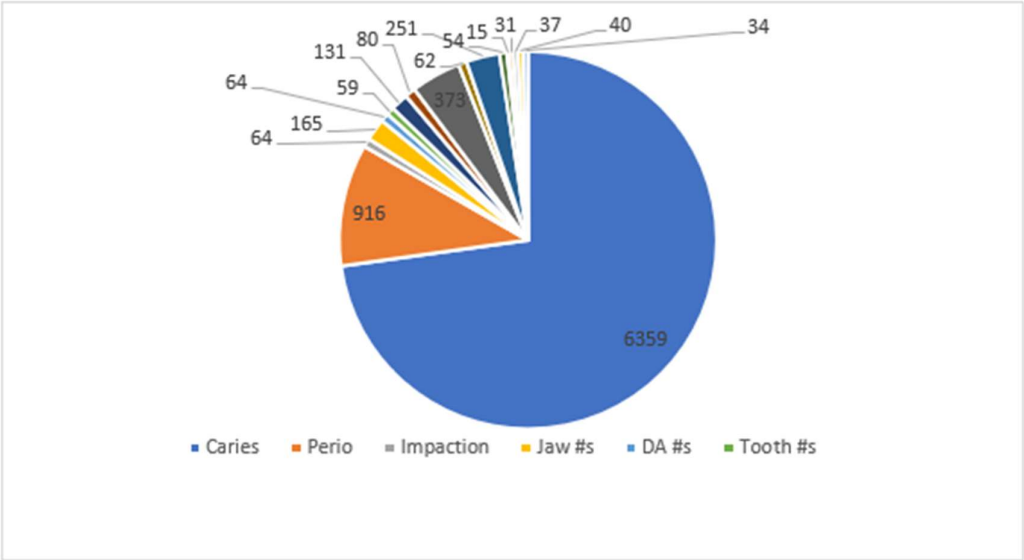


Figure 10. Pie Chart showing 2025 Combine Dental Disease Summary for 6mile and MUHC Dental clinics.

Radiology Services (6MPC & MUHC)

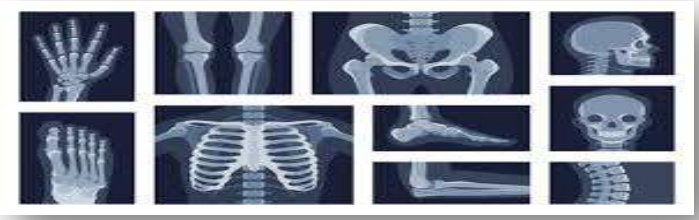


Figure 11: Showing X-ray images

Table 12: The annual total of x-rays done at 6 Mile Poly Clinic and Metoreia Health Centre

Facility	6 Mile Poly Clinic	Meteroia Health Center	Annual total of x-rays done for both facility
Total	6,631	2,900	9,531

- *A total of 9,531 x-rays were taken at the two facilities in 2025.*
- *6 Mile Clinic X-ray took 70 % of the x-rays and Metoreia 30%.*
- *This is a huge achievement for NCDPHA as these has greatly reduced the number of* referrals to PMGH for x-rays. *These number of x-rays were taken only two Medical Imaging Technicians who are stationed at 6 Mile Poly Clinic and Metoreia Health Center.*

Laboratory Services (6MPC & MUHC)

Table 13: The table shows the summary of tests done at MUHC.

1. BIOCHEMISTRY		3.HEMATOLOGY	
TEST	TOTAL	TEST	TOTAL
UEC	259	FBE	554
LFT	249	HB	444
LIPID PROFILE	65	BSL	506
URIC ACID	97		
2. SEROLOGY	POSITIVE	NEGATIVE	TOTAL
HIV	45	449	494
VDRL	19	478	497
TYPHOID	6	128	134
MALARIA	41	845	886

6 Mile PC provide services for TB microscopy and Gen-xpert which is part of the TB report. *Refer to TB Program Report.*

Labour Ward

Table 14: Showing Labour Data

LABOUR WARD	No
Total Number of Admission	514
Total Deliveries	352
Referrals to Labor ward PMGH	162
BBA (Born Before Arrival)	17
Teenage Pregnancies	51
Low Birth Weight (<2500 grams)	32
Neonatal Death	1
Maternal Death	0
Still Births	5

Photo of First Anniversary of the Birthing Service and the first baby born at MUHC.

- Out of the Total admitted to the Labor Ward, 68.5 % delivered at Metoreia while 31.5% were referred to PMGH Labor Ward for delivery. These were complicated or problematic cases that needs specialist's care.
- Out of the total number mothers admitted at Metoreia, 10 % were teenage pregnant mothers.
- From the total deliveries, 9% were low birth weight babies.
- About 17 babies were born before arriving to the clinic.
- There was one (1) neonatal death who was born to a HIV mother. The cause of death is unknown.
- There were five (5) still births. Two of the cases were from HIV mothers and were also preterm. One of the cases from a severe anaemic mother and two others were unbooked and preterm.

24 Hours Outpatient & Emergency Services

The 6 Mile Poly Clinic commenced 24 hours operations on the 24th of December 2024 to manage outpatient cases and category 3 emergency cases, assisting PMGH Emergency department after 4pm.This service is a huge achievement and milestone for NCDPHA and for NCD and MKA.

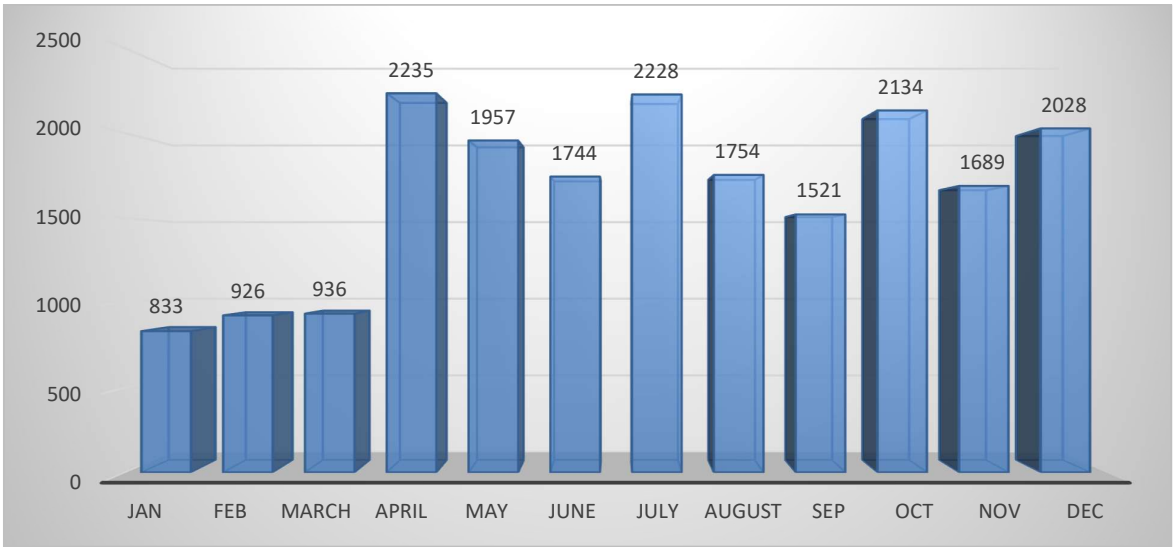


Figure 12. The graph shows the total attendance: Jan-Dec 2025 after 4pm at 6MPC.

- A total of 19,985 patients were seen after 4pm at 6MPC.
- The months of April (11.2%), July (11.1%) and October (10.7%) saw a slight increase in the number of patients seen.
- The months of January (4.2%), February (4.6%) and March (4.7%) saw the least number of cases seen after 4pm. The reason is because the 24 hours operations just opened and not a lot of people were not aware of the service.
- There is a big jump from March to April in the number of patients seen. The reason is that many people were aware of the services that was providing these services.
- From April 2025 onwards 6MPC Emergency Service fully took on the category 3 emergency cases from PMGH.

Eye Services

- The Clinic Eye in Metoreia Clinic started seeing patients in April 2025 by a newly graduated optometrist and in partnership with a visiting Ophthalmology Registrar from PMGH.
- The Eye Slit Lamp was installed at Metoreia Health Centre by Fred Hollows Foundation in partnership with PMGH and NCDPHA.
- A total of 280 patients were seen in 2025.
- Diabetic Eye screening was conducted, with 5 patients testing positive and referred to PMGH.

Photo of Installation of the slit eye Lamp by Dr John Szetu, Medical Director of FHFNZ, FHF PNG Country Director Ms. Priscilla Mal. Receiving the slit lamp on behalf of NCDPHA was Dr. Dokup Director Curative Health.

Funding Allocations

The Recurrent and HSIP Budget component.

Other Expenditures

The office of the District Health received and audited a total of K13,200.

Table 15: Table shows the breakdown of the K13,200 used as other expenditures.

OUTREACH / FAREWELL PROGRAM FUNDS						
Event Date	Activity	Date Funds issued	Funds Allocated (K)	**Actual Expenditure (K)**	**Closing Balance (K)**	**Remarks**
20 Jul 2025	Joint Medical Outreach Program – PNG & Philippines @ Sr. John Guise Stadium	25/7/2025	10, 000.00	9, 998.00	2.00	Acquittal report & Cash (K2.00) was given to a/DDCS-F&A. 30th July 2025.
22 Mar 2025	Farewell for Dr Luisa Kidu	20/3/2025	1, 500.00	1, 500.00	0.00	Acquittal report was submitted to a/DDCS-F&A and Accounts by a/DDCHS 15/12/2025

MEETING FUNDS						
Event Date	**Activity**	**Date Funds Issued**	**Funds Allocated (K)**	**Actual Expenditure (K)**	**Closing Balance (K)**	**Remarks**
25 Apr 2025	1st Quarter District Coordination Meeting	25/4/25	500.00	492.03	7.97	Acquittal Report submitted to GGH Revenue Team with remaining balance 25/4/2025
4 Nov 2025	Clinical & Public Health Governance Advisory Committee Meeting	4/11/2025	500.00	510.40	0.00	Acquittal report was given to Dr Gabut & GGH Revenue Team 4/11/25
10 Dec 2025	4th Quarter District coordination meeting	9/12/2025	500.00	500	0.00	Acquittal report was submitted to GGH Revenue 13/12/2025

2025 Priorities

The following are the key program priorities for 2025:

1. Improvement of Service Delivery

- ✓ Open and equip one or two health facilities that will operate a 24-hours service, providing category 3 emergency services.
- ✓ Planned for 2 Bed Birthing suits for 5 facilities.
- ✓ Roll out of specialists' services in the 3 districts, in the big facilities. This includes Ophthalmology, Dermatology, Psychiatry, Obstetrics & Gynecology and a day surgery at 6MPC or Metoreia Urban Health Centre.
- ✓ Install, improve and upgrade laboratory services at Metoreia Health Center and 6MPC.
- ✓ Improve and upgrade Xray services at Laws Road Clinic, MUHC and 6 MPC.

2. Improved District Health Key Performance Indicators per SPAR

- ✓ Create reporting template for Clinic managers, District Medical Officers (DMO) and the district health Office to improve reporting and capture the District KPIs.
- ✓ Plan one supervisory Visit per health facility.
- ✓ Plan one Facility Outreach Clinics to the urban disadvantaged areas per health facilities, intergrading it with public health programs.

3. Plan for Facility Based Budget and Finance

- ✓ Upskill Clinic Managers to develop AIP the facility. Each facility has its own areas of need in terms of infrastructures, equipment, logistics etc.
- ✓ User fee per facility used for daily clinic needs.
- ✓ Create a ledger account under the District Health office or for each of the NCDPHA clinics.

4. Infrastructure Rehabilitation

- ✓ Minor maintenance and facelift of one or two facilities in each district.
- ✓ Major Renovations and Upgrade of one or two NCDPHA facilities.

5. Human Resources

- ✓ The District Health Services identified the HR gaps and plan to replenish its HR manpower. The areas identified were;

  - Specialist Medical Officers: Emergency Physician for 6MPC and Obstetric and Gynecologist for Metoreia Health center.
  - Monitoring and Evaluation Officer for the District Health Officer. To assist in Data Collection, Data Analysis, Data Verification and Timely Data Reporting.
  - General Medical Officers: 2x DMOs, one for Moresby North West and one for Moresby South District, and 2x MO for 6MPC for the 24 hours emergency service.
  - HEOs: 8x HEO for all Level 3 Clinics, 4x HEOs for 6MPC and 2x for Metoreia HC**.**
  - RNOs: Need of General Nursing officers in all Health facilities.
  - Specialist Nurses: Mental Health, Emergency, Intensive Care, Child Health and Midwives
  - Dental: 2x Dental Therapists, 2x Dental Assistant and 2x Dental Technicians.
  - Laboratory: 2x Medical Laboratory Scientist and 2x Technicians.
  - X – Ray: 3x Medical Imaging Technician (MIT) to take shift and do on-call at 6PMC. There is an x-ray machine at Lawes Road Clinic with no MIT to operate it.
  - Support Staff: 4x Data Entry Clerk (3 for 6MPC, 1 for MUHC)

6. Training

- Planned for Clinical Training for Nurses -Emergency, Pediatric, Midwives and management and skilled training for the District Management Team.

7. Infrastructure Rehabilitation

- Minor maintenance and facelift of two facilities in each district.
- Major Renovations and Upgrade of one or two NCDPHA facilities.

Key Achievements in 2025

The key achievements for the district health services are divided into three parts;

A. The planned priorities against achievement.
B. The 2025 District Health Key Performance Indicators per SPAR.
C. The Clinical Success / Achievement for 2025.

A. Planned Priorities Against Achievement

- ✓ Improve Service Delivery
  - Fully operational 24 hours Category 3 Emergency services at 6 Mile Poly Clinic.
  - Metoreia Health Centre: Opening and fully use of the brand-new health facility at Hanuabada, providing 24 Hours 5 Bed Birthing and post-natal care services.
  - Specialists Services: Psychiatry at 6 MPC and Ophthalmology at Metoreia Health Centre. These are partners from PMGH.

- Eye Clinic (Optometry), Dental Clinic and Day Surgery at Metoreia Health Centre.
- Metoreia Laboratory fully functioning and running tests, serology, biochemistry, hematology, rapid test – Malaria, Dengue and Paps smear.
- Planning and space identified at 6 Mile Poly Clinic to install Biochemistry and Heamatology Machine.
- Funding approved for 20 Bed TB Ward at 6MPC

In terms of Service Delivery Improvement, District Health Services achieved 3.5 out of the 5 planned priorities which is 80-90 % Achievement.

Photo Shows the following – front and overview of Metoreia Urban Health Center (MUHC), the labor Ward and picture of the first baby delivered at MUHC.

Picture: Dr Mano Mao (surgeon) in the new Operating Theater. Far right – Dr Dabuma (Dental Officer) and team working on a patient.

Photo Shows the following – The New Laboratory, the Medical Laboratory Scientists (MLS) doing smears and the Optometrist doing eye check on a patient at MUHC.

Picture: The 24 Hours Outpatient and Emergency Service at 6MPC.

Picture: The National Infection Control Guidelines 2025, MNE DDA presenting a 15-seater bus to CEO & SEM for 6MPC and The Waste Management Plan 2025.

✓ **B. The 2025 District Health Key Performance Indicators per SPAR**

- Developed and Modified Reporting Templates for DHS to capture KPI
- Conducted One Clinical Audit Meeting in July 2025.
- July – August 2025: Clinic Managers and DMOs submitted third and fourth quarter report using the new report template.
- Conducted 3 Supervisory Visits where 11 NCDPHA facilities were visited
- Intergraded Outreach with public health program activities.

In terms of improving KPI of the planned priorities, the district health achieved 100 % of supervisory visits planned and 30-40 % of district outreach clinics per 1,000 population under 5 years.

✓ Plan for Facility Based Budget and Finance.

- September 2025: Conducted x1 mini workshop meeting at the NCDPHA for the Clinic Managers and DMO to work on their respective district and facility 2026 AIP.

All operational funds are put into one basket, thus no separate account for the district health. In terms of achievement for this planned priority, only 30% Achievement.

✓ Infrastructure Rehabilitation
- Full renovation of the transit home at 6MPC with brand new white and brown goods.
- Installation of a brand new 20hp Generator at 6MPC.
- Gordons Clinic: Renovations and extension of MCH Clinics by BSP

✓ Community Projects
- 9 Mile Clinic: Minor renovation and facelift by BSP Community project
- Tokarara Clinic: Mormons Church funded and built the WBC Shed.
- St Theresa Clinic: Maintenance of the GBV room by BSP Community Project. To GBV room.
- Dental Clinic: Minor maintenance of the dental side room to turn it into a makeshift prosthetic lab by NCDPHA Facility Team.

Achievement: 100 %. Partners help NCDPHA achieved these planned priorities.



Photo showing renovations in progress, renovations completed, the inside picture of the living place and the bathroom of the Staff Transit Home at 6MPC.


Photo showing the Ground work and the installation of the Twenty (20) Horse power Generator at 6MPC.


Photo showing he renovation and extension of the MCH section of Gordans Clinic, The before and after minor renovation of 9 Mile Clinic by BSP Community Support Project.

- ✓ Human Resource
  - DMOs: May 2025, recruited two (2) DMOs on short term contract for Moresby North West and Moresby South respectively.
  - HEOs: Recruited 5 HEOs on STC, 3 for 6MPC and 2 for Metoreia Health Centre.
  - Midwives.
  - General Nurses.
- ✓ Training

All Training were withheld for the year as NCDPHA needed manpower at the Metoreia Health Centre and the 24 hours outpatient and emergency section at 6MPC. Thus, all training moved to 2026.

The 2025 Distirct Health Key Performance Indicators per SPAR

Table 16: The table shows the KPI set targets against 2024 and 2025 result areas.

KPI	Indicator Name	2025 Target	2030 Target	NCDPHA Performance 2024	NCDPHA Performance 2025	Comments
1	Outreach clinics per 1000 population <5 yrs	75	80	0.8 (51) held per 1000 <5 yrs population	2 (128) held per 1000 children <5 population	Achieved far beyond target.
12	Injuries presentations by type (Road Traffic Accident & Others) per 1000 population	24	16	23 Injury presentations per 1000 population	29 Injury presentations per 1000 population	Slightly above target.
15	Supervised births at Health Facilities (MUHC)	71%	80%	Deliveries @ MHC were recorded in January 2025	29%	Needs Verification, target set for level 4 and 5 hospitals must be verified for level 3 Facility
19	Incidence of diarrhea disease in children <5 yrs	137	91	236 cases per 1000 Children <5 yrs	321 cases per 1000 Children < 5 yrs	Below Target
20	Deaths among children <5 years of age that a admitted to a health facility with pneumonia and die during admission	1%	0.50%	0.90%	3.70%	This data needs to be clarified.
21	Incidence of low birthweight among newborns (MUHC)	5%	2%	0%	0.90%	Achieved Target.
22	Underweight prevalence in children <5 yrs	15%	10%			
25	Health Facilities that have running water & sanitation	75%	100%	100%	100%	Achieved
26	Health Facilities with a functioning radio, telephone or mobile phone	75%	100%	52%	56%	All clinics have mobile phone
27	Outpatient service utilization per capita	1.5	2	81 visits per capita	99 visits per capita	
28	Inpatient admissions per 1000 population		50 (0.5)	1.9 admissions per 1000 population	1.3 admissions per 1000 population	
34	Months that health facilities do not have stock-out of all selected medical supplies for more than a week in the month.					
35	Health facilities that received at least one supervisory visit during the year	70%	80%	37%	70%	Achieved Target

Data Source: eNHIS

No data for stockout of medical supplies

NCDPHA District Health Service Team

GEREHU PROVINCIAL HOSPITAL

INTRODUCTION

The Gerehu General Hospital (GGH) is a Level 4 Health Facility according to a National Health Service Standards Accreditation Survey (2023) for Health Facilities in PNG.

In the absence of a Level 5 Provincial Specialist Hospital for the NCDPHA, the GGH provides partial Level 5 services which include; specialist consultation and inpatient care, 24 hours emergency, physiotherapy, biomedical support, basic diagnostic services, and integrated public health care. The facility does not meet the standard criteria for a Level 5 nor Level 4 facility lacking the following; bed numbers, operating theatre services (general surgery and obstetric), blood transfusion services, higher dependency care, isolation ward, orthotics and prosthetics, oral health services and basic eye screening services.

As the only facility with a 24-hour emergency and inpatient wards the GGH receives referrals from other NCDPHA sites, but due to the limited capacity patients are referred to the National Referral & Teaching Hospital the Port Moresby General Hospital (Level 6 facility) located in the Moresby North East District.

National Health Service Standards for a Provincial Hospital

The PHA is in need of a Provincial Specialist Hospital, and fully functional District Hospitals in all 3 districts according to NHSS to provide the standard of care the population demands.

Find below the 'Model of Care' for the NCDPHA health facilities (figure 1) and the National Health Service Standards Level of Care for a Level 5 Hospital compared to what GGH provides (figure 2) where 51% of services are not provided.

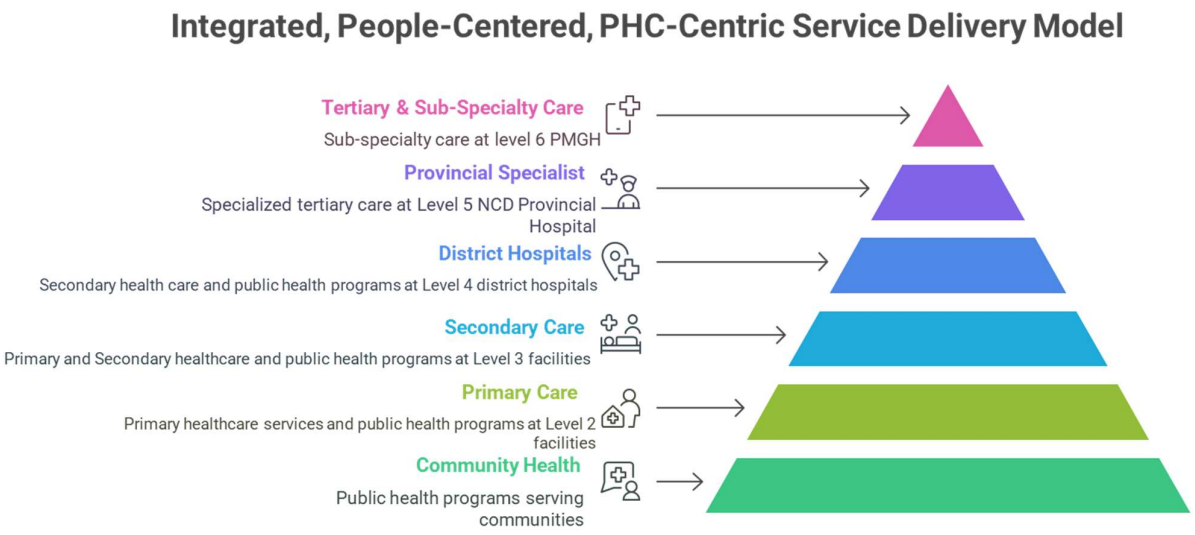


Figure 13: NHSS Levels of Service

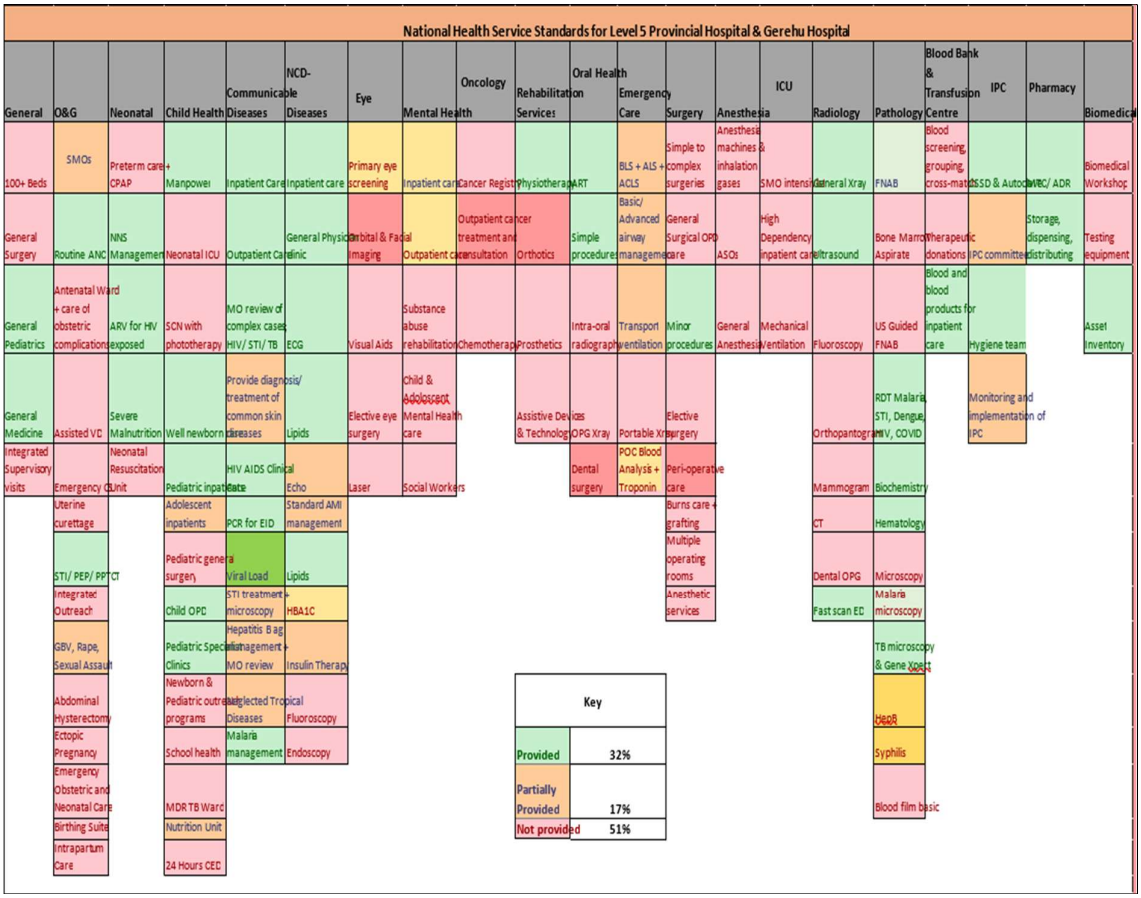
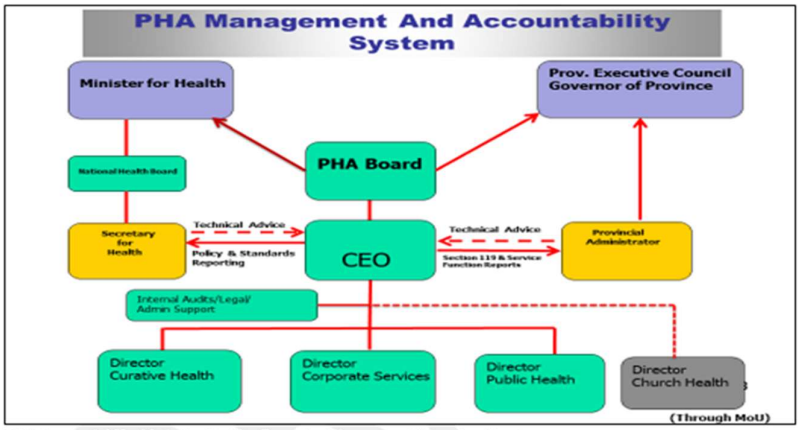


Figure 14: Showing NHSS Gerehu Provincial Hospital Service Matrix

Hospital Management Structure

GGH is part of the Curative Health Division of the NCDPHA, the figure below shows the general reporting structure. The Hospital management team consists of three divisions; Nursing, Medical & General Administration with respective line managers, HODs and supervisors within each section.



NCD Provincial Health Authority- Top Executive Management Reporting Structure

Figure 15: PHA Executive Management Structure

HOSPITAL MANAGEMENT HIERARCHY

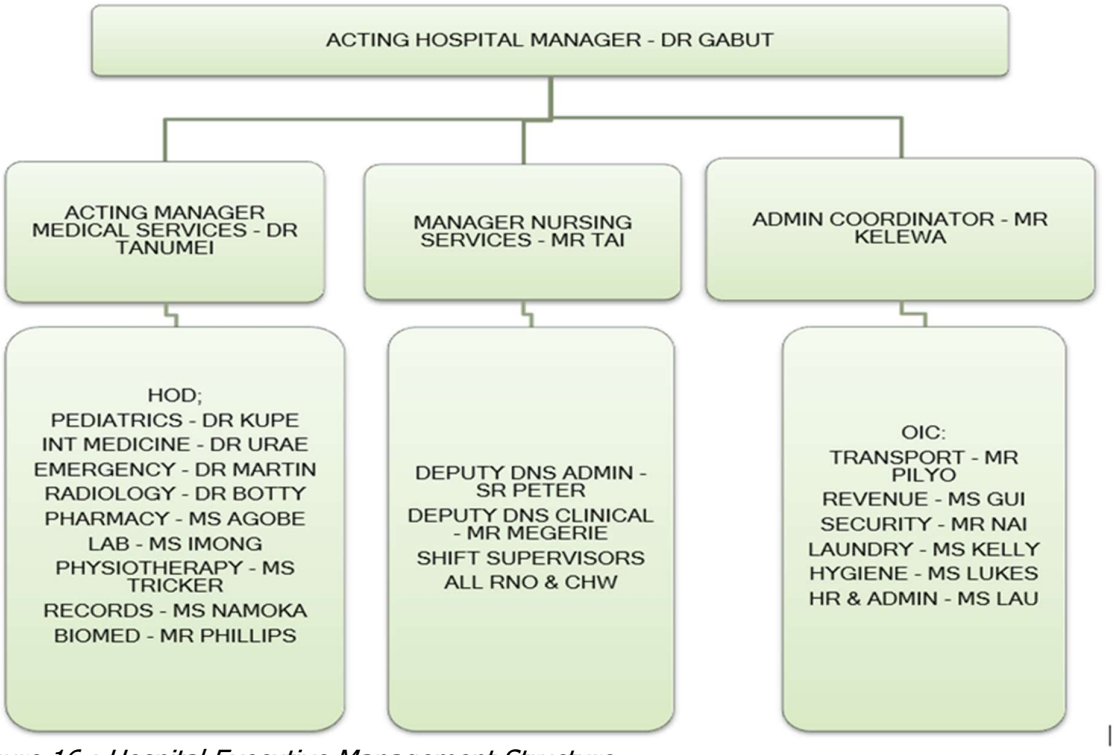


Figure 16 : Hospital Executive Management Structure

The minimum required staffing for a Level 4 District Hospital is based on population, services provided and patient demand. The current hospital structure of 205 positions is not only based at Hospital but spread throughout the PHA creating the need for STC to fill service gaps. There are a large number of unattached staff, aging & sick staff for retirement and vacancies that need to be filled.

Table 17: Showing Hospital Staffing Structure

HOSPITAL STAFFING STRUCTURE						
	ESTABLISHED POSITIONS	**STAFF ON STRENGTH**	**STC**	**UNATTACHED**	**VACANT**	**STAFFING NEED**
MANAGEMENT	**2**	**2**	**0**	**1**	**2**	**0**
NURSING	**127**	**131**	**16**	**6**	**11**	**22**
MEDICAL	**69**	**57**	**14**	**3**	**10**	**14**
GENERAL ADMINISTRATION	**7**	**96**	**22**	**5**	**-**	**7**
TOTAL	**205**	**286**	**52**	**15**	**23**	**43**

Table 18: Showing KPI's

PROGRAM KEY PERFORMANCE INDICATORS					
Type	Definition	Mid-Year 2025 Status	National Target	End Year Outcome	Source
Input/ SPAR	Number of health workers per 10 000 population.	45 PER 10,000	44 (WHO recommendation)	10	HOSPITAL REPORT

GGH & ANG Staffs

Financial Report – Gerehu Hospital 2025

The Hospital generated 15% more internal revenue in 2025 than in 2024 with a total of K362,943.50, 51% of revenue was spent on both Hospital and PHA expenses and the remaining 49% was deposited. A ledger for the Hospital should be created at the Accounts section to track revenue funds, Annual Implementation Plan activities and routine operational costs can be sustained through utilization of these funds.

Table 19: Showing GGH Revenue Summary

GEREHU GENERAL HOSPITAL REVENUE SUMMARY 2025				
MONTH	TAKINGS K	EXPENSE K	TOTAL K	DEPOSIT K
JAN	K31'127.00	K15'012.10	K16'114.90	K16'114.90
FEB	K29'055.50	K10'684.50	K18'371.00	K18'307.00 (K61,10) Debt
MAR	K24'597.00	K12'497.50	K12'099.50	K12'099.50
APR	K26'955.00	K15'000.40	K11'954.60	K11'954.20
MAY	K30'469.50	K17'292.60	K13'176.90	K13'176.90

JUN	**K29'468.00**	**K19'399.00**	**K10'069.00**	**K10'069.00**
JUL	**K28'627.00**	**K14'297.50**	**K14'329.50**	**K14'329.50**
AUG	**K30'574.00**	**K16'177.80**	**K14'396.20**	**K14'396.50**
SEPT	**K28'104.00**	**K13'438.80**	**K14,665.20**	**K14,665.20**
OCT	**K36'282.50**	**K17'487.02**	**K18,796.50**	**K18'797.00**
NOV	**K35'119.00**	**K14'123.50**	**K20,995.50**	**K20'996.00**
DEC	**K32'565.00**	**K20'497.30**	**K12'067.70**	**K12'068.70**
TOTAL	**K362'943.50**	**K185,908.00**	**K177,146.80**	**K176,974.40**

Table 20: Table showing medical division manpower

MEDICAL DIVISION MANPOWER

NO	DIVISION	SMO	MO	HEO	AHW	NO.	STC	UA	VACANT	NOS
1	INT MED	3	1	0	0		2		1	
2	PEDIATRICS	1	2	3				1	1	
3	EMERGENCY	2	9	5	1		3	1	3	2
4	RADIOLOGY	1			4		4		2	
5	LABORATORY				5		1			
6	PHARMACY				7		2	1	2	
7	PHYSIOTHERAPY				1					
8	TB CLINIC			2			2			
9	O&G		1						1	
10	MEDICAL RECORDS				5				2	
11	DENTAL	1	2		1					
	TOTAL	8	15	10	24	57	14	3	12	2

Table 21: Medical Division Manpower

Unit	Required	SOS	Service Gap
Clinical Shift Supervision	**4**	**3**	**1**
Emergency Department	**34** (32x NO, 2x CHW)	**27** (NO: 25 & CHW: 2)	**7**x NO
ED – Minor Operating Theatre	**5** (4x NO, 1xCHW)	**1** CHW	**4**x NO
Adult Outpatient Department	**14** (10xNO, 4x CHW)	**9** (7xNO, 2xCHW)	**5** (3x NO, 2x CHW)
Children Outpatient Department	**14** (9x NO, 5x CHW)	**13** (8x NO, 5x CHW)	**1**x NO
Medical Ward	**17** (9x NO, 8x CHW)	**15** (7x NO, 8x CHW)	**2**x NO
Paediatric Ward	**14** (7Xno, 7xCHW)	**14** (7x NO, 7x CHW)	**0**
TB & HIV/AIDS Clinic	**24**(4Xno, 20xCHW)	**20** (2xNO, 18xCHW)	**4** (2Xno, 2xCHW)
Antenatal Clinic	**10**	**8** (5x NO/MW,	**2** (1Xno,

Table 22: Staffing by Unit

❖ **MANPOWER CORPORATE STAFF**

NO	DIVITION	PERM	STC	DISPL	UNATT	MED/GRO	TOTAL
1	ADMINISTRATIVE STAFF	4	1		2		7
2	REGISTERY (REVENUE) STAFF	4			2	1	7
3	TRANSPORT STAFF	5	6				11
4	SECURITY STAFF	17	12	1			30
5	HYGIENE STAFF	10	1			3	14
6	LAUNDRY STAFF	4					4
7	PORTER	4					4
8	MEDICAL RECORD	5			1		6
9	FACILITY	9	2	1			13
	TOTAL CORPORATE STAFF	62	22	2	5	4	96

❖ **Summary**

- Permanent 63
- STC 22
- Disciplinary 2
- Un attached 5
- Medical Ground 4

Total **96**

Table 23: Showing Clinical Units

Curative Health Service Units	Public Health Service Units
Key Result Area: *General & Specialist Outpatient Services* ▪ Operates daily shift ▪ 7:45 am -4:06p @7 days/wk - Adult Outpatient Services - Children Outpatient Services - Ambulatory Clinic - Consultation Clinics	Key Result Area: *Family Health Services* ▪ Operates daily shift 7:45 am -4:06p ONLY Weekdays - Antenatal Services - Well Baby Services - Family Planning Services - Gender Based Violence Services
Key Result Area: *Inpatient Services* ▪ Operates on 3 rotational shift 24/7 -Am Shift: 7:00 am- 3:00pm -Pm Shift: 3:00 pm- 11:00pm -Night Shift: 11:00pm -7:00 am - Adult Medical Ward - Children/Paediatric Ward	Key Result Area: *Communicable Disease* ▪ Operates daily shift 7:45 am -4:06p ONLY Weekdays TB Services STI/ HIV Surveillance
Key Result Area: *Emergency Services* ▪ Operates on 3 rotational shift 24/7 -Am Shift: 7:00 am- 3:00pm -Pm Shift: 3:00 pm- 11:00pm -Night Shift: 11:00pm -7:00 am -Critical Care & Resuscitation -Triage/ Fast track/ Minor Operating Theatre	Support Services: ▪ Infection Prevention & Control ▪ Biomedical Technical Support ▪ Medical Records
Key Result Area: *Allied Health Services* ▪ Radiology: Operates on 2 rotational shift (Day/ On-call) ▪ Laboratory: Operates on 2 rotational shift (Day/ On-Call) ▪ Pharmacy/ Dispensary: Operates daily shift/ on-call 7.45am – 4.06pm ▪ Physiotherapy: Operates daily shift 7.45am – 4.06pm weekdays.	

Annual Clinical Data Reports

The Hospital Data presented is provided by the Divisional & Line Managers, HOD's and Medical Records Team. All sources of data include; eNHIS, Sectional Annual Reports, HIV Patient Database, TB Report, Msupply report, Surveillance Data, Emergency Triage Forms and Hard Copy Registers – Wards & Clinics.

There has been an increase in the recorded attendance at the Hospital with 163,005 in 2025, the majority of patients are seen at the AOPD, COPD and ED areas, the patient load accessing the public health, consultation clinic and diagnostic services have all increased also although the ward admissions have declined in the last year. This is seen in the Trend data presented in figure 6- 8 showing the increase over the years in main entry points, consultation clinics and diagnostic services.

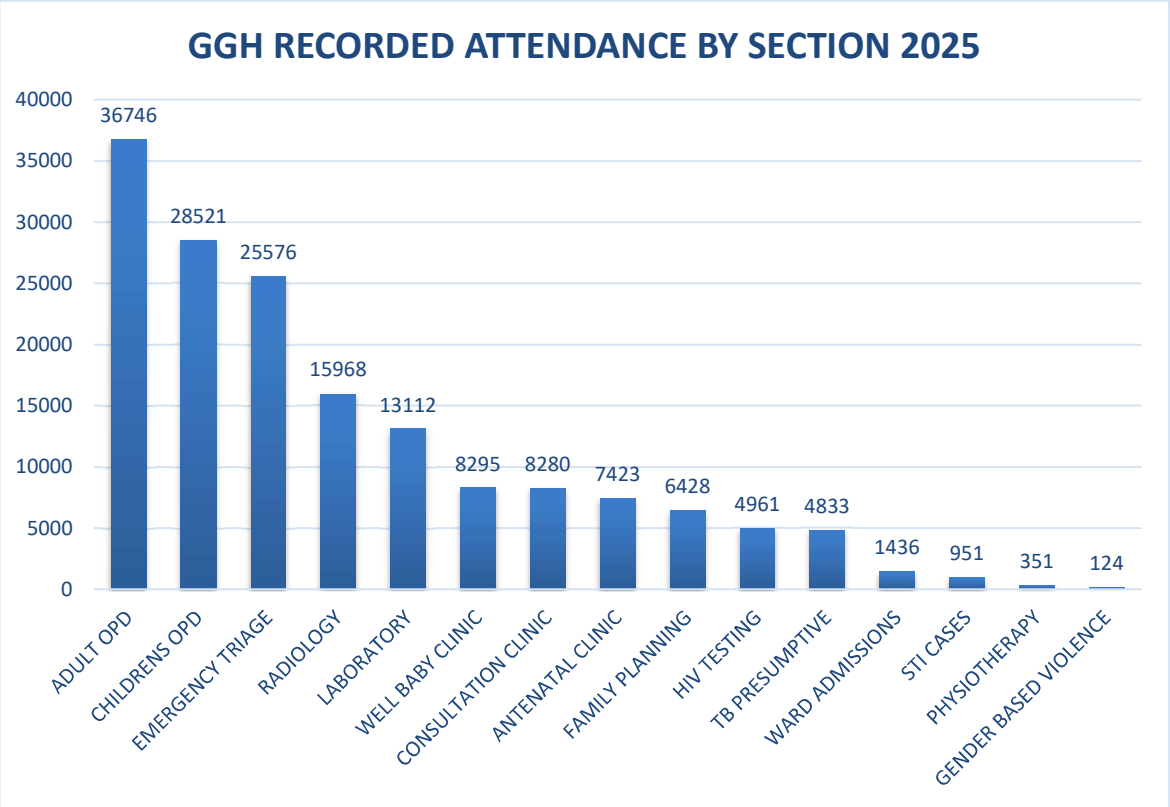


Figure 17: GGH Recorded Attendance By Section 2025

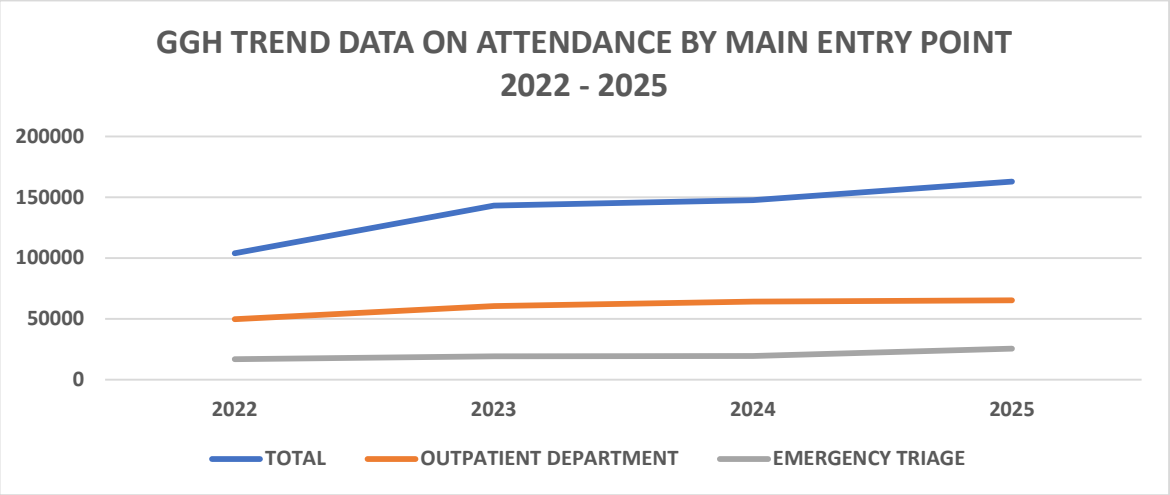


Figure 18: GGH Trend Data On Attendance by Main Entry Point 2022-2025

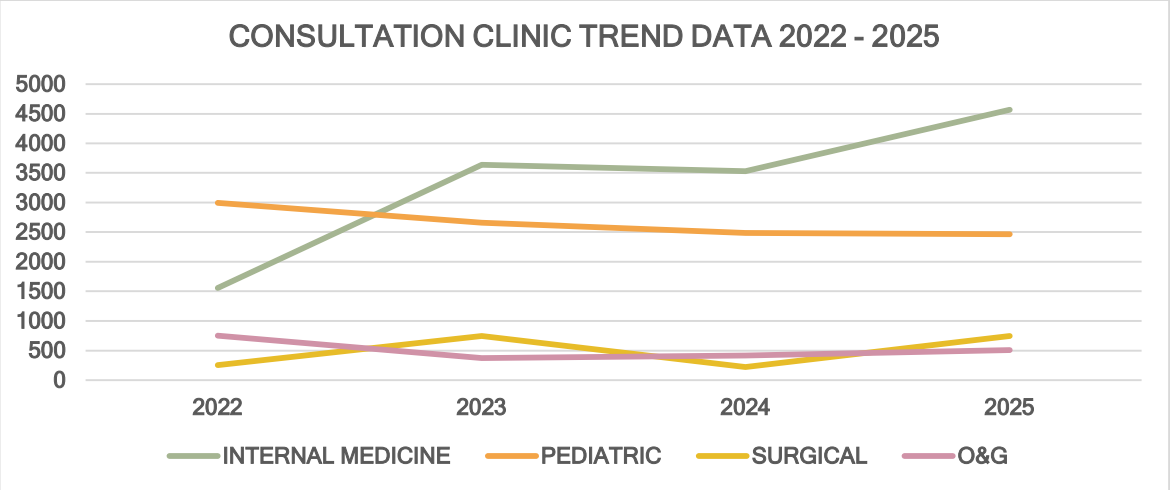


Figure 19: Consultation Clinic Trend Data 2022-2025

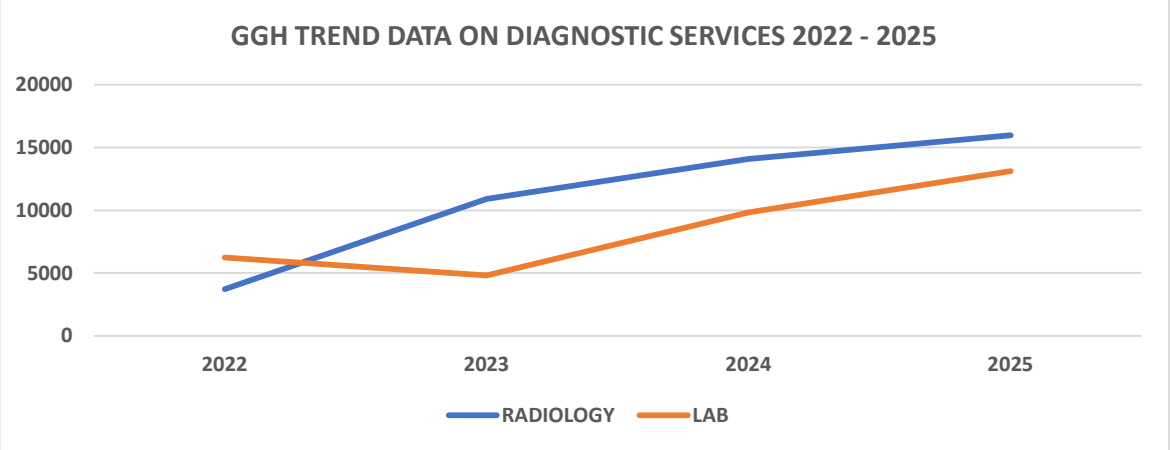


Figure 20: GGH Trend Data on Diagnostic Services 2022-2025

PRIMARY HEALTH CARE SERVICES

- Outpatient Clinics
- Maternal & Child Health Clinics
- Disease Control & Surveillance Clinics

The outpatient department has the highest attendance in the hospital despite being open only during the day for both Adult & Children's OPD. The highest attending cases include; respiratory cases including presumptive TB, diarrhea and skin diseases. The overcrowded environment poses and IPC risk for spread of infectious respiratory diseases and therefore there is need for adequate ventilation and space.

Outpatient Department

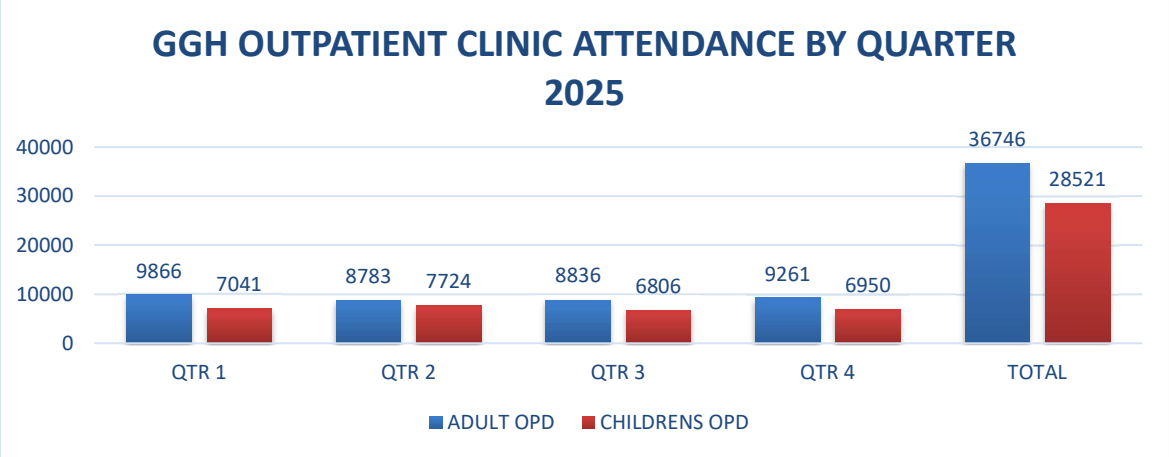


Figure 21: GGH Outpatient Clinic Attendance By Quarter 2025

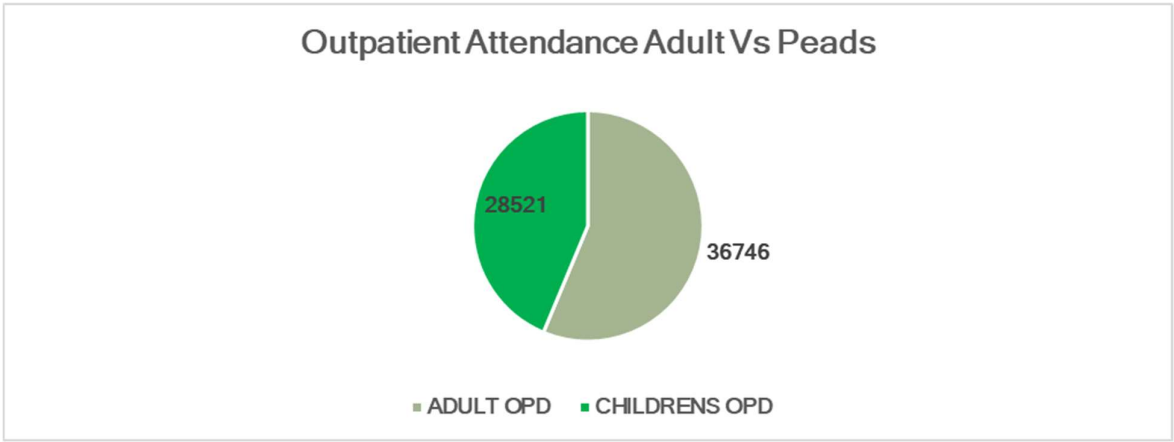


Figure 22: Outpatient Attendance Adult Vs Peads

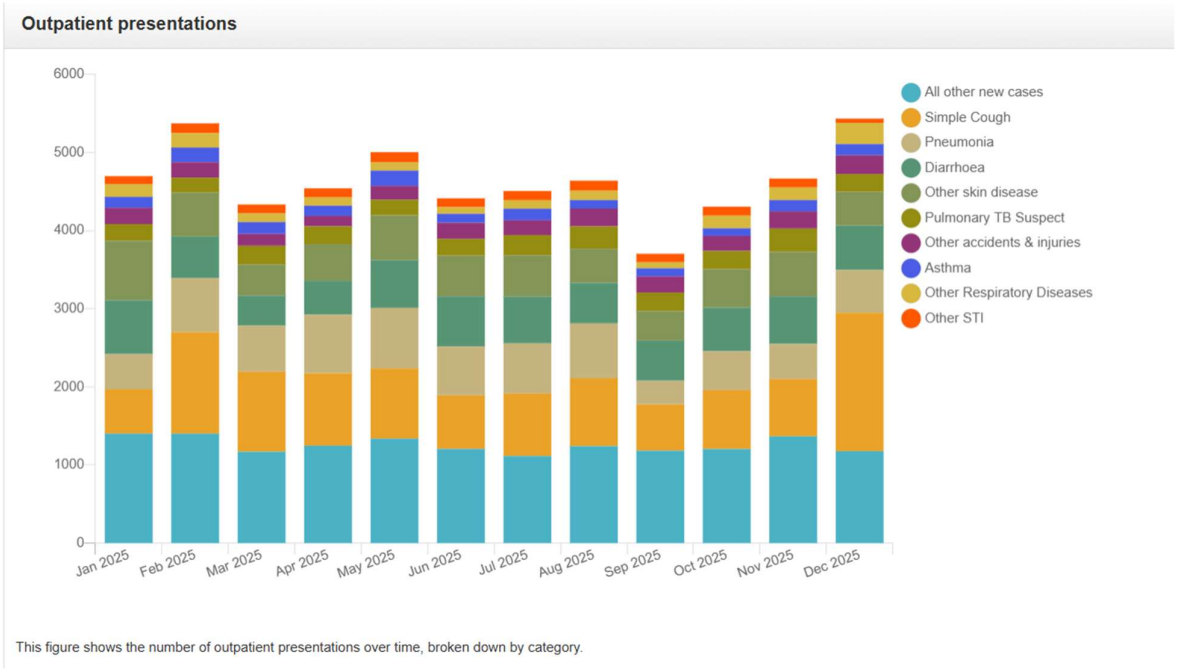


Figure 23: Outpaitent Chart

Table 24: Program Key Perfrmance Indicators

PROGRAM KEY PERFORMANCE INDICATORS					
Type	**Definition**	**Mid-Year 2025 Status**	**National Target**	**End Year Outcome**	**Source**
Impact/ SPAR	Number of new confirmed cases of malaria per 1000 population	7 per 1000 population (NCD)	<90	21	GGH ENHIS REPORT
Outcome/ SPAR	Total number of outpatient presentations with injuries at health facilities per 1000 population	3454 (GGH)	None	80	GGH ENHIS REPORT
Impact/ SPAR	Incidence of diarrhoeal disease in children under 5 years per 1000 children under 5 years	935 cases per 1000 children <5 years old	137	1151	GGH ENHIS REPORT
Output/ SPAR	Average number of outpatient visits to health facilities of levels 2–6 per person per year	0.8 PER CAPITA	1.5	2.19	GGH ENHIS REPORT

OUTPATIENT IMAGES

COPD Triage at Main Waiting Area

Maternal & Child Health Services

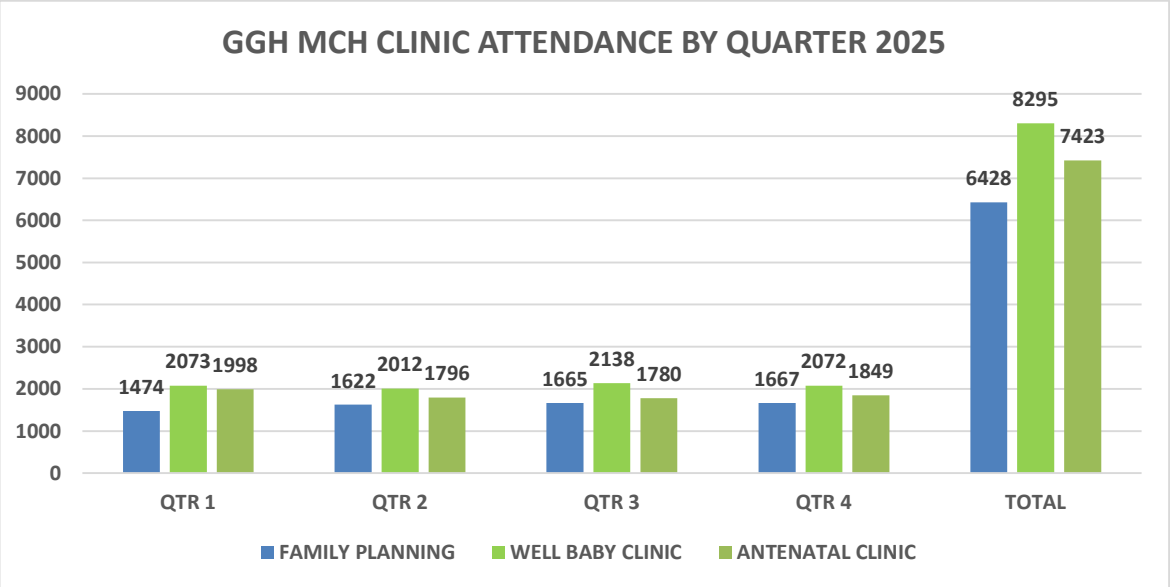


Figure 24: GGH MCH Clinic Attendance by Quarter 2025

Table 25: Showing SPAR Table

Type	Definition	Mid-Year 2025 Status	National Target	End Year Outcome	Source
Output/ SPAR	Couple-years of protection (CYP) is the estimated protection provided by family planning methods during a one-year period.	146 (NCD)	200	211	GGH ENHIS REPORT
Outcome/ SPAR	Percentage (%) of children under 1 year who have received the three doses of the pentavalent vaccine	159%	>80%	128%	GGH ENHIS REPORT
Outcome/ SPAR	Percentage (%) of children under 1 year who have received the 9- to 11-month dose of measles vaccine	89%	>80%	89%	GGH ENHIS REPORT

Disease Control Clinics

The GGH TB Clinic continues to be one of the best performing programs in the Hospital despite taking over from the Medicin Sans Frontier Project in 2023 the success rate is maintained at 91% (Global target 85% and National 90%).

The HIV program has continued to develop with the introduction of diagnostic services including; HIV EID, Viral Load & TB Drug Sensitivity Testing on site. The GGH TB lab continues to be the 'best performing TB lab in the country' with over 100% utilization rate of the Gene Xpert machines and fast turnaround time of results. The STI program is developing and needs strengthening in terms of lab capacity in diagnosing and treating common conditions.

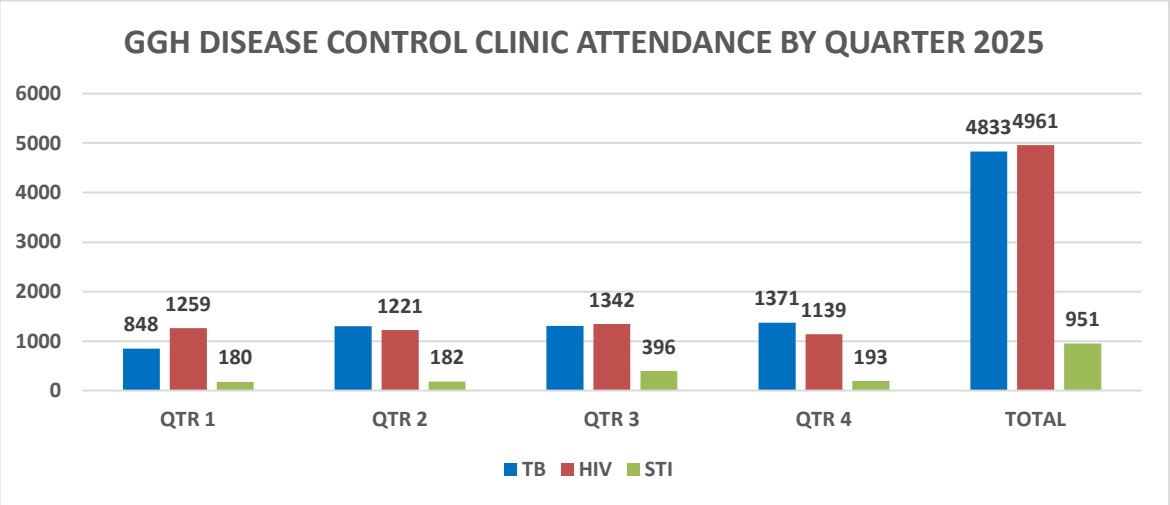


Figure 25: GGH Disease Control Clinic Attendance by Quarter 2025

Table 27: Program Key Performance Indicators

PROGRAM KEY PERFORMANCE INDICATORS					
Type	**Definition**	**Mid-Year 2025 Status**	**National Target**	**End Year Outcome**	**Source**
Outcome/ SPAR	Percentage (%) of pregnant women aged 15–24 years whose blood samples test positive for HIV	Not Available	0.40%	2%	GGH HIV REPORT
Output/ SPAR	Percentage (%) of HIV-infected pregnant women who received antiretroviral medicines	Not Available	92%	100%	GGH HIV REPORT
Output/ SPAR	Number of new and relapse TB cases notified in a given year per 100 000 population.	905 per 100,000 population (MNW)	342	716	GGH TB CLINIC REPORT
Outcome/ SPAR	Percentage (%) of all forms of TB cases registered in a given year who successfully complete anti-TB treatment	89% (GGH)	92%	91%	GGH TB CLINIC REPORT

SECONDARY HEALTH CARE SERVICES

- Inpatient Wards
- Emergency Department
- Consultation Clinics
- Diagnostic Services
- Rehabilitation Services
- Medicines & Supplies

Inpatient Wards

The Inpatient ward data and outcomes for 2025 are collected from the Medical Ward (7 beds) and the Pediatric Ward (6 beds), which show a slight increase in admissions although bed occupancy rate has dropped to 40%, the leading inpatient morbidity and mortality (clinical indicators) are captured in figures 14 - 17. There is a discharge rate of 77%, referral rate of 13%, and mortality rate of 7%. The main referral reasons remain; lack of bed space, oxygen dependency, surgery, advanced diagnostics, higher dependency care and advanced specialist care.

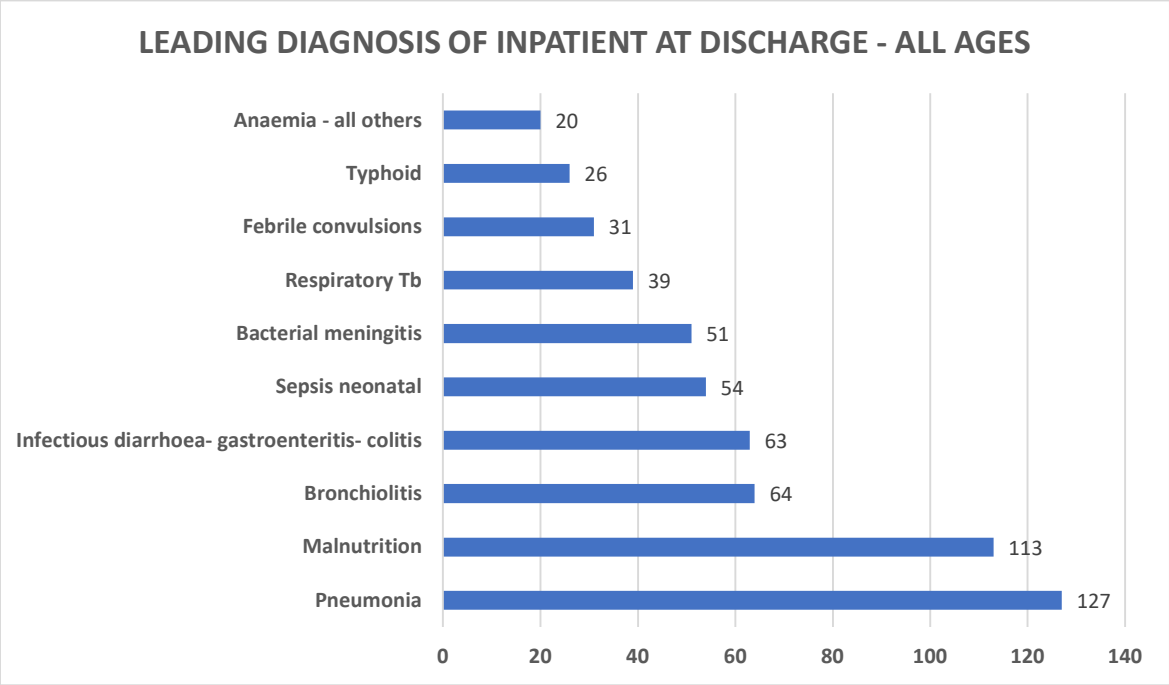


Figure 26: Leading Diagnosis of Inpatient at Discharge – All Ages

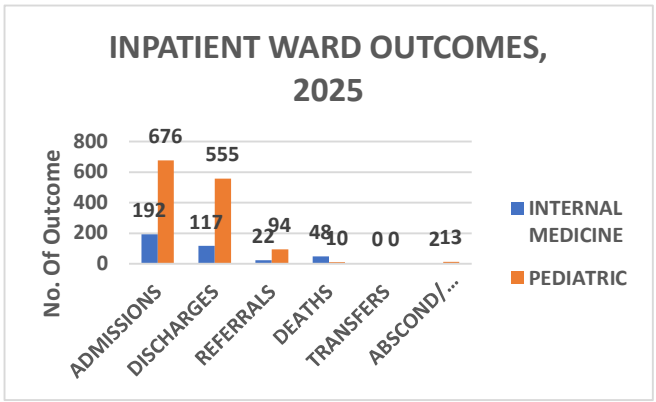


Figure 27: Inpatient Ward Outcomes, 2025

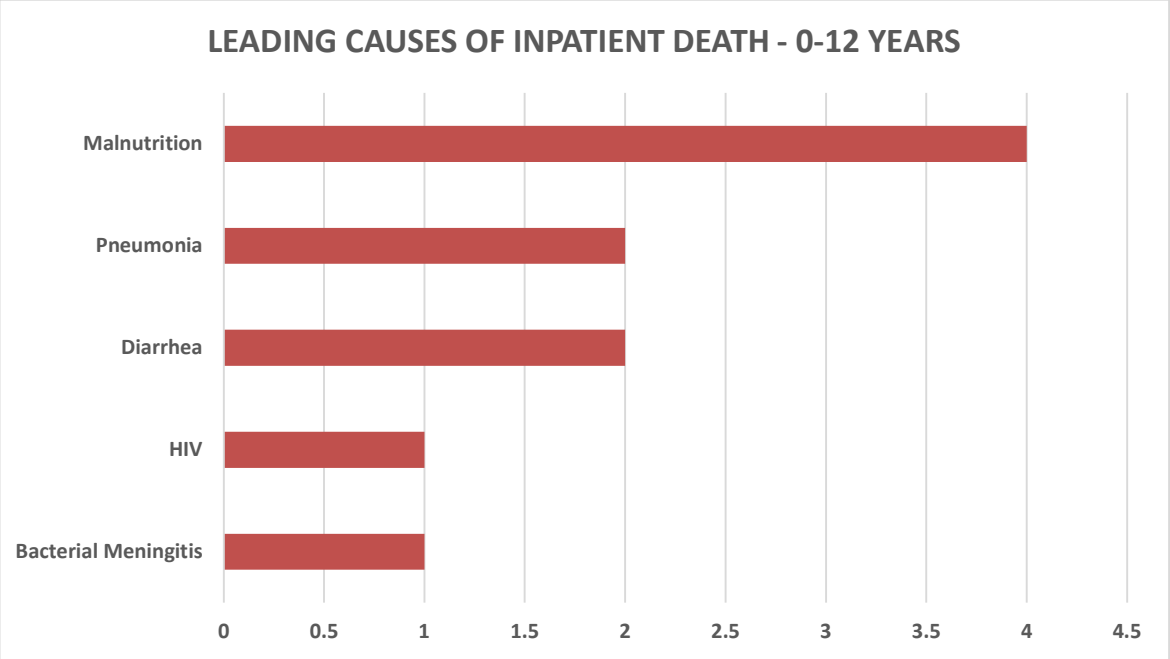


Figure 28: Leading Causes of Inpatient Death 0-12 Years

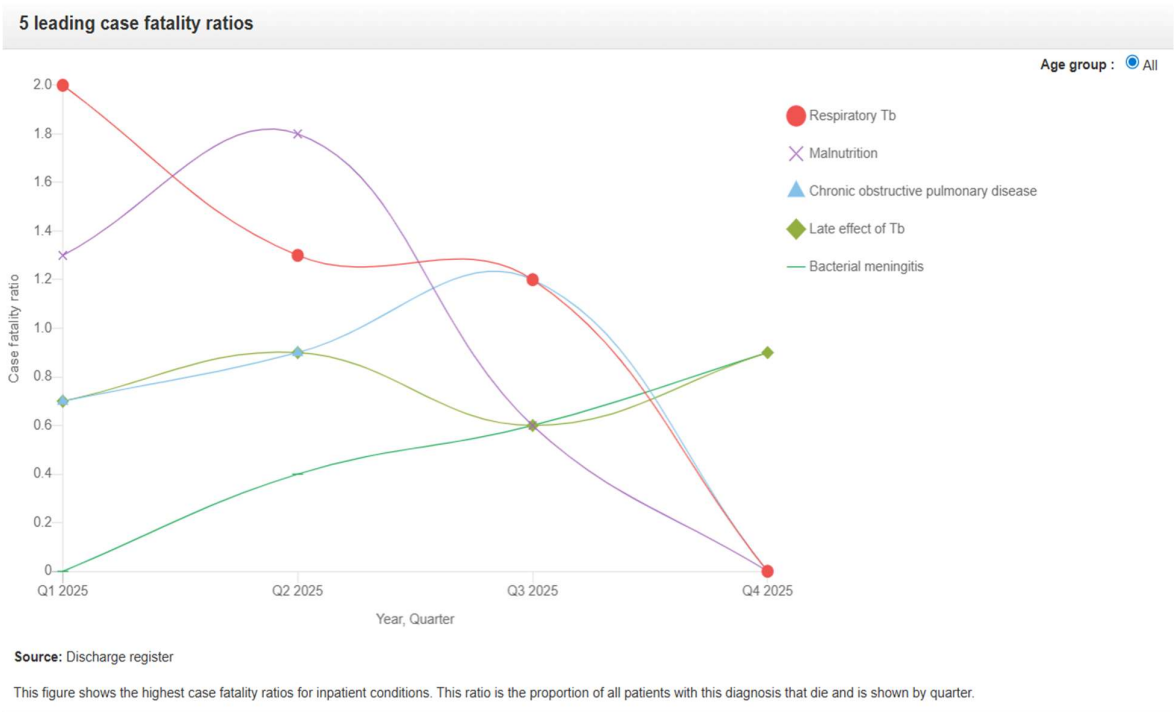


Figure 29: 5 Leading Cases Fatality Ratio

Table *28: Program Key Performance Indicators*

PROGRAM KEY PERFORMANCE INDICATORS					
Type	**Definition**	**Mid-Year 2025 Status**	**National Target**	**End Year Outcome**	**Source**
Output/ Clinical	**Number of inpatient discharges diagnosed with mental health or neurological disorders/conditions disaggregated by type.**	**154 (GGH)**	**None**	**22**	**GGH DHIS 2025**
Output/ Clinical	**Number/ Percentage Distribution of the leading inpatient discharge diagnoses (all ages)**	**Refer to Mid Year Report**	**None**	**Refer to Clinical Data**	**HOSPITAL REPORT**
Outcome/ Clinical	**Number/Percentage inpatient deaths in health facilities (all ages)**	**Refer to Mid Year Report**	**None**	**Refer to Clinical Data**	**HOSPITAL REPORT**
Output/ Clinical	**Percentage of available beds that were occupied over a specified period**	**42%**	**85% (WHO recommended)**	**40%**	**GGH ENHIS REPORT**
Output/ Clinical	**Average number of days that an inpatient spends in hospital over a specified period**	**3**	**5.7**	**4**	**GGH ENHIS REPORT**
Output/ Clinical	**Inpatient admissions to health facilities of levels 2–6 per 1000 population**	**12**	**50**	**8**	**HOSPITAL REPORT**

OIC Sr Wadae in Medical Ward

Clinical Deputy DNS Mr Megerie in Emergency

Emergency Department

The ED recorded triage of a total of 25,576 patients in 2025, the majority of patients are Category 3 patients (outpatient clinic cases), it can be noted from figure 19 that the majority of patients come during the evening and night shift where clerks are not available and therefore fee is not collected and patients are not registered.

This indicates the dire need for an Outpatient clinic to be open until 10pm or 24 hours in the Hospital or in a clinic within the MNW district.

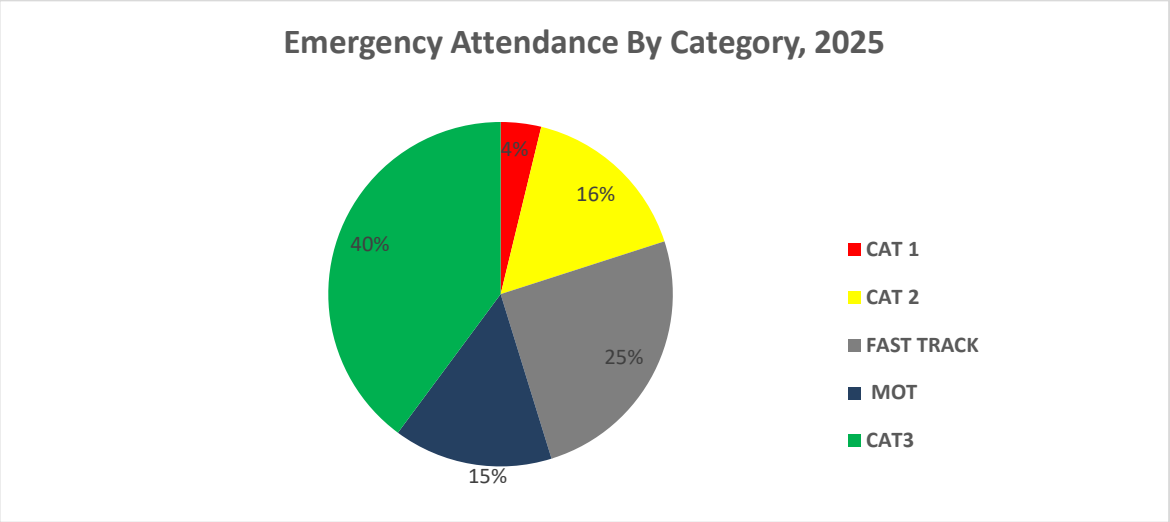


Figure 30: Emergency Attendance by Category 2025

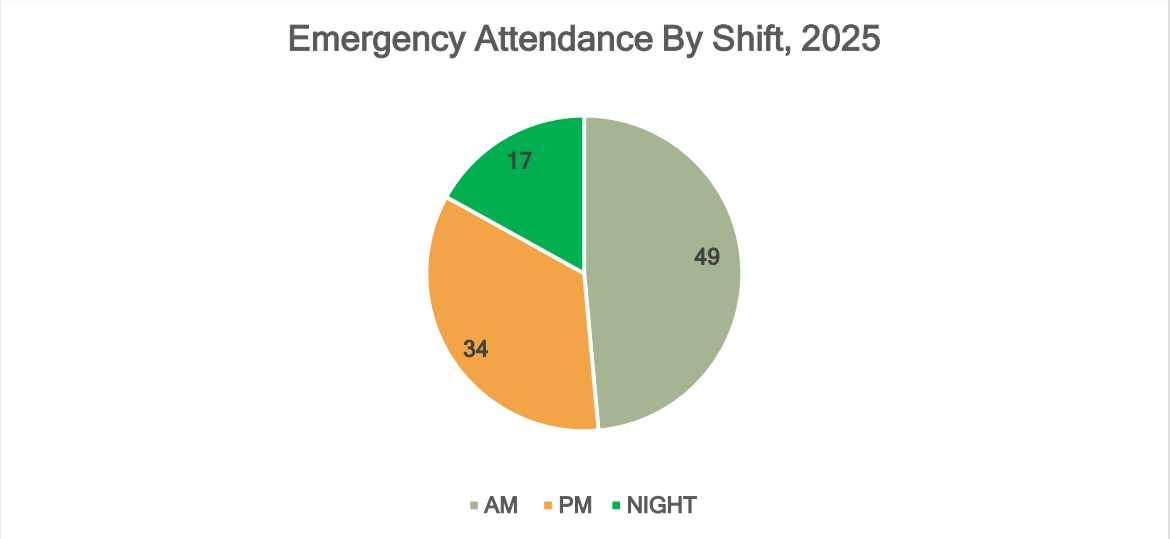


Figure 31: Emergency Attendance by Shift 2025

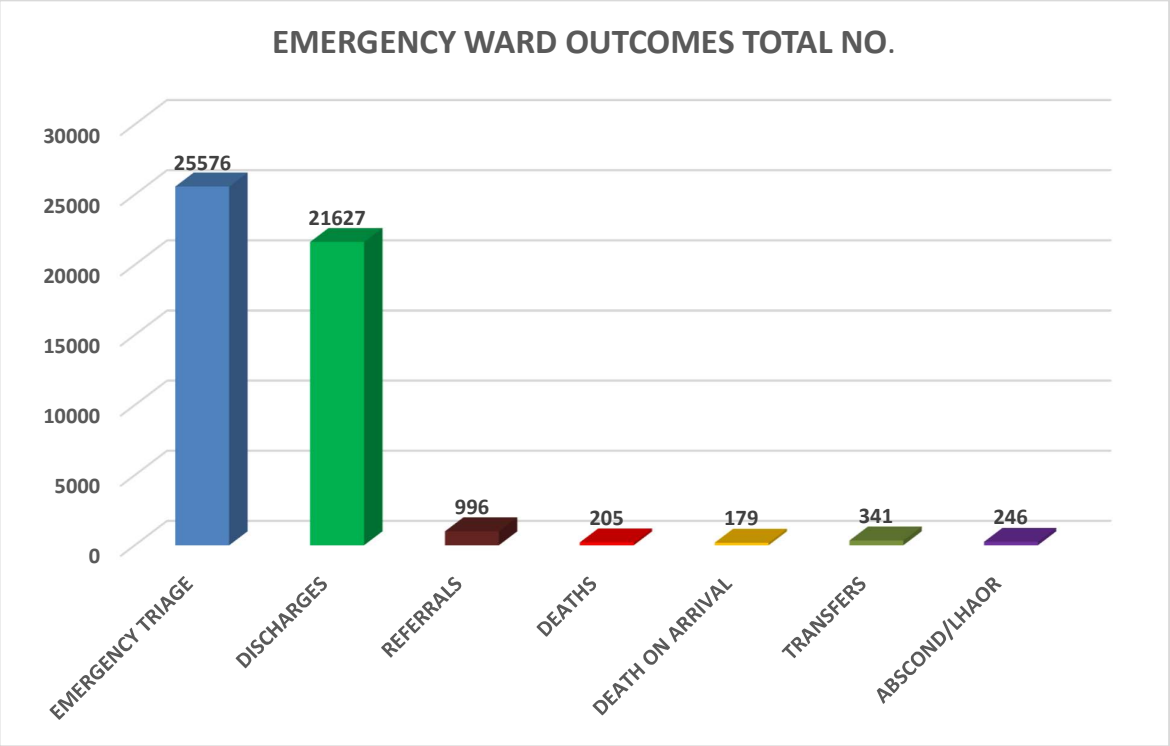


Figure 32: Emergency Ward Outcomes Total No.

Table 29: Emergency Department Top 5 cases by Category of presentation

Cat 1 cases		Cat 2 cases		Cat 3 cases	
Diagnosis	Tally	Diagnosis	Tally	Diagnosis	Tally
1.Asthma	10	1.Gastroenteritis	125	1.Laceration	543
2.TBI	6	2.Pneumonia	117	2.Asthma	511
3.Hypertension	4	3.Asthma	110	3.Pneumonia	404
4.Malaria	3	4.Hypertension	91	4.URTI	383
5.Seizures	3	5.Acute Abdomen	84	5.Gastroenteritis	377

Consultation Clinics

The Specialty Consultation Clinics at GGH saw 8280 cases an increase from previous years, this is largely due to the Internal Medicine clinics reviewing a high increase in Non-Communicable Disease (Hypertension, Diabetes etc.) cases for review and new cases also as seen in

.

This increased load of patients is seen in a very small clinic room within the Adult OPD area, the number of patients require a larger space to adequately provide the standard of care and review required.

All other specialist clinics continued despite shortage in specialist manpower (surgical, pediatric), and the O&G specialist did not conduct any clinics in 2025, but the Senior Medical Officer (Dr Bilo) continued to provide the essential obstetric and gynecological day care required.

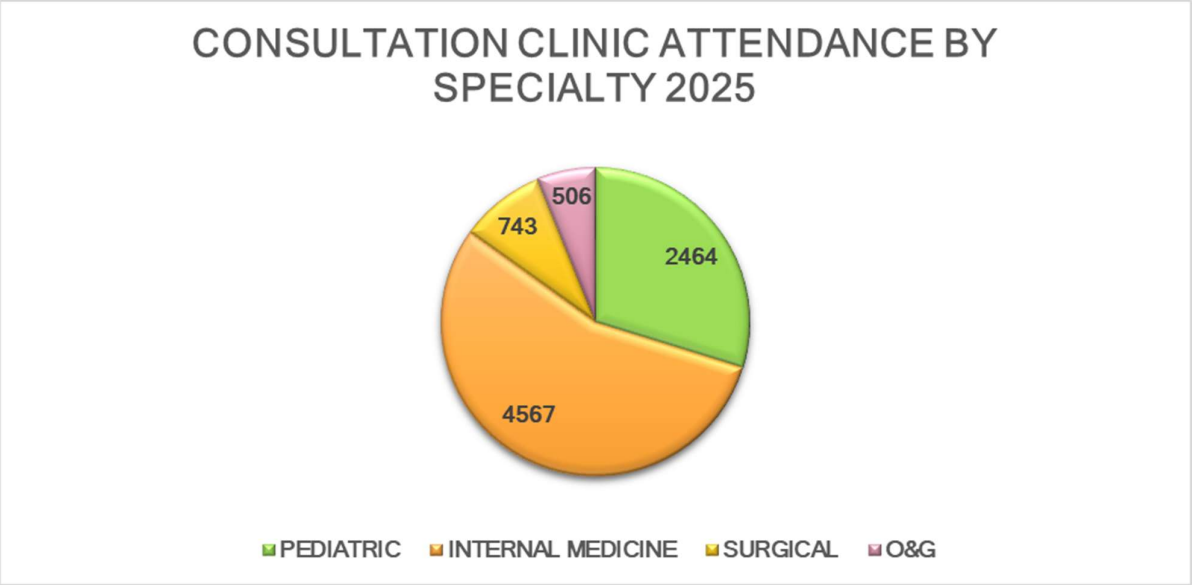


Figure 33: Consultation Clinic Attendance By Specialty 2025

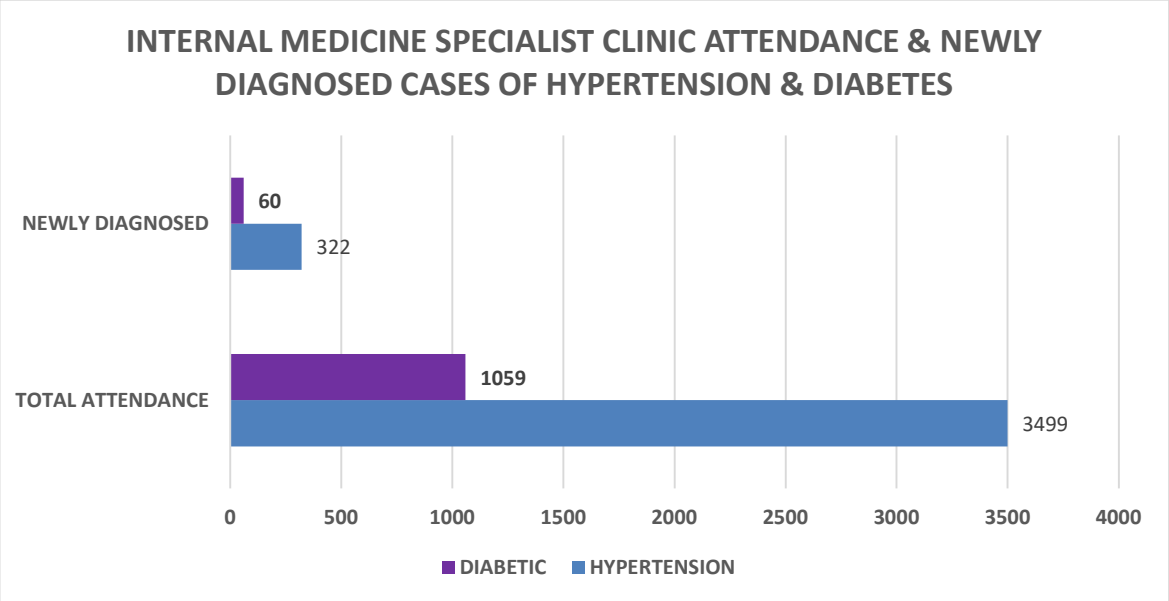


Figure 34: Medicine Specialist Clinic Attendance & Newly Diagnosed Cases of Hypertension & Diabetes.

Table 30: Program Key Performance Indicators

PROGRAM KEY PERFORMANCE INDICATORS					
Type	Definition	Mid-Year 2025 Status	National Target	End Year Outcome	Source
Output/ Clinical	Number of people newly diagnosed cases with hypertension.	385 (GGH)	None	322	INTERNAL MEDICINE REPORT
Input/ Clinical	Percentage (%) of national and provincial hospitals with the minimum 14 threshold specialties.	43%	60%	55%	HOSPITAL REPORT

Diagnostics Clinics

The Radiology Department attendance has dramatically increased this year to 15,968 cases (14,627 cases in 2024), with 1694 Ultrasound scans done by the Radiologist.

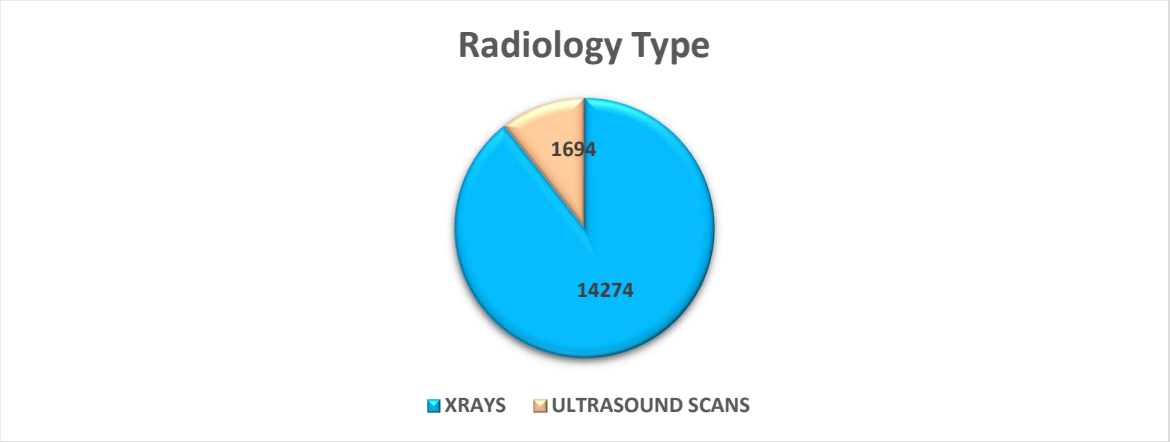


Figure 35: Radiology Type

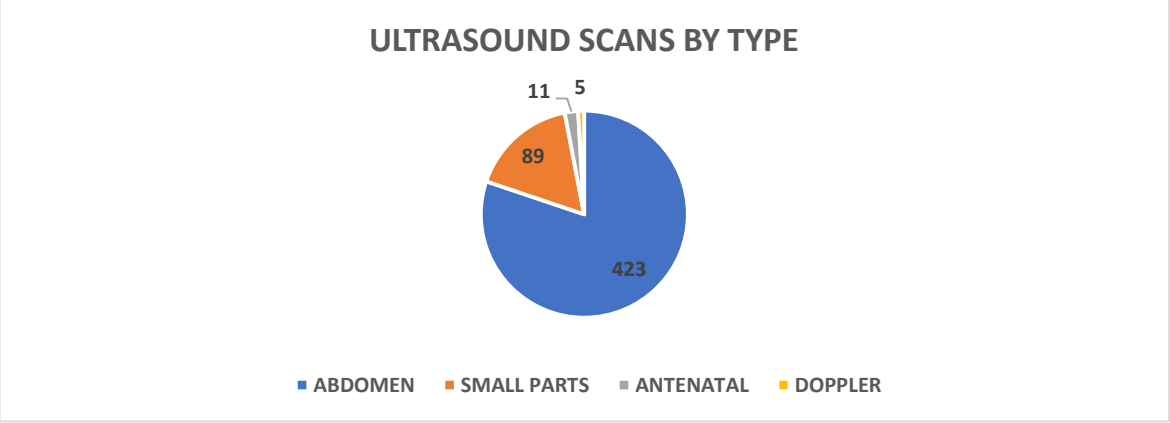


Figure 36: Ultrasound Scans by Type

Figure 31: Program Key Performance Indicators

PROGRAM KEY PERFORMANCE INDICATORS					
Type	Definition	Mid-Year 2025 Status	National Target	End Year Outcome	Source
Output/ Clinical	Percentage (%) of provincial hospitals, district hospitals and health centres laboratories that are quality assured as per the national standards	Not Available	100%	50%	GGH LAB REPORT
Input/ Clinical	Number of blood units collected from voluntary blood donations in a year.	0%	None	0%	HOSPITAL REPORT

The Laboratory has continued to progress with the purchase of new analyzers, although due to technical difficulties the analyzers have not been efficiently utilized and therefore samples for baseline tests are still being sent to PMGH. The Lab has now introduced the following tests; malaria microscopy, thyroid function test and tumor markers as well as a POC EPOC machine for the Emergency Team. There is a need for blood transfusion services, a visit from the Chief Pathologist Dr Mabone and Dr Mathias have re-iterated this need as a requirement for a Level 4 facility serving inpatients. This is a priority area to develop in the year to come.

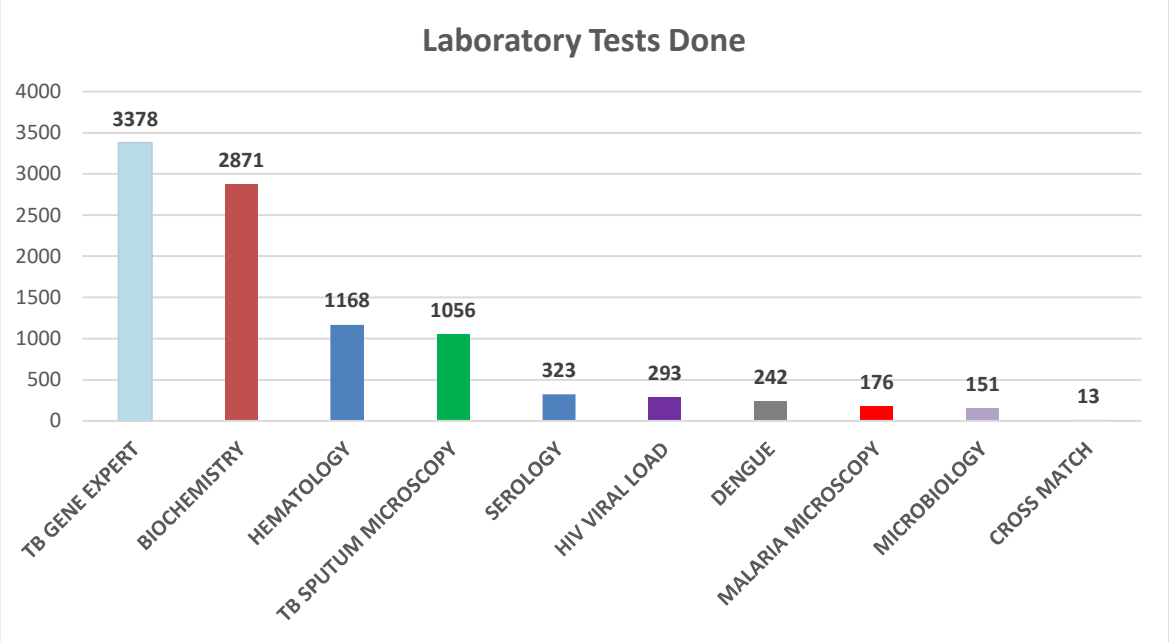


Figure 37: Laboratory Tests Done

Chief Pathologist Dr Mabone visiting GGH Lab

Rehabilitation Services

GGH provides physiotherapy services through a small outpatient clinic, the physiotherapist also conducts inpatient care and minor procedures including POP.

A highlight for the year was the successful treatment of a patient with congenital deformity "Talipes" who was successfully managed at GGH. The service is need of space, equipment, manpower and expansion to include Orthotics & Prosthetic services.

DIAGNOSIS SUMMARY

Diagnosis	Number of cases
Orthopaedic cases	160
Neurological cases	74
Cardiorespiratory cases	24
Musculoskeletal cases	77
Total cases seen	**335**

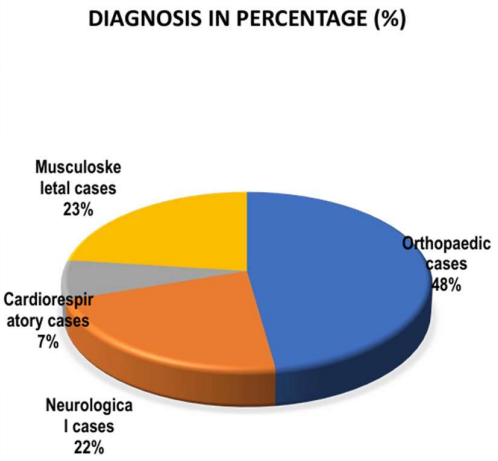


Figure 38: Diagnosis Summary

Mobile Physiotherapy Set Up At GGH

Medicine & Supplies

The Pharmacy department has the following service areas; Ward Imprest, Dispensary, Stock room, Bulk Orders. For the year 2025 only 15% of AMS orders were received from those ordered indicating a severe shortage in routine and essential medical supplies (figure 37).

As such the PHA has taken the responsibility to purchase medicines and supplies from reputable pharmaceutical organizations, with quarterly credit available the Hospital was able to sustain operations without any reported 'Stock Out' for the year.

A total of K282, 433.41 was spent on purchasing medicines and consumables for the year, this is to sustain operations with routine drugs, emergency and specialist drugs and small equipment.
The wastage reported for the year was due to 'flood damaged' medicines and supplies, the expired drugs are not included in this cost.

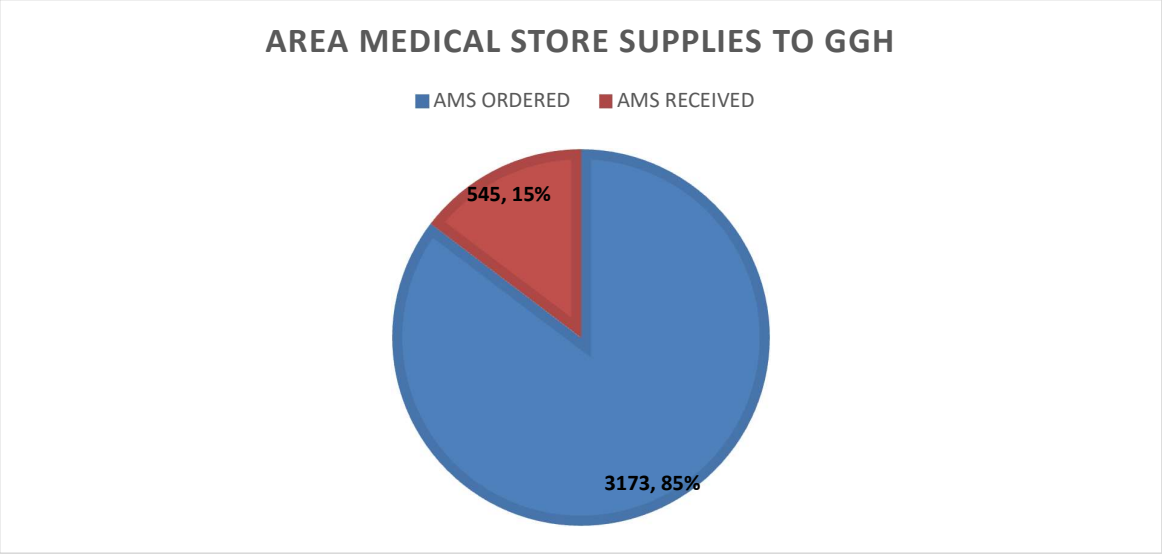


Figure 39: Graph showing Area Medical Store Supplies to GGH

Table 31: Graph Medicine Supply Items & Costs

MEDICINE & SUPPLY ITEMS	COST (PGK)
AMS RECEIVED	1,243,436.87
SUPPLIERS RECEIVED	282433.41
TRANSFERS RECEIVED	63428.6
WASTAGE	48382.21

Table 32: Top 10 Fast moving cost of Medical Supplies

TOP 10 FAST MOVING MEDICINES - DISPENSARY	
NO.	DISPENSARY
1	Amoxycillin 500mg capsule
2	Paracetamol 500mg tablet
3	Ciprofloxacin 250mg & 500mg tablet

4	Flucloxacillin 250mg & 500mg capsule
5	Prednisolone 5mg tablet
6	Diclofenac 25mg & 50mg tablet
7	Metronidazole 250mg tablet
8	Enalapril 10mg tablet
9	Nifedipine 10 & 20mg tablet
10	Metformin 500mg tablet

PRESCRIPTIONS SERVED	59947
DISPENSED DRUGS	116546

PROGRAM KEY PERFORMANCE INDICATORS					
Type	**Definition**	**Mid-Year 2025 Status**	**National Target**	**End Year Outcome**	**Source**
Input/ SPAR	**Percentage of months that health facilities have stock of all eight selected essential medical supplies.**	**57% (APPROX 6.8 MONTHS)**	**65%**	**100%**	**SPAR Report 2023**

Table 33 : Program Key Performance Indicators Table

HOSPITAL SERVICES

Internal Medicine Divison

The Internal Medicine Division of the NCDPHA conducts 24 hours outpatient and inpatient services at the Gerehu Provincial Hospital (GPH) with a 7-bed medical ward and five special clinics as follows;

1. Medical Consultation Clinic
2. Hypertension Clinic
3. Diabetes and Lifestyle Clinic
4. TB/HIV Clinic
5. Staff Clinic

This hospital is currently a Level 4 facility (NHSS) at Gerehu Suburb in the Moresby Northwest Electorate of the National Capital District (NCD).
The Physicians also conduct weekly outreach programs to Level 3 and 2 health care facilities in the districts to do specialist clinics including the DRTB clinic at Six Mile Poly Clinic.
It is fair to mention that people in all the districts are now accessing specialist medical services on a regular basis. Below are the health care facilities on the weekly outreach program.

1. Six Poly Mile Clinic *(NCDPHA L3)* - Moresby Northeast
2. Six Mile DRTB Clinic *(NCDPHA L3)* - Moresby Northeast
3. Lawes Road Clinic *(NCDPA L3)* - Moresby South
4. Tokarara Clinic *(SDA Church L2)* - Moresby Northwest
5. St Theresa Clinic, Hohola *(Catholic Diocese L3)* - Moresby Northwest
6. Metoreia Clinic *(MKA/NCDPHA L3)* - Moresby South

The Metoreia Clinic is at Hanuabada Village of the Motu Koitabu Assembly (MKA). It was opened for the general public outpatient services in January of 2025 and most of the medical cases from Lawes Road Clinic are now accessing the services at Metoreia because of the nearby proximity. This is shown by the increase in number of patient attendances. The clinical data were analysed from the patient attendances and medical admission records recorded by the above health care facilities. The human resource and manpower update is included here as well.

COLOUR-CODING

The colour-coding is an indication of the status of various things being assessed during the year. And here is the interpretation:

- **Green:** Present, available, or satisfactory (e.g. "Yes, we have it")
- **Yellow:** Partially present, caution, or warning (e.g., "We are experiencing issues, but it is not critical")
- **Red:** Absent, not available, or critical (e.g., "No we do not have it" or "This is a critical issue")
- **Orange:** Partially available or a warning that requires attention (e.g., "We are working on it, but it is not ready yet"). Orange is used interchangeably with yellow.

WORKFORCE AND HUMAN RESOURCE

Medical Staff

This table shows the number of physicians, registrars and health extension officers in Internal Medicine at Gerehu General Hospital for this quarter.

Table 34: Medical Staff Tally

		SMO	MO	HEO	RMO	Total
Permanent Officers		2	0	0	0	2
STC Officers		1	1	0	0	2
Trainees		0	0	0	0	0
TOTAL		3	1	0	0	4

The medical team was short of medical registrars since January. The HEO in the medical ward was relocated to AOPD. Therefore the SMOs had to cover the clinics and on call roster. The only registrar in the team joined in June but still urgently requires one more medical officer especially for the first on call duties. The delay in recruitment is the HR process.

The physician on STC is an added specialist manpower sharing the workload and also amplified the weekly outreach clinic coverage into the level 3 health facilities within NCD.

Nursing Staff in the Medical Ward

The table below shows the number of nurses, community health workers and health extension officers in the medical ward, consultation clinic and TB/HIV clinic at Gerehu General Hospital.

Table 35: Table showing Nursing Staff in the Medical Ward

Ward & Clinics	SNO	RNO	CHW	HEO	Clerks	Total
Medical Ward	2	6	7	0	0	15
Consultation Clinic	1	0	1	0	0	2
TB/HIV Clinic	0	2	14	1	2	19
Total	**3**	**8**	**22**	**1**	**2**	**36**

Table 36: L4 Facilities, Medical Supply & Equipment Checklist

GGH Medical Wards & Bed Capacity		
Unit	**No. of beds**	
General Medical	7	
HDU	0	NIL
TB Ward	0	NIL
MDRTB	0	NIL
Procedure Room	0	NIL
Oncall facility	0	NIL
Doctor's Office	0	NIL
Pan Room	0	NIL

- Seven (7) beds
- One emergency trolley partially equipped
- One cardiac Monitor
- One ECG Machine
- One suction Machine
- X3 oxygen adult flow meter

Table 37: Showing Medical Ward Facilities & Infrastructure

1. Medical Ward Facilities & Infrastructure	**Yes/No**	
1.1. Do all mattresses have an intact, waterproof covering?	1	
1.2. Do all beds have pillows and bed linen?	0	
1.3. Does the general ward have adequate ventilation?	1	
1.4. Does the general ward have adequate lighting during the day?	1	
1.5. Is there wheelchair access to the toilets?	1	
1.6. Do the clients have access to running water inside the ward?	1	
1.7. Does the general ward have a private room for procedures?	0	
1.8. Does the general ward have policies/procedures that ensure continuity of care?	1	
1.9. Does the medical ward have an oncall room for doctors?	0	

2. Medical Supply & Equipment	**Yes/No**	
2.1. Does the division have a working emergency trolley?	**1**	
2.2. Does the division have a working electronic defibrillator? AED	**1**	
2.3. Does the division have a working cardiac monitor?	**1**	
2.4. Does the division have a working ECG machine?	**1**	
2.5. Does the division have a working Echo machine?	**0**	
2.6. Does the division have a working spirometer?	**1**	
2.7. Does the division have working infusion pump(s)?	**0**	
2.8. Does the division have working syringe pump(s)?	**1**	
2.9. Does the division have working suction device(s)?	**1**	
2.10. Does the division have working pulse oximeter(s)?	**1**	

2.11. Does the division have a working x-ray viewing station?	**1**	
2.12. Does the division have a working electronic nebulizer device?	**1**	
2.13. Does the division have working oxygen concentrator(s)?	**1**	
2.14. Does the division have a working client transfer trolley?	**1**	
2.15. Does the division have a comfortable wheelchair for client use?	**1**	
2.16. Does the division have a dedicated drug fridge?	**1**	
2.17. Has the division maintained uninterrupted supply of Artemisinin-based Combination Therapy?	**1**	
2.18. Has the division maintained uninterrupted supply of Anti-Retroviral Therapy?	**1**	
2.19. Has the division maintained uninterrupted supply of Benzyl Pencillin?	**1**	
2.20. Has the division maintained uninterrupted supply of Chlorpromazine?	**1**	
2.21. Has the division maintained uninterrupted supply of Fixed-Drug Combinations for Tuberculosis?	**1**	
2.22. Has the division maintained uninterrupted supply of Insulin?	**0**	
2.23. Has the division maintained uninterrupted supply of Metformin?	**0**	
2.24. Has the division maintained uninterrupted supply of Nifedipine?	**0**	
2.25. Has the division maintained uninterrupted supply of Oxygen?	**1**	
2.26. Has the division maintained uninterrupted supply of Panadol	**0**	

KEY MONITORING INDICATORS

Table 38: Clinical Indicators

N0	Name	Type	Section	Source	Annual Total for 2025
1	New Hypertension Cases	Output	Consultation Clinic	Hypertension Registry/HOD Report	322
2	Number of inpatient discharges with mental health disorders	Output	Adult Ward	Discharge Register/ HOD Report	5
8	Number/Percentage Distribution of the leading inpatient discharge diagnoses (all ages)	Output	Inpatient Wards	Discharge Register	Refer to Clinical output data
9	Number/Percentage inpatient deaths in health facilities (all ages)	Outcome	Inpatient Wards	Discharge Register	48 (24% Mortality Rate)
15	Hospital-Acquired Infection (HAI) rate (e.g. surgical site infection rate or catheter associated urinary tract infection rate) per 1,000 patient days	Output	Wards	Discharge Register/HOD Report	0

CLINICAL OUTPUT DATA

The following tables contain the data analysed for the months of April, May and June 2025.

Table 39: General Admission Summary Stats for calendar year

General Admission Summary Stats by quarters							
Q	Admissions	Discharged	Absconded	Transferred	Referred L6	Died	Mortality Rate
Q1	65	40	0	0	7	14	21.5%
Q2	49	34	0	0	2	13	26.5%
Q3	44	21	1	0	8	12	25%
Q4	35	22	1	0	5	9	25.7%
Total	**192**	**117**	**2**	**0**	**22**	**48**	**24%**

Table 40: Medical Ward Admissions, Outcomes & Deaths for the last Quarter (Q4)

Month	Admissions	Discharged	Referrals	Absconded	Died	Mortality Rate %
October	9	5	3	1	1	11.1%
November	14	9	2	0	7	50%
December	12	8	0	0	1	8.3%
Total	**35**	**22**	**5**	**1**	**9**	**25.7%**

Table 41 : Showing Five Leading Causes of Admissions to the Medical Ward in the last quarter Q4

	Diagnosis	Admissions	Discharges	Deaths	Average length of stay (Days)
1	Tuberculosis	7	4	1	18.2
2	Anaemia	6	5	1	1.6
3	Post TB Lung Disease	5	2	1	12.7
4	COPD, IE	3	2	0	4.5
5	Pneumonia	3	2	1	6.3

Average Daily Bed Occupancy rate: 69%

Table 42 : Showing Gerehu General Hospital patient inward referrals L3 Health Facility and outward referrals to Port Moresby General Hospital for the calendar year.

Referrals	Q1	Q2	Q3	Q4	Total
From within NCD	1	0	0	0	1
From within the region	0	0	0	0	0
To PMGH L6 Facility	6	2	8	5	21
Total	7	2	8	5	22

Consultation Clinic data for Gerehu General Hospital consultation clinic.

Table 43: Hypertension Clinic data for Gerehu General Hospital by Quarters for calendar year.

	Q 1	Q 2	Q 3	Q 4	Total
Total Attendances	818	805	938	978	3499
New Cases	106	92	81	43	322
Substantive	567	546	653	726	2492
Co-morbidities	13	11	13	27	64
Other Medical Conditions	132	155	195	182	659

Table 44: Diabetic and Lifestyle Clinic Data for Gerehu General Hospital by Quarters for calendar year

	Q 1	Q 2	Q 3	Q 4	Total
Total Attendance	255	260	258	296	1059
New Cases	21	12	17	10	60
Co-Morbidities	32	37	26	37	132
Substantive	183	210	223	244	847
New consults	9	1	258	4	272

Table 45: Outreach & District Urban Clinic Specialist Consultation data by Quarters for calendar year.

Clinics	Q 1	Q 2	Q 3	Q 4	Total
Six Mile Clinic	49	105	121	108	383
St Theresa Clinic Hohola	35	0	0	92	127
Tokarara Clinic	77	0	0	96	173
Lawes Road Clinic	0	20	0	0	20
Metoreia Clinic	70	152	109	60	391
Six Mile DRTB Clinic	-	42	31	-	73
TOTAL	231	319	261		1167

Table 46 : Staff Clinic Attendance at Gerehu General Hospital by Quarters for calendar year.

Attendances	Q 1	Q 2	Q 3	Q 4	Total
New Cases	1	7	0	0	8
Review Cases	0	1	0	0	1
Total	1	8	0	0	9

TB Clinic Data

Gerehu General Hospital TB Clinic Data by Quarters for calendar year.

Table 46: TB Screening and Testing Variables by Quarters for calendar year

TB Screening and Testing Variables	Q1	Q2	Q3	Q4	Total
Total presumptive	848	1301	1810	1371	4830
Gene Xpert Tested	354	929	1258	1107	3292
Gene Xpert Tested Confirmed	109	262	435	356	1211
DSTB Confirmed cases Clinically	340	357	554	339	1590
MDR Detected Case	10	21	14	11	55
MDR Registered	6	0	0	0	0

- Less testing via Gene-expert in first quarter due to no Cartridges and high number of clinically dx

Table 47: Case Notification Drug Sensitive TB by Quarters for calendar year.

TB Case Notification DS – Registered	Q1	Q2	Q3	Q4	Total
TOTAL (ALL TB FORMS)	262	371	348	348	1329
NEW CASES	229	332	310	313	1184
RELAPSE	30	33	35	29	127
DEFAULTS	3	2	3	5	13
Others	0	4	0	1	5

Table 48: Case Notification Drug Resistant TB by Quarters for calendar year.

TB Case Detection DR	Q1	Q2	Q3	Q4	Total
TOTAL (ALL TB FORMS)	10	21	13	11	55
NEW CASES	8	17	11	6	42
RE-TX	2	4	2	5	13

- MDR referred to POM Gen to commence on New Regiments –Bpal 6/12 SR

Table 49: TB Outcome Indicators by Quarters for calendar year

TB Outcome Indicators	DS TB					DR TB	
						Report completed	Active Co ART 42 pts. on LR
	Q1	Q2	Q3	Q4	Total	Bi Annual (Jan-Dec 2023) DR TB -LR	Will be reported Jan 2025 (Jan – Dec 2024) LR
Success Rate%	274 (88%)	310 (90%)	243 (94%)	370 (93%)		63 (59%)	
Cured	84	91	72	58	305	30	
Treatment complete	156	188	156	193	693	7	
Failed	2	1	1	2	6	0	
LTFU	19	6	5	5	35	4	
Not Evaluate	0	10	3	3	16	4	
Died	13	14	6	9	42	5	
Moved to 2nd Line	2	0	0	0	2	0	
Transfer out	0	0	0	0	0	5	
Active on Rx	81	0	42	23	292	8	

HIV/ART Clinic Data

Gerehu General Hospital HIV Clinic Data for calendar year 2025.

Table 50: HIV Data by Quarters for calendar year

Variable Indicators	By Quarters	Testing Sites							Cumulative Total
		Antenatal	TB	VCT	Index	STI	Others (ED, Wards)	Paediatric	
N0. Tested	Q1	549	263	248	25	43	111	20	1259
	Q2	431	332	135	25	117	98	82	1221
	Q3	455	336	282	23	123	25	98	1342
	Q4	363	338	284	7	6	5	1	1139
	Total								
No. Confirm HIV +	Q1	5	15	46	10	0	2	3	89
	Q2	0	20	26	6	7	0	2	85
	Q3	8	22	47	13	13	7	2	112
	Q4	17	19	30	7	6	5	1	85
	Total								
Positive Rate%	Q1	1%	6%	19%	40%	0%	2%	15%	7%
	Q2	0%	6%	19%	24%	6%	0%	2%	7%
	Q3	2%	7%	17%	57%	11%	28%	2%	8%
	Q4								
	Total								
Admitted to Care	Q1	5	15	8	4	1	2	1	36
	Q2	6	13	13	4	0	0	0	36
	Q3	2	5	21	5	7	1	0	41
	Q4	9	10	15	5	4	0	0	43
	Total	22	33	57	18	12	3	1	
Referred	Q1	0	0	0	0	0	0	0	0
	Q2	0	0	0	0	0	0	0	0
	Q3	2	1	3	1	1	0	0	8
	Q4	0	1	4	0	1	0	0	6
	Total	2	2	7	1	2	0	0	14

Pediatric Division

The Child Health Services in NCD Provincial Health Authority is provided through the Gerehu Provincial Hospital providing both inpatient and outpatient services; whilst the rest of the urban clinics provide day outpatient services and child public health programs. The NCD Provincial Health Authority Provincial Hospital Gerehu, is a NHSS Level 3-4 facility; it is in the Moresby North-West Electorate in Port Moresby, National Capital District. It serves a catchment population of 27, 824 (NHIS 2022)

Table 51: The Gerehu Paediatric Division Clinical Service Schedule 2025:

	Paediatric Services Provided Include:	Day	Operation Times	Sectional In Charge
1	Child Outpatient Services	Mon-Sunday	8am-406pm (after hours cases are seen by GGH Emergency Dept)	Sr. Ruth Ulua
2	Child In- Patient Services (only 6 bed ward)	Mon-Sunday	24 hours (3 nurse shift)	Sr. Everlyn Kurapai
3	Child Consultation Clinics	Mon-Friday	8am-12md	Sr. Melisha Tonny
4	Well Baby Clinic	Mon-Friday	8am-406pm	Sr. Veronica Kenagelato

- ❖ Metoreia Urban Clinic Weekly Paediatric HIV Clinic Commenced Thursday 20th March; and has been consistent in 2025

CLINCAL SERVICE GAPS

At Present Gerehu Provincial Hospital <u>DOES NOT</u> HAVE the Following Services:

- Birthing Unit/Postnatal/Neonatal Services
- Adolescent Health Services
- Intensive Care Unit
- Operating Theatres
- Surgical Wards
- Minor Speciality Clinics- ENT, Eye, Skin
- Dental Services
- Family Support Centre (FSC)
- Social Worker & Counseling Services (only limited available mainly through HIV Program)
- Mental Health Services
- Pathology Services (all samples go to PMGH Pathology Unit)
- Blood Transfusion Services (accessing through PMGH)
- Full Imaging Services (only Xray available and limited Sonography Services)
- In-patient Catering/Kitchen

PAEDIATRIC MEDICAL WORKFORCE [CURRENT]

Table 52: NCDPHA Provincial Hospital Gerehu- Paediatric Division

	Department	SMO	MO	HEO
1	COPD	0	1	1
2	Ward	1	1	1
3	Consultation	0	0	1
4	Well Baby clinic	N/A	N/A	N/A
TOTAL FOR PAEDIATRIC DIVISION		**1**	**2**	**3**

- ❖ Children's OPD Section is in DIRE need for at least minimum additional 2-3 HEOs or Medical Officers; Like that in the Adult OPD. At Present the Paediatric Ward Medical Team is covering BOTH WARD inpatient workload and Out-Patient Workload everyday including weekends (Unlike Internal Medicine Division where a separate team is covering the Adult Outpatient)

CHILDRENS OUT-PATIENT DEPARTMENT

Children's Out-Patient Division is a very busy department located in a very small and congested area within the hospital that is IN DIRE NEED of expansion. It is BELOW the National Health Service Standards for Out-patient department Level 4.

Despite the Space Limitations- The Staff are very committed and hardworking. A 3-tiered (traffic light) triage system was established in 2019, using Emergency and Priority signs per the WHO Hospital Care for Children Workshop and has proved to be a very effective system to filter the very sick cases and initiate treatment immediately to ensure patient stability. Our COPD deteriorating and death rates has been ZERO (excludes death on arrivals).

COPD has x1 resuscitation bed and a functional 5L oxygen concentrator on site. And an open bay for attending patients in the triage category red and yellow only. All trigae green are sorted outside and discharged.

Children's OPD Section

Children's OPD Section

- There is no proper spacious waiting area still, no shower/toilet facilities, zero space for day care beds and observations in the current Children's Outpatient department**.**
- We can only expect improvements in our nhss accreditation survey indicators for Gerehu COPD section only when a standard space size for a COPD per NHSS is in place.

Table 53: Total Gerehu- Child Outpatient Attendance 2025. (Source NHIS 2025)

	Q1 2025	Q2 2025	Q3 2025	Q4 2025	TOTAL 2025
Total COPD Attendance	7041	8268	7210	6950	29469

- COPD Attendance Figures captured are ONLY from COPD 8am-4pm daily. DOES NOT INCLUDE Child OPD attendance between 4pm-8am that present to the Emergency Department after-hours.
- On average 2450 + per month and ~81/day attendance
- Top 5 Causes of Attendance: 1. Simple Cough 2. Pneumonia <5years 3. Diarrhoeal Diseases 4. Skin Diseases 5. Clinical Yaws

- GGH COPD is in dire need of Space Expansion and additional 4-5 Medical staff and additional 15 nursing manpower to be able to run a 24-hour Children's Emergency Division service; at present ONLY 8am-4pm day service can be provided.

Table 54: Gerehu COPD: Key Out-Come Indicators 2025 (Gerehu COPD Registry 2025)

	Q1	Q2	Q3	Q4	2025
Total Deaths	**1**	**0**	**1**	**1**	**3**
Total Cases Needing MO/HEO Review	**1150**	**1278**	**1100**	**990**	**4518**
Total Referral to PMGH CED	**44**	**45**	**44**	**40**	**173**

- ❖ The 173 referrals were mostly non-critical and referred to PMGH ENT clinic (foreign bodies in nose/ears), PMGH Eye clinic and PMGH Skin Clinic and a few surgical cases requiring MUA and abscess drainage. 2.8% (5/173) were critical cases, stabilized and referred to PMGH CED for high dependency care

- ❖ COPD has a partially kitted resuscitation trolley (appropriate size laryngoscope/airway adjuncts needed), basic drugs for resuscitation and especially for controlling seizures are not always available daily.

4.0 PAEDIATRIC IN-PATIENT DEPARTMENT

The current Paediatric Ward is still below NHSS for a Level 4/5 for a Paediatric In-patient ward. There is no dirty utility room, no sluice room, no pan room, no proper milk room, no resuscitation space, no procedure room, no counseling room.

Successful installation of a new air-conditioning in February 2025 has alleviated the heat and stuffiness experienced in the ward

Table 55: Gerehu Paediatric Total Admissions 2025 (Source: Paediatric Ward Admission Registry 2025)

	Q1	**Q2**	**Q3**	**Q4**	**TOTAL 2025**
TOTAL ADMISSIONS	164	204	148	160	676

- Total of 676 Admissions in 2025
- The average length of hospital stay has always remained around 5-7 days.
- Bed Occupancy on average 100-133%.
- We have ceased keeping corridor inpatients as part of our quality improvement

THE 4 TOP causes of Admissions remain the same:

- ❖ Acute Lower Respiratory Tract Infections (Pneumonias)
- ❖ Severe Acute Malnutrition (SAM)
- ❖ Meningitis
- ❖ Diarrheal diseases
- ❖ Neonatal Conditions

- o Priority Areas would be to ensure A proper Milk room for ensuring clean and safe environment for Therapeutic Milk preparations daily for SAM cases PLUS continuous availability of basic antibiotics and a bigger spacious ward with improved ventilation.
- o Our 10L oxygen concentrator & vital signs monitors ensures continuous monitoring & availability of oxygen for our pneumonia patients

- More awareness needed in our Antenatal clinics around essential newborn care and NCDPHA to consider and plan for Gerehu and Major District Facilities for normal birthing suites/services in 2026 and beyond

Table 56: Gerehu Paediatric In-Patient Outcomes in 2025 (Source: Gerehu Paediatric Admission Registry-2025)

IN-PATINT WARD OUTCOMES	Q1	Q2	Q3	Q4	2025 (N=676)
DEATHS	1	7	1	1	**10 (**1.5%MR)
REFERRALS	24	29	17	24	**94** (13.9%)
ABSCOND/LHAOR	4	4	2	3	**13** (1.9%)
DISCHARGES	135	160	128	132	**559** (82.7%)

❖ Total of 10 death within 24-72 hours of admission: Mortality rate 1.5%
- There is need to integrate immediately the use of Paediatrics Color-coded Quality Monitoring tool to be able to detect deterioration early and intervene timely.
- Severe Acute Malnutrition with Persistent Gastro – Leading cause of death 40% (4/10)
- Severe Pneumonia accounted for 20% (2/10) deaths | Severe Dehydration from Acute Gastroenteritis 20% (2/10)
- Acute bacterial Meningitis 10% (1/10) & RVI with Dengue 10% (1/10)
- Critical to HAVE 1st on-call Rooms SO ONCALL OFFICERS are on ground to respond timely

❖ Total of 94 (13.9%) In-Patient REFFERRAL cases to PMGH CED for 2025.
- Main Reasons have remained the same:
  - high dependency care requirement
  - NO bed space, surgical operations or chronic oxygen dependent cases requiring longer hospital stay and isolation.
- Critical Cases are transferred using SJA services; non-critical and non-oxygen cases are transferred by the Gerehu Provincial Hospital Ambulance.
- Gerehu Paediatric Division maintains a strong collaborative relationship with PMGH Children's Emergency Department, ensuring seamless coordination of referrals and enhancing patient care.

PAEDIATRIC CONSULTATION CLINIC

Table 57: Paediatric Consultation Clinic Attendance 2025| n=2476
(Source: Consultation Clinic Registry 2025)

Paediatric Specialist Consultation Clinic:	Q1	Q2	Q3	Q4	2025 TOTAL ATTENDANCE
Neurology/Cardiac	112	46	48	60	266
TB (Tuesday)	116	269	253	235	873
Nutrition	186	206	161	126	679
General	80	167	100	91	438
HIV clinic	52	55	40	61	208
Metoreia Urban Clinic-Child HIV clinic	3	3	3	3	12
Total of Gerehu Paediatric Consultation Clinic Attendance	**549**	**746**	**605**	**576**	**2476**

- For 2025 Total of 2476 patients seen at Paediatric Consultation Clinics conducted by Gerehu Paediatric medial team
- The main Gerehu Consultation clinic area is located within the AOPD and ED section; a very non-spacious, overcrowded and poorly ventilated area. The Paediatric Division has resorted to use the Paediatric SMO Office & MO/HEO Room as a Consultation Clinic rooms, every day from 8am-12pm to conduct our Neuro/Nutrition and General Paediatric consultation clinic. TB and HIV clinic have now shifted to the MSF building rooms, a great achievement for 2025.
- There is NO Subtantive Position for Paediatric Consultation Clinic Nursing staff; Interim arrangement since 2023 – we have resorted to having 1 NO (Sr Melissha Tonny) and 1 CHW (Nrs Jacinta) from the Paediatric Ward support the Week-long Consultation clinic activities.
- There is NEED for reallocation to a proper consultation clinic building and Substantive positions for Consultation clinic nursing staff

GEREHU WELL BABY CLINIC SERVICES

Table 58: Well Baby Clinic Services: 2025

	Q1	Q2	Q3	Q4	2025
Well Baby Clinic Total Attendance	2073	2201	2138	2072	8484

- Well Baby Clinic is an important part of Growth and Monitoring and Provision of Immunization against Vaccine Preventable Diseases in Children 0-5 years of age.
- In 2024 -A new open-roofed building and concrete floor was put up for Well Baby clinic services by Gerehu management team
- The Average Monthly Attendance for Well Baby Clinic Services was ~700 per month; with daily attendance of 30-35 clients.
- The team will still push on and look forward to positive changes in the proposed construction of a new L shaped building at Gerehu to accommodate for Well baby clinic as part of the full Maternal Child Health Program, a 1 stop shop.

GEREHU PAEDIATRIC HIV PROGRAM
Full report and data with Gerehu Hospital HIV Department.

GEREHU CHILD TB PROGRAM
Full report and data with Gerehu Hospital TB Department.

There is need for the TB Department & HIV department of Gerehu Hospital to consider and capture substantive positions for Paediatric TB Staff (4 Nursing Officers, 4 CHW, 2 HEO/MO) in the NCDPHA-Gerehu Hospital restructure. The Paediatric Medical division are supported by our Paediatric ward nurses to run TB & HIV clinics; there is no allocated staff at TB section to support Paediatric TB & Paediatric HIV clinic.

For ALL PUBLIC HEALTH PROGRAMS: There is a need for regular combined meetings around respective programs and for the Respective Public Health Program Officers in charge to coordinate and involve clinicians in monthly meetings and share monthly/quarterly reports on Program Performance as well --- This is not seen to be happening. This needs to be strengthened and must happen at Gerehu Hospital as well as at Provincial Level for the respective public health program leads to take on board.

9.0 CONTINUED MEDICAL EDUCATION (CME)

Table 59: CME in 2025 (Source: Paediatric CME Attendance Registry-2025)

	Date	CME Topic	Presenter	Total Attendance
1	06th March 2025	Nephrotic Syndrome (with COPD Staff)	Dr Kupe	15
2	23rd April 2025	The child with Convulsions	Dr Vaia Gwaibo	6
3	08th May 2025	Polio Outbreak and AFP Surveillance	WHO-Dr Getinet/Dr Kupe	20
4	14th May 2025	Child Abuse and Referral Pathway at Gerehu	HEO Ms Mapya and GESI team	25
5	11th June 2025	The New Edition Paediatric STM; New Updates	Dr Kupe	20+ (+ virtual)
6	13th October 2025	Basic Life Support	HEO Mapya	Paeds Staff 20

- There is a Paediatric Medical Division CME Schedule 2025 An attendance registry is kept as a monitoring tool.
- Paediatric Divisional CME are conducted Every Wednesdays 11am-12md at the Gerehu Conference Room.
- Total of 5-inhouse CMEs have been conducted and 1 the Main NCDPHA CME for 2025

STAFF APPRAISALS AND DIVISIONAL MEETINGS/AUDITS

- Paediatric Medical Division have completed both 1st & 2nd Review Appraisals for 2025. ALL have been Submitted NCDPHA Provincial HR Division.
- Officer HEO Christine Mapya remains the top performing officer. Followed by HEO Rex, HEO Tole, Dr Gwaibo and Dr Molo.
- Dr Walter Molo- is showing some improvement but still needs more effort in his attendance and timely communication- These issues have been discussed with him during 2nd staff performance appraisal and we hope for more improvements in 2026
- The Paediatric Division has Scheduled Divisional Meetings at end of every month.
- We only had x4 total divisional meetings for 2025- we will work on this in 2026

TRAININGS/WORKSHOPS/MEETINGS/EVENTS

Training and Short Workshops are especially important in ensuring ALL cadre of Paediatric Staff are equipped with the necessary clinical skills set and updated information surrounding quality child health care provision. Additionally, meetings and events are also part of SMO expectations to participate.

Table 60: 2025 ACTIVITIES

	Course/Workshop Title/Meeting/Events	Facilitator/Venue	Date Conducted	Total Participants
1	WHO Hospital Care for Children training	Paediatric Society PNG/PMGH Training Centre	17-20th February 2025	6 (Dr Molo/Dr Gwaibo & 3 NO Gerehu/6MC/Metoreia)
2	GGH Paediatric Division Farewell for Dr Kunera Kiromat	GGH Paediatrics/Gerehu Conference Room	24th February 2025	20
3	Research & Epidemiology Workshop	Prof Duke/SMHS Lecture Theatre	17-21st March 2025	25 (Dr Kupe only from NCDPHA)
4	Reproductive maternal, neonatal child adolescent health (RMNCAH) TAC Meeting	NDOH Family Health Manager and Team | Stanley Hotel	03rd April 10am-12md	15

5	National Certification Committee Polio/ National Verification Committee Measles-Rubella Meeting Q1-2025	NCC Chair-Dr Kupe | NDOH Level 3 conference Room	03rd April 1pm-3pm	10
6	National Emergency Operation Centre: Polio Outbreak Meeting 1	NDOH/WHO| WHO conference Room Level 4, NDoH	07th April 10am-12md	10
7	Polio Outbreak & AFP Surveillance Zoom Session for Provincial Paediatricians & Surveillance Officers	NDOH/WHO/Dr Kupe-chair| WHO Conference Room Level 4	24th April 1pm-3pm	22+
8	HEO Christine Mapya of GGH Paediatrics graduates with Diploma Public Health- UPNG SMHS	UPNG/Sir John Guise Indoor Stadium	14th May 2025	
9	NCDPHA 2024 Annual Performance Review Workshop	NCDPHA | Citi Boutique Hotel	09th May 2025 8am-4pm	20+
10	NCDPHA Provincial Emergency Operation Centre| Polio Outbreak and AFP Surveillance Meetings	NCDPHA | PEOC Conference Room	12-15th May 2025 9am-11am	7+
11	Gerehu Paediatric Division Staff | Best Performing Unit 2024 cake and coffee and speeches with STAFF	Dr Kupe| Gerehu Hospital Paediatric Corridor	16th May 12-1pm	15+
12	Provincial Training HCW MNTE SIA	NCDPHA EPI & Dr Kupe| Gordons Conference Room	19-23rd May 2025	20+
13	CME Official Launch & Launch of Updated version 11 Paediatric STM	Dr Tanumei| Gordons Conference Room	29th May 12md-2pm	15+
14	Launching of Provincial MNTE SIA Campaign| Dr Kupe a speaker in the event on advocacy	NDOH/NCDPHA | Gateway Hotel	04th June 8am-2pm	50+
15	Launching of NCDPHA Website	NCDPHA | Citi Boutique Hotel	19th June 8am-1pm	50+
16	National Polio Outbreak Response SIA ToT Workshop	NDOH/WHO | Holiday Inn Hotel	23-25th June 2025	50
17	NCDPHA Gerehu HOD Meeting	Dr Tanumei | Gerehu Conference Room	24th June 12:15pm-2:15pm	10
18	Childhood Cancer Workshop	Paediatrics PMGH| PMGH	24th September 2025	GGH PAEDS HEO REX & 2 GGH PAEDS Nursing Officers
19	IMCI WORKSHOP Central PHA	UNICEF/NDOH/Dr Kupe/Dr Uluk/Dr Paiva	01-05th December 2025	25
20	Polio -PNG OBRA meeting	WHO/NDOH/NCDPHA/Dr Kupe as NCC Chair | Hilton Hotel	08 Dec-12th December 2025	50

21	Regional Certification Committee of Polio Eradication Meeting	WHO Regional Office | Tokyo Japan	November 2025	50

Table 61: Key Recommendations for Q1-Q2 2026

No	Recommendation
1	Replacement & Installation of 3 New Air-conditioners for Paediatric MO Office , Paeds Ward Sister In charge and Tea room| To ensure Conducive staff work environment
2	Re-paint of walls in Paediatric Ward, Paediatric corridor, COPD and Staff Tea room area |
3	Additional Paediatric SMO (to occupy Dr Kiromat vacant position from Feb 2025) | to oversee upcoming Special Care Nursery & postnatal sections in Proposed New L-shaped Building
5	COPD Patient Waiting Area- New Patients Benches/Seats and Screening tables
6	PAEDAITRIC WARD CLERK COMPUTER with ANTIVIRUS INSTALLED
7	Stationary- Arch Files/ Diaries/Registries/Staplers with pins/A4 Papers/White Board Markers/Biros/Highlighters/Manila Folders/Notice Boardx3/Push pins AND Signages for Paediatric Division in 2026

Conclusion

The Year 2025 had its challenges including the impact of The Polio-Outbreak in PNG from March 2025. Overall, the strong teamwork and commitment by all Cadres of health workers within the Paediatric division ensured a successful completion of the year with no significant issues.

Ensuring staff working environment is conducive adds value to work output and quality patient care.GEREHU SEM AND NCDPHA SEM TO CONSIDER RECOMMENDATIONS AND PROVIDE FORMAL WRITTEN RESPONSE WOULD BE APPRECIATED.

We will continue to work together to improve Child Health Services in Gerehu Hospital and NCD.

PUBLIC HEALTH SERVICES

DISEASE CONTROL AND SURVEILLANCE UNIT

Introduction

The Public Health Directorate of the National Capital District Provincial Health Authority (NCDPHA) is headed by the Director Public Health Dr.Amos Lano and it is mandated to provide basic public health programs particularly preventive, promotive, and community health services, focusing on Communicable, non-communicable diseases (NCDs), maternal and child health, and environmental health. It complements hospital-based curative care by ensuring population-wide health programs are implemented across the city. A director heads the Directorate, and 2 Deputy Directors. The 2 Deputy Directors are in charge of two main programs,

A. **Disease Control and Surveillance unit**
B. **Health - Family Health Services unit**

The Public Health Directorate have 14 Programs under these 2 main programs.

1) Disease Surveillance
   - Tuberculosis (TB)
   - HIV
   - Sexually transmitted Diseases (STI)
   - Surveillance
   - Health Promotion
   - Neglected Tropical Disease- Leprosy
   - Malaria

2) Family Health Services
   - Maternal Child Health,
   - Family Planning,
   - Nutrition,
   - Gender Based Violence & Disability Expanded Program for Immunization (EPI),
   - Non-Communicable Disease (NCD), Disaster Management & Emergency Response (DM &ER)

The NCDPHA Public Health Directorate is the backbone of preventive health in Port Moresby. By focusing on NCDs, maternal-child health, and environmental health, it ensures that the city's growing population receives proactive care. Strengthening this directorate—through community engagement, surveillance, and workforce training—is essential to reduce long-term health costs and improve overall well-being in the National Capital District.

C. **Key program Priorities for the year or quarter:**

The 14 programs are all planned according to the Annual Implementation Plan as per their key program priorities for the year, based on their budget allocation. Each program's priorities and activities has its own targets and indicators to achieve. While saying this, the Priorities for the Programs are primarily focusing on;

i. Community engagement,
ii. Surveillance, and
iii. Workforce training

The Organizational Structure

The Disease Control and Surveillances (DCS) unit has 7 programs which are managed by program coordinators. The programs are TB, HIV, STI, Malaria, Leprosy, Surveillances, and health Promotion. The DCS Services is headed by the Deputy Director Public Health – Disease Control and Surveillances Services who reports to the Director Public Health.

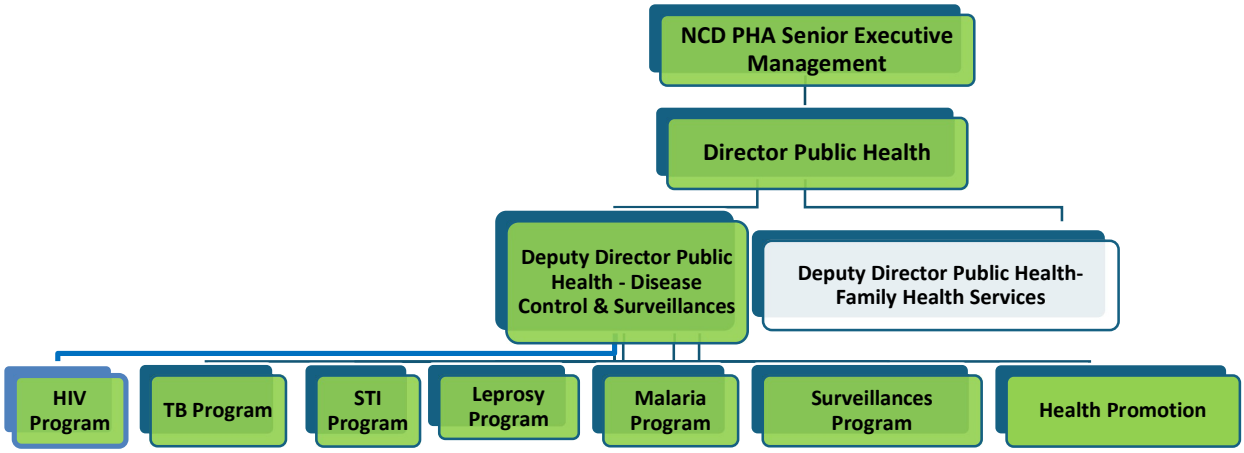


Figure 1 : Shows organizational of Disease control and Surveillances in NCDPHA

Workforce Unit

Table 1: Shows the current staff strength delivering Disease Control and Surveillances services programs under TB, HIV, STI, Leprosy, Health Promotion and Surveillances throughout NCD.

Table 1: Staff Establishment

Sub-Program	No. of Positions	No. of positions filled	No. of Positions Vacant	Officers
Deputy Director - DCS	1	1	0	Dr Rose Morre
TB Coordinator	1	1	0	Mr Israel Naraman
HIV Coordinator	1	1	0	Mr Mathew Densil
STI program Coordinator	1	1	0	HEO Josephine Aipe
Leprosy	1	1	0	Mr Joseph Popo
Surveillance Coordinator	1	1	0	Sr Rosemary Bates
Malaria Coordinator	1	1	0	Heo Dien Wama
Health Promotion coordinator	1	1	0	Sr Rhonda Tisap
TB Driver	1 permanent 1 STC	1	0	Willie, Jeffery Vagi, and Andy
M&E Officer	1	1	0	Susan Bakon

The current structure in Public Health has insufficient positions so we have continuous staff shortage issues. Sexual Transmitted Disease (STI) is now separated from HIV Program and already appointed a Program Manager who is currently settling in at the provincially level.

Key Achievements for 2025

1: Sexually Transmitted Disease program

Sexually Transmitted Infections (STIs) continue to increase in the city due to factors such as expanding urban settlements, high illiteracy, unemployment, and rapid urbanisation. At both national and subnational levels, the STI program has received limited priority, resulting in gaps in prevention activities and community mobilisation. Discussions with the National Department of Health and partners are ongoing to strengthen support and recruit dedicated personnel under the new restructured plan.
The STI program in NCD was strengthened in 2023 through provincial training, using HIV/TB officers to provide STI screening and management. Due to limited laboratory capacity, most cases are managed symptomatically.
In 2024, the program recorded 3,000 STI cases, with 26% clinically diagnosed and 74% treated using syndromic management. Vaginal and urethral discharge syndromes were the most reported.

Despite challenges such as staffing shortages and commodity stock-outs, the program has maintained service delivery. In 2025, STI service coverage and case management improved compared to 2024. The focus of moving forward is sustainability through strengthening clinical capacity and management support.

STI Performance Indicators

Indicator	Target	Q 1	Q2	Q3	Q4	Cumulative	Performance
STI Report Coverage	80%	55%	98%	80.7%	61.53%	72.75%	72.75%
STI Cases	4000	956	1072	1348	1306	4682	117.05%
Number of STI Diagnosis	100%	181	128	278	343	930	19.86%
STI treatment	80%	1137	1200	813	513	3663	78.24%
Active Syphilis	400	48	35	70	150	303	75.5 %
Syphilis Treated	95%	48	35	40	100	223	73.59%

STI diagnosis is usually low (19.9) highlighted red in the above table due to no laboratory capacity

Table 2: Shows achievement against the target for the STI indicators based on results.

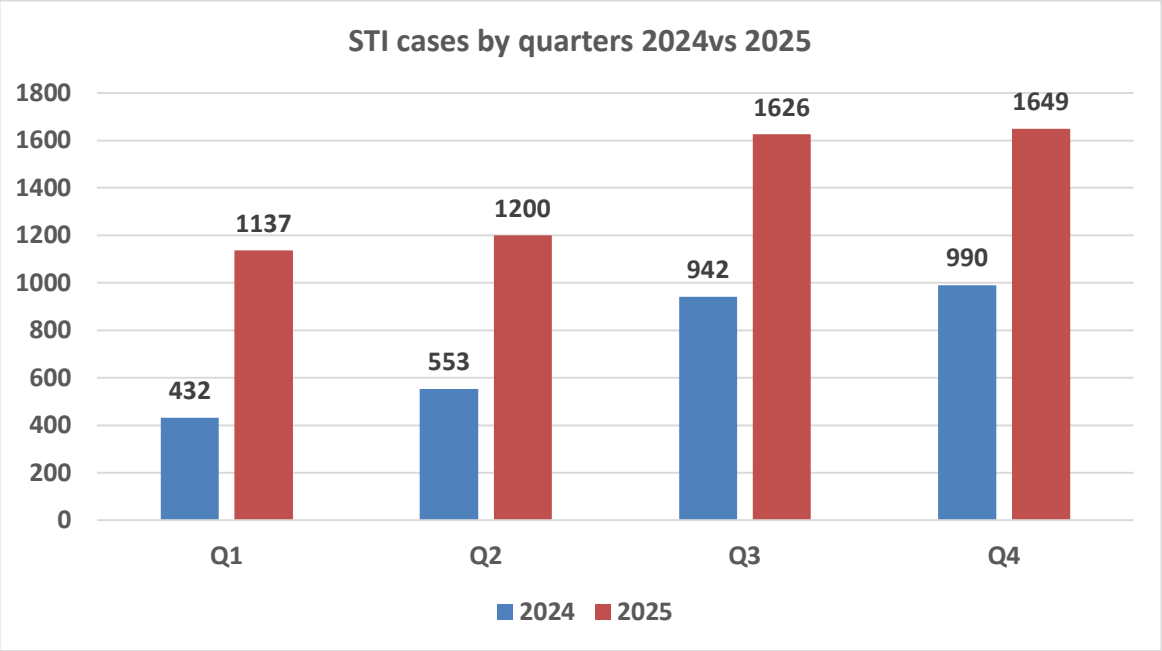


Figure 2: STI Cases by Quarters vs 2025

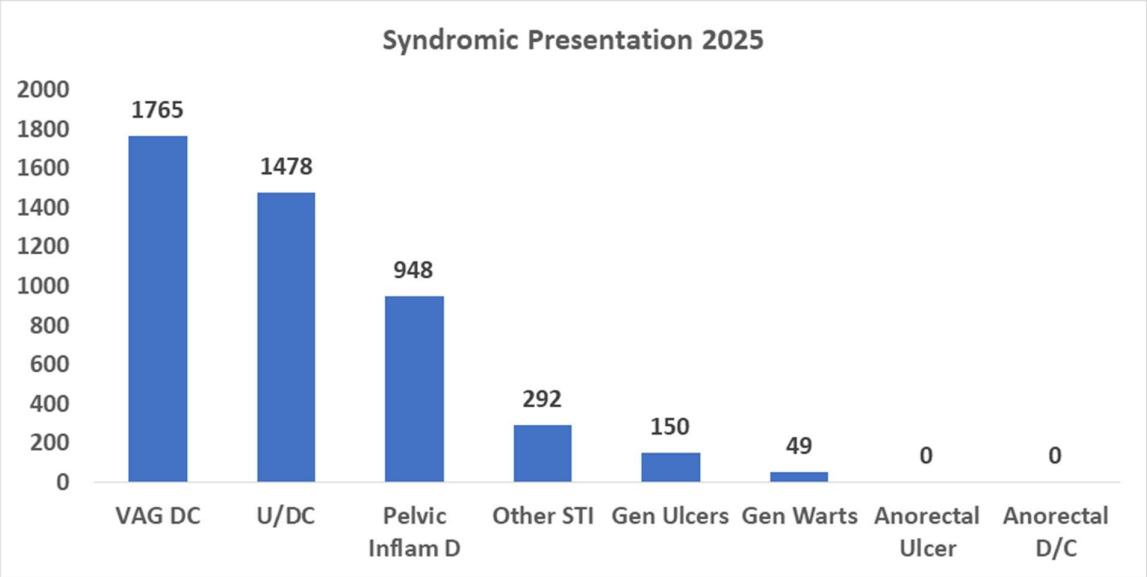


Figure 3: Graph comparing the 2024 cases and 2025 cases by quarter. 2025 cases are higher due to increased support to facilities by the coordination team.

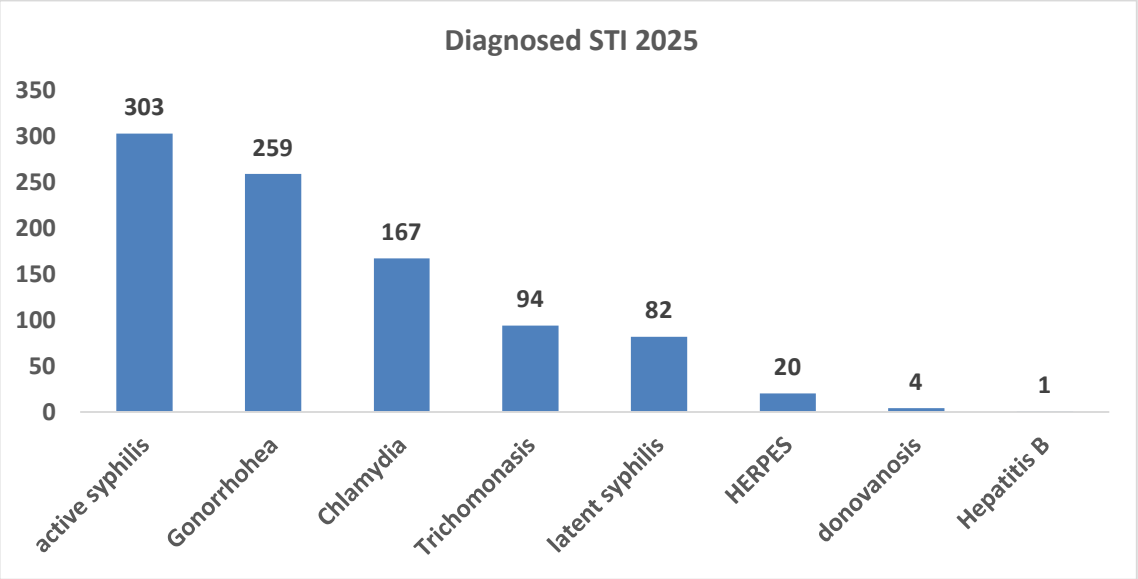


Figure 4: Graph showing Patients Diagnosed with STI

The Two graphs showing STI cases screened and treated at our STI facilities in NCD. Vaginal (VDS) and Urethral (UDS)Discharges are higher while active syphilis is also higher among the diagnose cases. Active syphilis is diagnosed by rapid test and treated with Benzathine. Discharges are treated syndromic management. However, the program has face stock out of Cefixime and Azithromycin use for treating UDS and VDS since mid-2025.

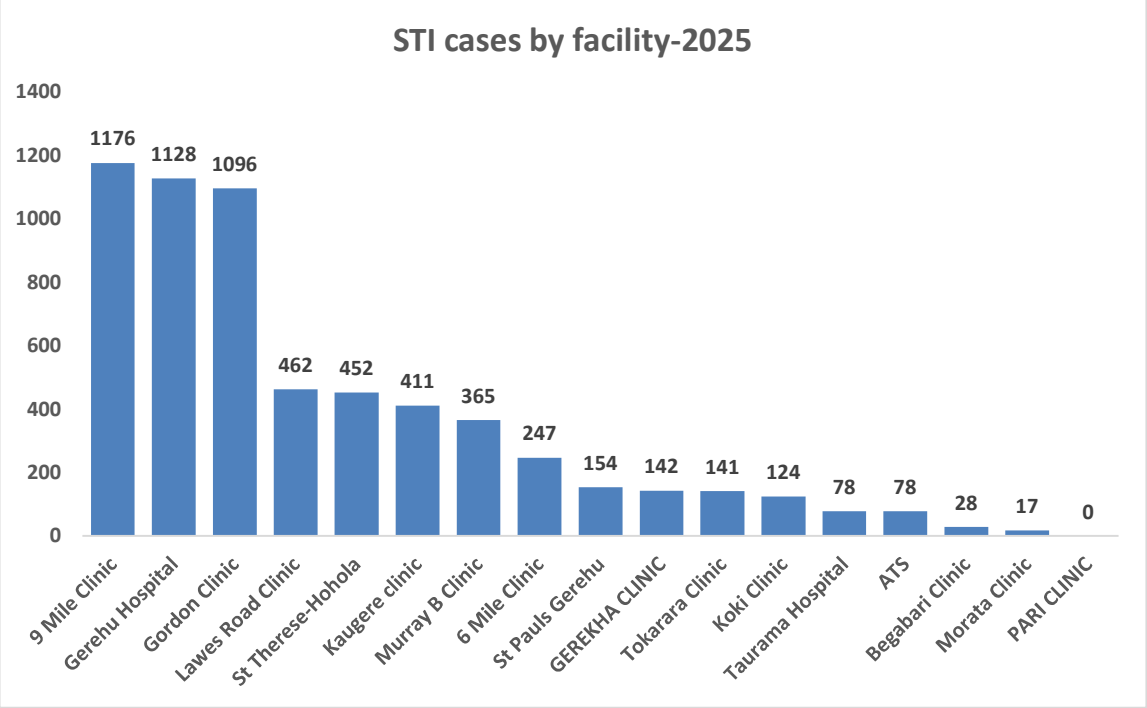


Figure 5: Graph showing STI Cases by Facility- 2025

ANC Syphilis testing and treatment ,2025

Indicators	Q 1	Q2	Q3	Q4	Annual	Achievement
Number of Pregnant Women test for HIV	3054	3918	3285	3311	14740	117%
Number tested for Syphilis	3054	3918	3285	3311	14740	100%
Syphilis Reactive	117	131	137	180	565	3.8%
Treated for Syphilis	107	123	131	166	527	93.27%

Table 3: Showing ANC Syphilis Testing & Treatment for 2025

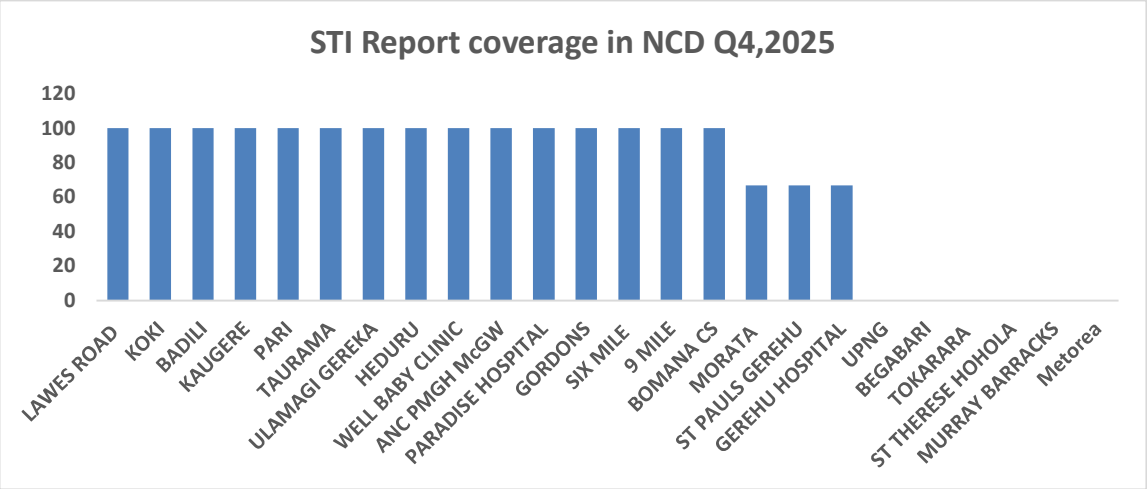


Figure 6: STI Report Coverage in NCD Q4, 2025

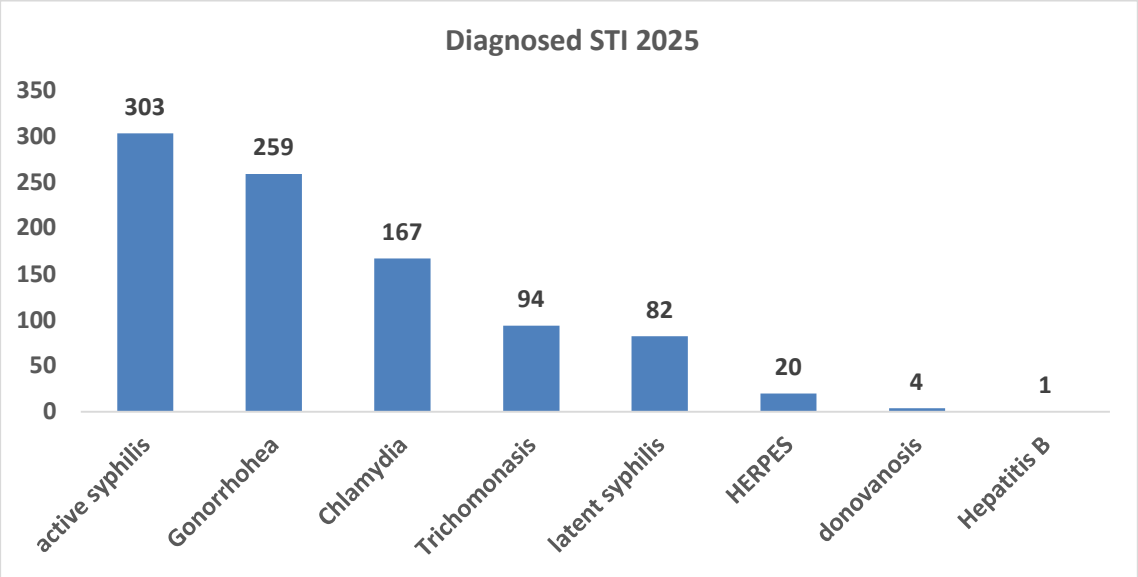


Figure 7: Graph showing Patients Diagnosed with STI

Table 4: Financial Information Budget & Expenditure against Each Program

No	Planned Activity	Planned Budget	Actual funding by NCDPHA
1	Quarterly HIV Stakeholders Meeting	K4000	Nil
2	Quarterly Performance Review	K4000	Nil
3	Viral Load/EID Scale Up	K10000	Nil
4	Recruit STC (Staff x 3)	K272000	Nil
5	Printing of HIV M&E tools	K50,00	K39568
6	World AIDS Day Commemoration	K20000	K10,335
	Total		**K49,903**

Table 5: Challenges & Way Forward

Challenges	Recommendation
Inadequate Logistic Support - incomplete coordination of support	Seek Partners' support where available
Insufficient Workforce	Prioritise efforts where necessary
Commodities Stock out	Seek Support from NCDPHA Management
No STI laboratory set up	Negotiate with Management or Partners

Table 6: Risk & Management

Risk	Management
Staff movement	Improve structure and design systems to fix situation
National STI Commodities stock out	Request NCDPHA support
Reduce logistic support	Integrate with other programs and share resource

Conclusion & Priorities for 2026

The focus for 2026 is to maintain services at optimal access and quality, with particular emphasis on strengthening the Prevention of Parent-to-Child Transmission (PPTCT) of HIV and improving STI service coverage across the National Capital District (NCD).

Despite ongoing resource constraints, the program has continued to operate effectively. In 2025, we achieved increased service coverage compared to 2024 and recorded a higher number of diagnosed STI cases compared to previous rollouts, which had limited documented outcomes. This reflects improved case detection, reporting, and service accessibility.

We have established clear targets to guide our work and are confident that, with sustained commitment and strengthened implementation strategies, the program will strive to achieve even greater progress in 2026.

2: Surveillance

Surveillance in Public Health is the continuous, systematic collection, analysis and interpretation of health - related data needed for planning, implementation and evaluation of public health practice, closely integrated with the timely dissemination of these data to those responsible for prevention and control.

Surveillance cycle

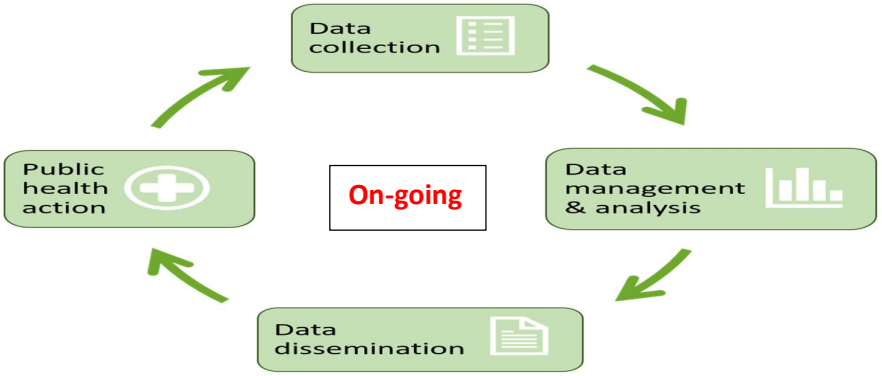


Figure 8: Surveillance cycle

Table 7: National Health Plan – KRAs

KRA 4:	Address disease burden and targeted health promotion
Provincial Strategies; 4.7.5:	**Strengthen the capacity of the health sector to report on notifiable diseases in accordance with the International Health Regulations**
Surveillance Indicator No 23:	**Outbreak/urgent events identified and reported are assessed by NDoH/NCDPHA within 48 hours of receiving**

The year 2025 was a very busy year for the program, where a lot of time and effort were focused on the Polio outbreak response activities. The activities implemented include investigating AFP suspected cases reported by the health facilities in the districts, stool sampling collection and routine monthly polio environmental sampling, as well as attending to the other notifiable health events concerning one health. Despite a few challenges (logistics), the program managed to respond to alerts reported within 24-48 hours and report these alerts to the NDoH Health Security Branch.

Purpose of Surveillance:

1. Assess the health status of the population
2. Prioritize public health priorities
3. Assess Program effectiveness
4. Stimulate Research:
    - Basic
    - Applied
    - Operational

Use of Public Health Surveillance system:

- Estimate magnitude of the problem
- Determine geographic distribution of illness
- Portray the natural history of a disease
- Detect epidemics/define a problem
- Generate hypotheses, stimulate research

- Evaluate programs & control measures
- Monitor changes in infectious agents
- Detect changes in health practices and behaviours
- Facilitate planning

Table 8: Shows sentinel reporting sites by districts, 2025

Moresby South	Moresby North East	Moresby North West
Lawes Road Clinic	Six Mile	Gerehu Hospital (HP)
Badili	Gordon	University
Kaugere-Ceased reporting	Nine Mile	Tokarara
		St Therese
		Metoreia
		Morata

Key Achievements for 2025

Table 9: National Key Performance Indicators (KPI)

Outbreak/urgent event identified and reported are assessed by NCDPHA within 48 hours of notification	**Responded to 49 Vaccine-Preventable Diseases** • 43 notified suspect acute flaccid paralysis (AFP) cases were investigated • 4 neonatal tetanus cases (NNT) • 2 suspect acute fever and rash (AFR)

Table 10: Surveillance Program Key Performance Indicators

No	Indicator	Annual Target, 2025	Performance Achieved in 2025 (%)
	Completeness of weekly epidemiological reports	≥ 80	**36%**
	Timeliness of weekly reporting	≥ 80	**27%**
	Timeliness of **notification** of notifiable diseases to the Provincial Surveillance Program	≥ 80	**100%**
	Responding to alerts within 48 hours (Investigation of suspect cases health/event alert)	≥ 80	**88%**
	Proportion of cases with adequate laboratory specimen collected & sent to CPHL	≥ 80	**50%**
	Proportion of Polio environmental samples sent to CPHL	100	**100%**

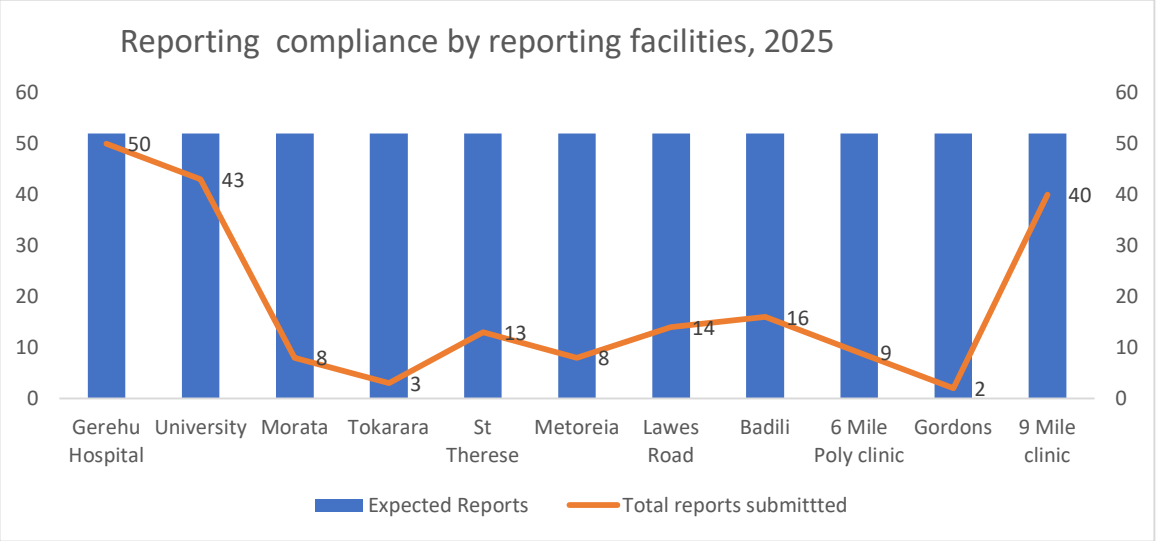


Figure 9: Shows the total number of surveillance reports received from the selected reporting health facilities in NCD, 2025

TABLE 11: Indicates epidemiology weekly reporting compliance

Reporting Facilities	Annual Expected report	Total no. of reports submitted	% of reports
Gerehu Hospital	52	50	96
University	52	43	82
Morata	52	8	15
Tokarara	52	3	6
St Therese	52	13	25
Metoreia	52	8	15
Lawes Road	52	14	27
Badili	52	16	30
6 Mile poly	52	9	17
Gordons	52	2	2
9 mile	52	40	77
NCD	572	206	36 %

Table 12: Shows total no. of notifiable diseases alerts reported & investigated, 2025

No	Syndromic Alert notification, 2025	Total no. of cases	Total cases investigated	Results
	Acute Flaccid Paralysis (AFP)	43	28	• 15 cases discarded • 26 – Negative • 2 - pending
	AFR (Acute fever and rash)	2	1	• 1-Negative, x1 LTFU
	Pertussis	0	0	
	Suspect Mpox	0	0	
	Bloody Diarrhoea	531	0	No Testing done
	Dengue Like Illness	1, 846	1846	**Positive results = 560 (all)** • NS1 Infection = 120 • IgM infection = 54 • IgG infection=286
	ILI/SARI	10, 048		Nil Stock –UTMs

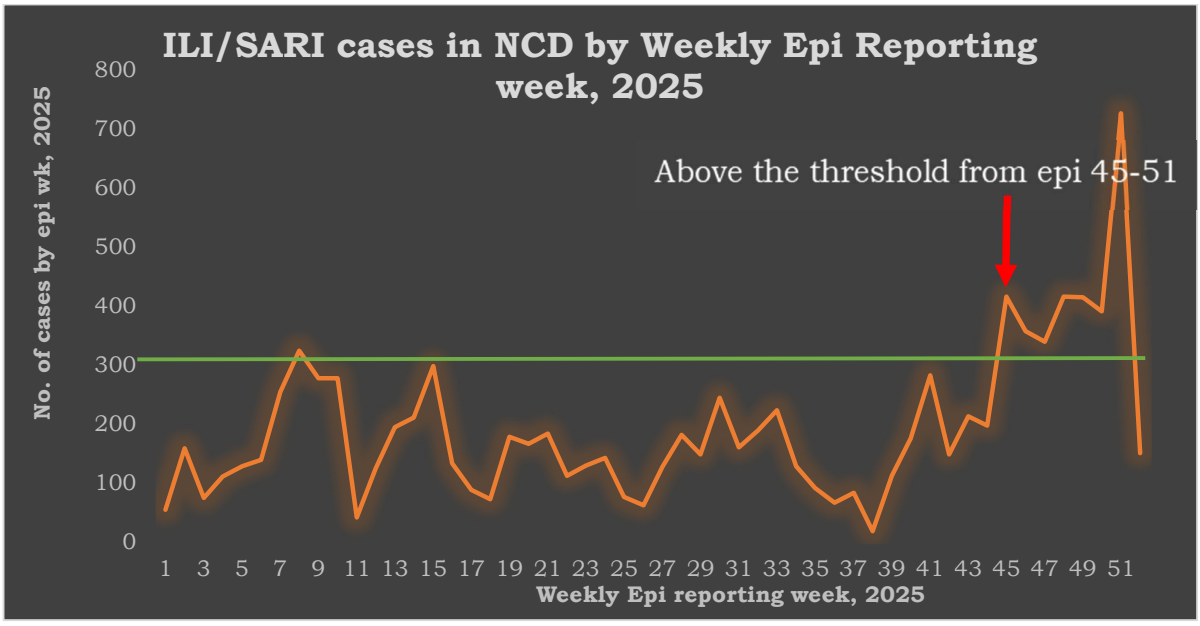


Figure 10: Shows the annual trend of integrated respiratory diseases in NCD, 2025

Descriptive Analysis

- Influenza-like illness threshold at the moment is 300 cases; however, when the program increases the number of reporting facilities, it may increase to 500 cases
- The trend indicates a slight increase of ILI cases observed from February – March and a surge observed in epi week 45 – 51, December 2025

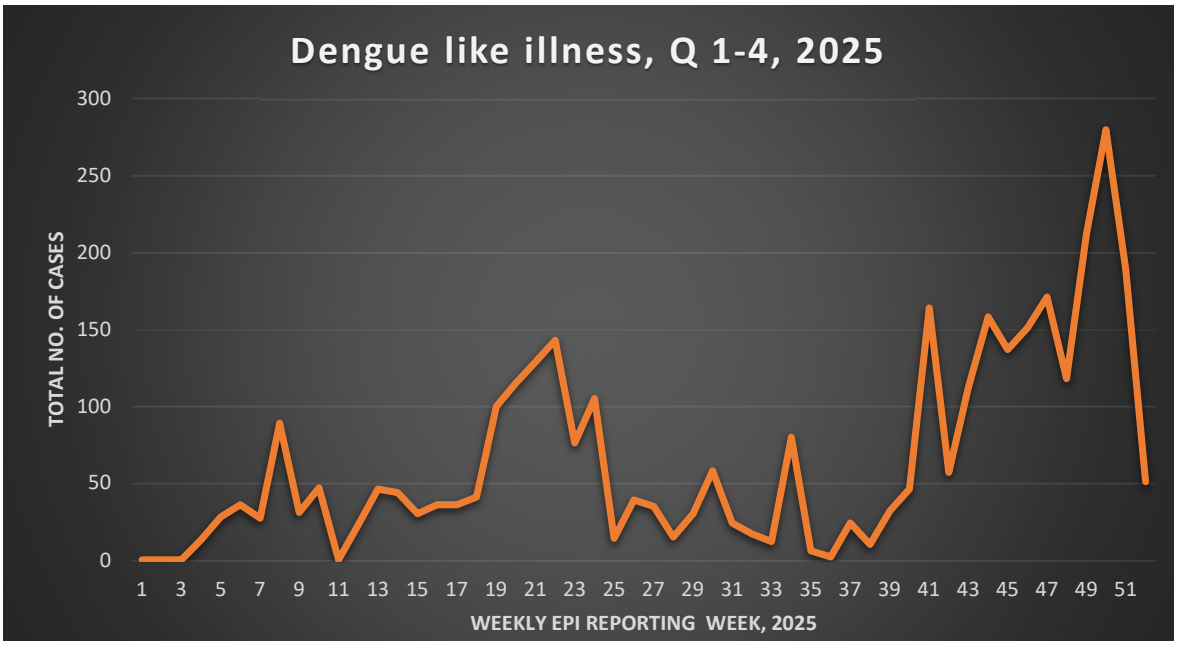


Figure 11: Shows the annual trend of Dengue like illness in NCD, 2025

Descriptive Analysis:

- Increase cases of dengue-like illness observed in the month of October-December, 2025

Dengue RDT diagnostic test result

Total suspect dengue cases = 1,846 cases
Total Dengue positives (all) = 560 cases
Total NS1 positives = 120 cases

Total IgM positives = 154
Total IgG positives = 286

Table 13: Polio Environmental Sampling Results, in NCD, 2025

Month	Gerehu Sewer Pond	Morata Sewer Pond	Joyce Bay Sewer Treat Pond
January	Negative	Negative	Negative
February	Negative	Negative	Negative
March	Negative	Negative	Negative
April	Negative	Negative	Positive – Polio Virus Type 2
May	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2
June	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2
July	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2
August	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2
September	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2
October	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2	Positive – Polio Virus Type 2
November	Negative	Negative	Positive -
December	Negative	Negative	Negative

Financial Information Budget & Expenditure against Program Activities

Table 14: Finance – Budget for Surveillance Program, 2025

Source of funding	Planned AIP	(K)
Recurrent	Procured Testing Kits Universal Transport Medium @ Meddent	K1, 500.00
Total		K1, 500.00

Challenges & Way Forward

Program Challenges
Facility/Provincial Office

- Not all facilities reporting surveillance weekly report and possibility of missing cases of notifiable diseases. Reports may not be captured well
- Few Sentinel sites not submitting their weekly zero report on the notifiable diseases and timely/completeness
- Lack of human resources (program position gap) to drive the activities in the clinics
- Lack of enabling resources (logistics, stationary, funding and ICT items)
- Lack of program consumables (specimen tubes, UTMs etc.)- NDOH not supplying consumables

Recommendations/Way forward

- Management to support programs with enabling resources to drive program effectively
- Increase program human resources
- Funding – Training, consumables, reagents, register books
- To fully equip the program with ICT items
- Training for reporting sites and non-reporting sites on the notifiable diseases and the importance of timely report/completeness

- Management to allocate/support program with vehicle

In the overall program performance, the program achieved the National Health Surveillance Indicator target of > 80 % by responding to alerts with 48 hours of notification received from the health facilities despite challenges encountered for the year,2025.

Priorities Activities for Quarter 1, 2026

- Weekly reminder to reporting sentinel sites to submit weekly zero reporting on notifiable diseases/event base surveillance
- Reactivate ILI/IRD sample collection at Gerehu Hospital site to CPHL then to PNG IMR for testing
- Funding - Quarterly Surveillance refresher training for clinicians (knowledge/skills & reporting) & performance review
- To fully equip surveillance program with ICT items
- Procurement of CONSUMABLES /sample storage eskies
- Printing of the program registers to capture reports
- Enhancing active VPD surveillance at the hospital/clinics
- Continuation of Monthly Environmental sampling
- Providing surveillance weekly feedback

3: Health Promotion

Health promotion is a central pillar of the National Health Plan 2021–2030 and is explicitly articulated under Key Result Area (KRA) 1, which focuses on strengthening primary health care and preventive services. KRA 1 emphasizes a proactive, prevention-oriented health system that empowers individuals, families, and communities to take responsibility for their health and wellbeing.

Under KRA 1, health promotion is positioned as a cross-cutting strategy that supports disease prevention, early detection, behavior change, and community engagement. The overarching objective is to reduce preventable morbidity and mortality by addressing social, behavioral, environmental, and cultural determinants of health.
Health promotion is a central focus of the National Health Plan 2021–2030 under Key Result Area 1 (KRA 1), which emphasizes strengthening primary health care and preventive services. It adopts a prevention-focused, community-centered approach to reduce disease burden by addressing behavioral, social, and environmental determinants of health.
The Healthy Village Strategy translates this framework into practice at the community level by promoting sanitation, safe water, nutrition, and active community participation. At the provincial level, including the National Capital District Provincial Health Authority, these strategies are operationalized through coordinated outreach, integrated disease prevention programs, and strengthened primary health care services to meet both urban and rural health needs.

KEY PERFORMANCE AREAS – (Health Promotion)

- Health Promotion plays important rules in public health programs to help all programs to achieve their indicators through advocacy, awareness and communication

Financial Information Budget & Expenditure against Program Activities

Table 15: Showing Financial Information

Activities	Amount Received by Program	Quarter
Purchase water bottles and Vets	K3,916.00	2
Loudhailer batteries and envelops	K2,255.00	4
Total	**K6,171.001**	

Table 16: Annual Implementation Plan (AIP-2025)

No:	Activities planned for 2025
1	Conduct awareness in consultation with Public Health Program Managers in the community (x 3 awareness per district)
2	Purchase ICE materials for public health
3	Support the commemoration of world events
4	Quarterly Review & Advocacy Meetings with Managers, NGOs, NCDC & Departmental heads
5	Conduct awareness and develop IEC materials on health issues. (Public health Issues affecting the community)
6	Conduct Healthy Island Concept Training (1 staff per District)

Table 17: Programs Yet to Start

Yet to Start Activity	Quarter	Reason
Conduct Healthy Island Concept Training (1 staff per District)	2	Program manager not trained on the Healthy Island concept. *Note 2025 AIP was done by a former officer*.

Table 18: Table showing IFMS Linkage

IFMS LINKAGE (VOTE CODE						Progress			
NHP 2021-30 Strategies	Related Activity	Quarter	Budget	Actual Exp.	Source	0 %	0 - 50 %	51 – 99 %	100 %
KRA 1.1.1 Increase individual's communities' involvement in sustaining their own health	1.1.1.1 Conduct awareness in consultation with Public Health Program Managers in the community (x 3 awareness per district	1-4	K15,000	0	Recurrent GO PNG				100 %
	1.1.1.2 Purchase IEC Material for Health Promotion	1-4	K10,000	0	Recurrent GO PNG		50 %		
KRA 1.1.3 Increase engagement with non-Government organizations, Churches, LLGs, and DDAs for community-based programs.	1.1.3.1 Support the commemoration of PNG Health week and other world events	1-4	K25,000	0	Recurrent GO PNG		50 %		
	1.1.3.2 Quarterly Review & Advocacy Meetings with Managers, NGOs, NCDC & Departmental heads	1-4	K10,000	0		0			
1.3.2 Strengthen Health Promotion and Preventative functions at community levels.	1.3.2.1 Conduct awareness and develop IEC materials on health issues (Public Health Issues affecting the community	1-4	K10,000	0	Recurrent Go PNG		50 %		

	1.1.3.2 Conduct Healthy Island Concept Training (1 staff per Districts)	2	K15,000	0	Recurrent	0			

Table 19: Key Stakeholders/Partners

Health Promotion– External Assistance (Funding or Technical Support)		
Partner	Type? (Funding or Technical Support)	Amount or Type of Support
UNICEF	Technical Support	ICE materials and outreach equipment Capacity building
WHO	Technical support	ICE materials. Capacity building, outreach equipment
NDOH	Technical support	Communicate with teachers to allow the program to be conducted at the schools
NCD	Technical Support	Social Mobilizers
Education	Technical Support	Social Mobilizers
Red Cross	Technical Support	
NCDC LLG		

Key Achievements for 2025

Achievements and Highlights for Health Promotion in 2025

- Mass awareness conducted on MNTE & round 1 Polio SIA in 3 districts
- Advocate with school for MNTE & Polio SIA
- Support Polio Outbreak the RRT on Polio outbreak
- Develop ICE materials and distribute
- New vest and water bottle for mobile outreach
- School health
- Medical checks
- Commemorate world events

The mode of Advocacy was.

- Media coverage during SIA launching program
- Clinic mangers, health workers, recorders and social mobilizers training
- School inspectors training
- NCD PHA social Media page
- Intra- campaign by social mobilizers within the ground

Table 20: Social Mobilizers Engagements during SIA

Activities	Number of Social Mobilizers	Number of schools reached
MNTE SIA 1	135	107
Polio SIA 1	130	204
Polio SIA 2	130	204

The social mobilizers were comprising of community leaders, schools' inspectors and Red Cross PNG.

Table 21: ICE materials for SIA

SIA	Total number of ICE materials used	UNICEF	NCDPHA
MNTE round 1	8306	8306	1750
Polio SIA 1 & 2	56262	56262	0

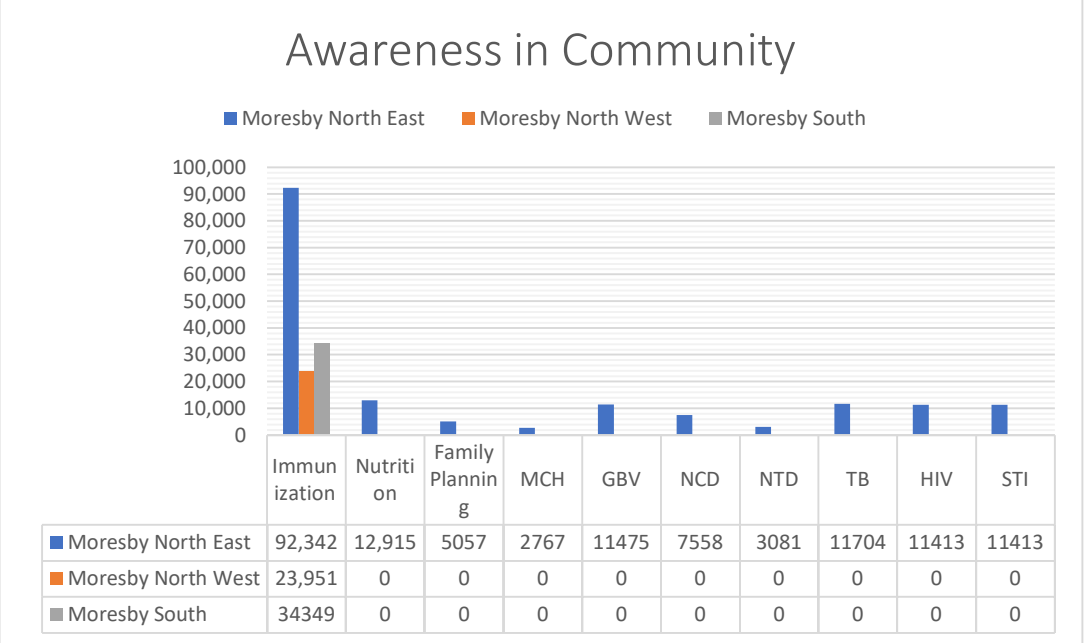
Table 22: Equipment received during SIA

SIA	Description	supported
MNTE	Mini PA system x1	NDOH
Polio SIA 1	Mini maga phone x 34 large PA system x 1	UNICEF NDOH
Polio SIA 2	Loudhailer batteries & envelopes	NCDPHA

The data were collected in the following categories,

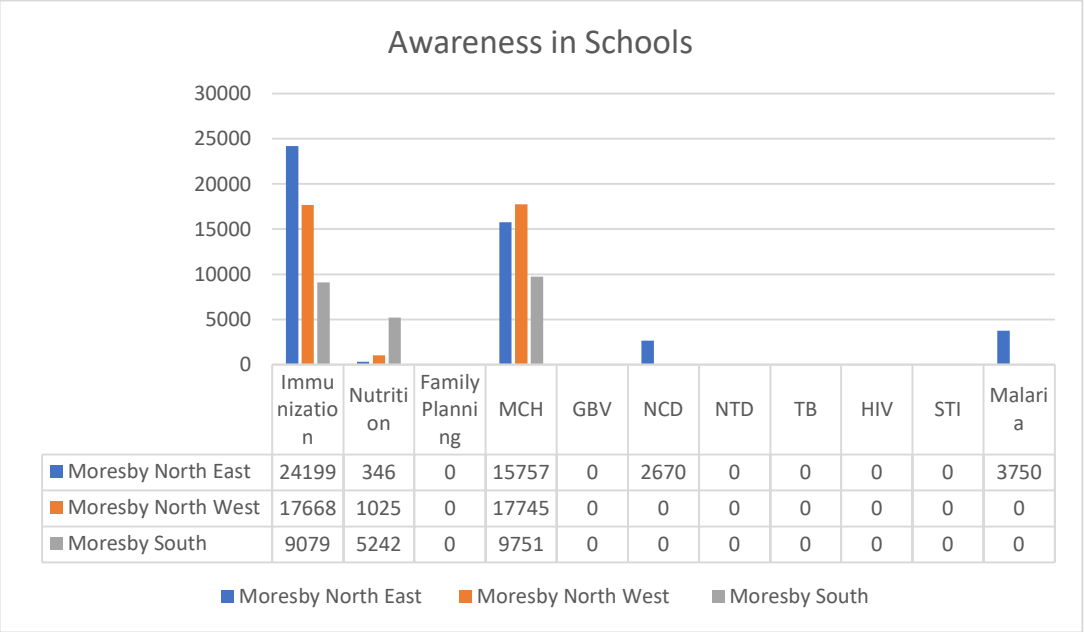
1. Community – including settlements, main bus stops, markets, business houses and government institutions.
2. School – Both private and public.
3. Health facility – NCDPHA clinics

The number of people reached in the community through awareness



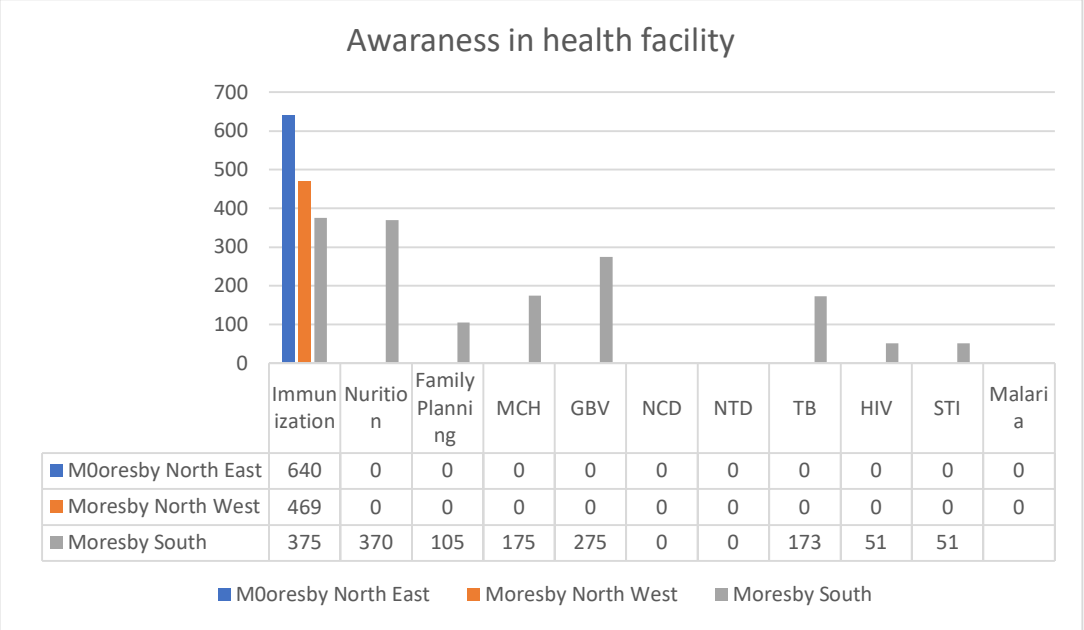
	Immunization	Nutrition	Family Planning	MCH	GBV	NCD	NTD	TB	HIV	STI
Moresby North East	92,342	12,915	5057	2767	11475	7558	3081	11704	11413	11413
Moresby North West	23,951	0	0	0	0	0	0	0	0	0
Moresby South	34349	0	0	0	0	0	0	0	0	0

Figure 12: The number of people awareness in schools



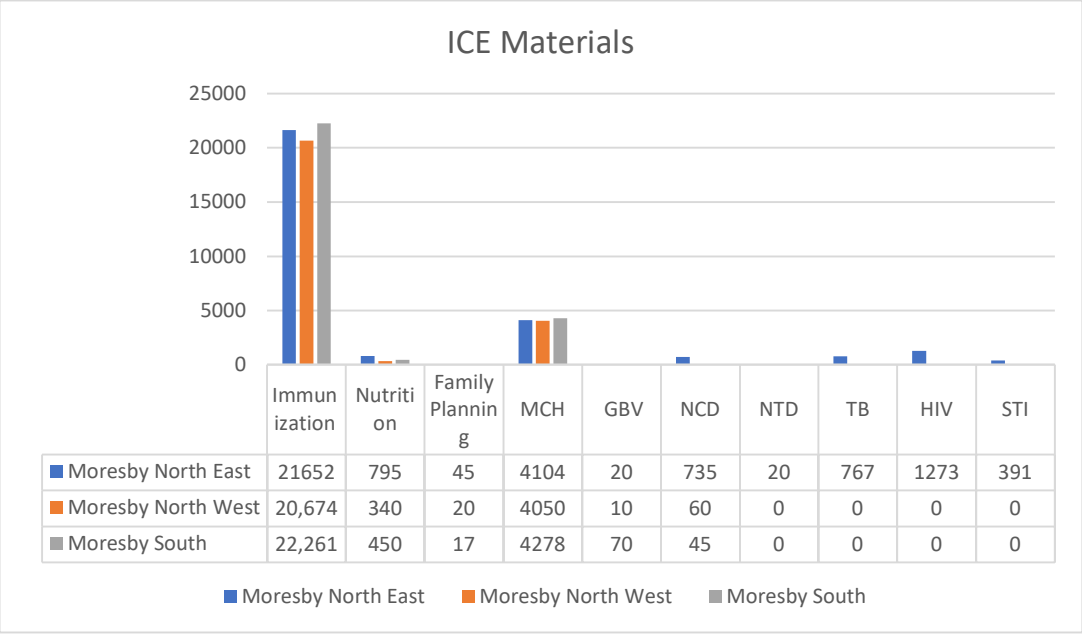
	Immunization	Nutrition	Family Planning	MCH	GBV	NCD	NTD	TB	HIV	STI	Malaria
Moresby North East	24199	346	0	15757	0	2670	0	0	0	0	3750
Moresby North West	17668	1025	0	17745	0	0	0	0	0	0	0
Moresby South	9079	5242	0	9751	0	0	0	0	0	0	0

Figure 13: Number of people reached through awareness in health facility



	Immunization	Nuritio n	Family Planning	MCH	GBV	NCD	NTD	TB	HIV	STI	Malaria
M0oresby North East	640	0	0	0	0	0	0	0	0	0	0
Moresby North West	469	0	0	0	0	0	0	0	0	0	0
Moresby South	375	370	105	175	275	0	0	173	51	51	

Figure 14: Number of ICE materials distrusted in three districts



	Immunization	Nutrition	Family Planning	MCH	GBV	NCD	NTD	TB	HIV	STI
Moresby North East	21652	795	45	4104	20	735	20	767	1273	391
Moresby North West	20,674	340	20	4050	10	60	0	0	0	0
Moresby South	22,261	450	17	4278	70	45	0	0	0	0

Figure 15: Graph showing ICE Materials

Challenges and Way Forward

Issues

- No ICE for all programs
- No loudhailers for health promotion
- No Media budget

Recommendation

- Make a budget available for ICE materials & social media reels for all public health programs
- Purchase loudhailers for three (3) districts.

Table 23: Health Promotion Manpower/Human Resources

	Manpower Numbers			
	Cadre of staff	**Requirement**	**Current**	**Gap**
1	Health Promotion Officer	1	1	0
2	District outreach coordinators	6	4	2

Health Promotion Assets

1. Large PA system x 1
2. Potable PA system x1
3. Large loudhailer x 2
4. Mini Loudhailer x 1
5. Medium mega phone x 2
6. Small phone x 2

Priorities for 2026

Priority Focus area for the coming year.

- ICE Materials printing for all programs
- More social media reels
- Awareness in place with program managers

4: HIV Program

The NCD PHA HIV Program activities are aligned with the National Health Plan (NHP) 2021–2030, specifically under Key Result Area 4: Address Disease Burden and Targeted Health Priorities. Furthermore, the Program activities are aligned with the National HIV & STI Program Strategies 2024–2028. These activities incorporate the Triple Elimination Strategy, which aims to eliminate mother-to-child transmission of HIV, syphilis, and hepatitis by 2030. The Program also supports the implementation of the Comprehensive Condom Programming Strategy 2022–2030.

The HIV epidemic in the National Capital District (NCD) remains higher at a prevalence rate of 1.4 %. Of the HIV population in the city an estimated 95% of HIV positive people know about their HIV status. It is estimated that over 90% of the HIV positive people who know their status in NCD are on Anti-Retroviral Therapy (ART) and are healthy. Those that are faithfully taking their ART have their HIV viral load suppressed.

The response is scale up to address a mixed HIV epidemic scenario in NCD. Recording a higher rate of HIV infection recorded among the key population (Female Sex Worker 14%, Men having sex with Men /Transgrender-8%), the other population affected are the HIV pregnant mothers (14%) and HIV pediatric (10%) apart from the general adults (1.4%).

There are plans to scale up work force, expand PPTCT services and roll out pediatric ART in NCD. A major public health concern is the high vertical transmission rate of 34% in NCD and across Papua New Guinea. This indicates that more than one-third of babies born to HIV positive mothers are acquiring HIV, a rate that is significantly higher than global elimination targets (which aim for below 5%).

While NCD has made commendable progress in HIV testing and treatment coverage, the high rates among key populations and the alarming vertical transmission rate of 34% demand urgent, scaled, and targeted interventions.

Without accelerated action, the epidemic risks undermining the health and productivity of the 15–34-year-old population, the very group critical to the socio-economic future of NCD and Papua New Guinea.

Disease Control Services Financing

Table 24 below illustrates funding from various organizations annually for 2024. Many partnership programs are funded through or in a form of logistics and technical assistance.

Table 24: Table showing Disease Control Services Financing

	Source of funds	Budget 2024
1	Recurrent	Nil budget allocation
2	HSIP	TB/HIV
3	Others	Global Fund/WHO/World Vision/RAM
4	DSIP/PIP	No budget allocation

RESOURCES AND ASSETS

The table 3.0 describes the status of assets being used by the DCS unit. More resources are needed to improve effectiveness and efficiency of program implementation. Each of the programs need vehicles. Stationary, computing, printing and communication assets are also needed.

Table 25: Asset Register.

	Items	Description	Condition	Remarks
1	Motor vehicle	4 X TB vehicle, 1 x 15 seater bus 1 x double cab Hilux 2 x Double cab Nissan	2 x running Rest- not running (Mechanical faults) X 1- 15 seater	All vehicles need service and fixing
2	ICT	5 x PC top 1 x Printer Deskjet	Functioning Functioning	Good but has faults Needs replacement with a bigger printer
3	Furniture	3 x cabinet (3 drawers)	More than 9 years old	Need replacement
4	Communication	Landline phone x 1	Not functional	Need replacement

Priorities for 2026

Priority Focus area for the coming year.

- ICE Materials printing for all programs
- More social media reels
- Awareness in place with program managers
- Billboard installation
- Healthy Island concept training x 1 in each district

The priority activities are captured under each strategy;

KRA 1.1.1. Increase individuals' and communities' involvement in sustaining their own health.
KRA 1.1.2. Strengthen community engagement in planning and implementing health services at their level.
KRA1.3.1 Strengthen implementation of the Healthy Island Concept at community settings.
KRA 4.1.1 Increase the capacity of the health sector to prevent, promote and treat communicable diseases such as TB, HIV and malaria.
KRA 4.1.2 Build capacity of PHAs to conduct surveillance of communicable diseases and respond and report in a timely manner. Coordinate collection of vital statistics and ensure regular feedbacks as required by executive management and National Department of Health (NDOH).

1. Maintain regular liaison with partners, churches, NGOs and organizations involved in Disease Control and Surveillances programs.
2. Provide regular brief in the performance of the districts to the Director Public Health
3. Coordinate implementation of new policies and directives.
4. Conduct training for program staff
5. Conducting Public health research is a way to help guide public health division to manage public health in National Capital District.

Priorities Activities for 2025

Progress on Priority activities

The 14 programs are all planned according to the Annual Implementation Plan as per their key program priorities for the year, based on their budget allocation. Each program's priorities and activities has its own targets and indicators to achieve. While saying this, the Priorities for the Programs are primarily focusing on;

i. Community engagement,
ii. Surveillance, and
iii. Workforce trainings

Conclusion

Respective Partners support TB, HIV, surveillance, leprosy and Malaria programs while the other programs do not get any support from partners. The support from partners comes in the form of funding, human Resources, logistics support, Technical support and trainings etc which are in line with activities under the National Health Plan 2021-2030. Deputy Director Disease Control ensures that partner funded programs are delivering according to objectives that are aligned with NCDPHA cooperate plan and our National Health Plan KRAs.

HIV/STI PROGRAM

Introduction

The NCD PHA HIV Program activities are aligned with the National Health Plan (NHP) 2021–2030, specifically under Key Result Area 4: Address Disease Burden and Targeted Health Priorities.

Furthermore, the Program activities are aligned with the National HIV & STI Program Strategies 2024–2028. These activities incorporate the Triple Elimination Strategy, which aims to eliminate mother-to-child transmission of HIV, syphilis, and hepatitis by 2030. The Program also supports the implementation of the Comprehensive Condom Programming Strategy 2022–2030.

The HIV epidemic in the National Capital District (NCD) remains higher at a prevalence rate of 1.4 %. Of the HIV population in the city an estimated 95% of HIV positive people know about their HIV status. It is estimated that over 90% of the HIV positive people who know their status in NCD are on Anti-Retroviral Therapy (ART) and are healthy. Those that are faithfully taking their ART have their HIV viral load suppressed. The response is scale up to address a mixed HIV epidemic scenario in NCD.

Recording a higher rate of HIV infection recorded among the key population (Female Sex Worker 14%, Men having sex with Men /Transgrender-8%), the other population affected are the HIV pregnant mothers (14%) and HIV pediatric (10%) apart from the general adults (1.4%).
There are plans to scale up work force, expand PPTCT services and roll out pediatric ART in NCD. A major public health concern is the high vertical transmission rate of 34% in NCD and across Papua New Guinea. This indicates that more than one-third of babies born to HIV positive mothers are acquiring HIV, a rate that is significantly higher than global elimination targets (which aim for below 5%).

While NCD has made commendable progress in HIV testing and treatment coverage, the high rates among key populations and the alarming vertical transmission rate of 34% demand urgent, scaled, and targeted interventions.
Without accelerated action, the epidemic risks undermining the health and productivity of the 15–34-year-old population, the very group critical to the socio-economic future of NCD and Papua New Guinea.

NCD URBAN and Institutional Clinics that provide HIV services include;

- 8 urban clinics
- 5 institutional clinics
- 4 hospital sites

Table 26 : Partners And Areas Of Support In HIV/STI Program

No	Partner	Area of support
1.	USAID	Development Partners (HIV Support Grant 2021-2023) extended to 2024
2.	FHI 360	TA support and IP
3.	Hope world wide	Service Provider 9 mile & Lawes Road Clinic Community mobilizer (Moresby North East, South)
4.	Anglicare PNG	Service providers (Begabari clinic)

		Community Mobilizer (Moresby North West)
5.	Living Light Health Services	Service Provider (Kaugere Clinic)
6.	Salvation Army Health	Service Provider (Koki Clinic)
7.	Catholic Health Services	Service Provider (St Therese Hohola clinic and St Paul's clinic Gerehu)
8.	Igat Hope PNG	Advocacy (National PLHIV Organization)
9.	Key Population Advocacy Consortium	Advocacy Network for Key Population

2.2 HIV/STI GUIDELINES AND POLICY

2. National Health Plan 2021 – 2030
3. PNG National Guideline for HIV care and Treatment- 2019
4. PNG National STI and HIV strategy 2018 -2022

Key Achievements 2025

Table 27: HIV Key Performance Indicators

Indicator	Target	Q 1	Q2	Q3	Q4	Cumulative	Achievement
Timeliness Reporting	80%	38%	72%	69%	53%	88%	88%
HIV testing (HCTS)	30,000	8107	12662	13093	10075	45160	150%
New HIV Positive(HCTS POS)	975	379	458	524	460	1890	139%
ART Initiation (ART NEW)	95%	343	346	477	514	1898	100.4 %
ART Retention (TX Current)	95%	8406	9604	9708	9761	9708	97%
Viral Load Monitoring (VLM-D)	80%	2700	2411	3428	4388	4388	46.7%
VL Suppression (VLS- N)	95%	92%	90%	93.3	4146	93.3%	95.00%
ANC TEST (PREG Women	12000	4068	3943	3320	2742	14072	117.26%
ART LINKAGE PREG MUM	95%	55 (104%)	119 (90%	82 (92%)	55(82%)	89%	89%
(PPTCT) Vertical Transmission Rate	10%	16%	3.07%	5.71%	3.5%	6.08%	6.08%

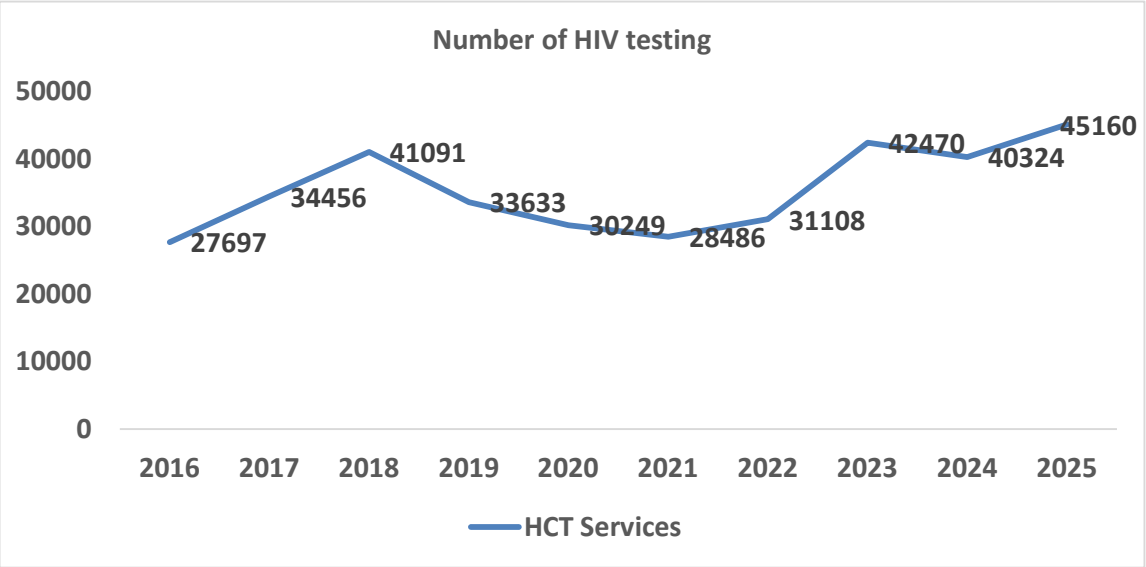


Figure 16: Number of HIV Testing

- NCD has increased HIV testing in 2025 to 45,160
- Of the 45,160 people tested, 4% (1898) were positive (new HIV cases) in 2025
- All the new HIV positive cases were put on anti-retroviral treatment (ART)
- ART retention rate was 97%, that is, most of the patients are on treatment; therefore, their viral suppression rate is 95%, which is good, as it will prevent transmission.
- Viral load is on 46.7% as HIV sites for testing and treatment are being expanded to 20 sites, then some sites are new, and the need to do viral monitoring is going forward.

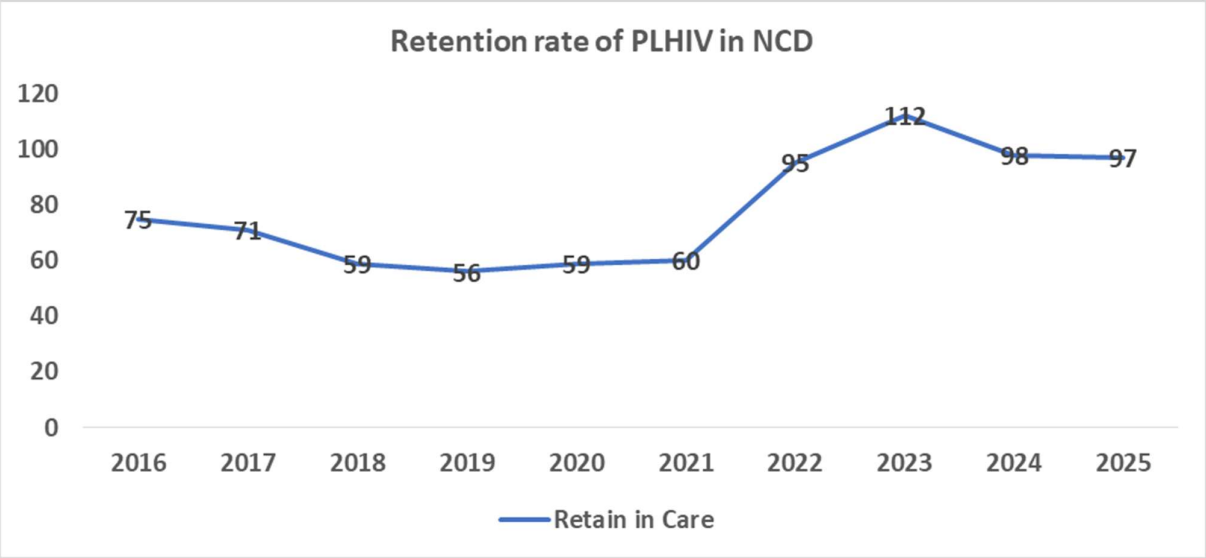


Figure 17: Graph showing retention rate of PLHIV in NCD

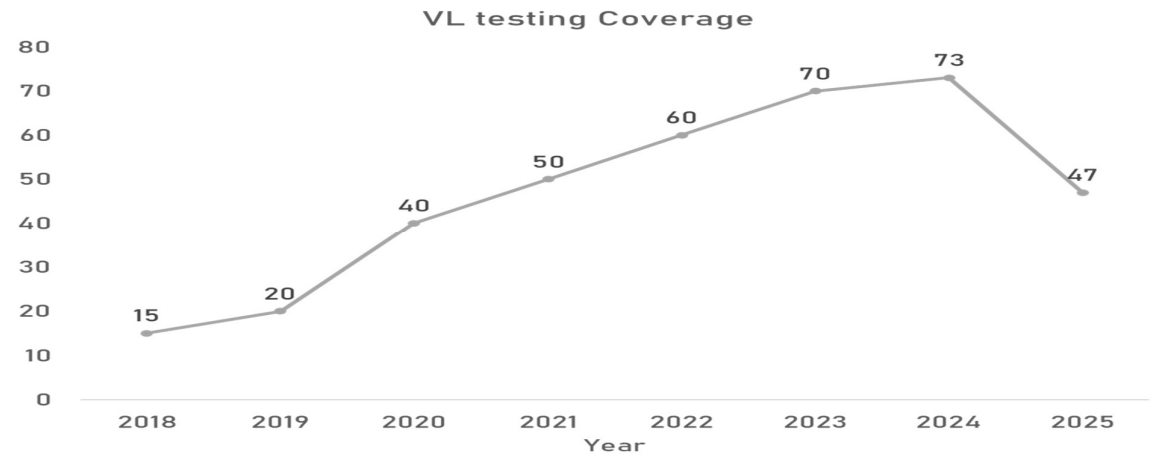


Figure 18: Graph showing VL Testing Coverage

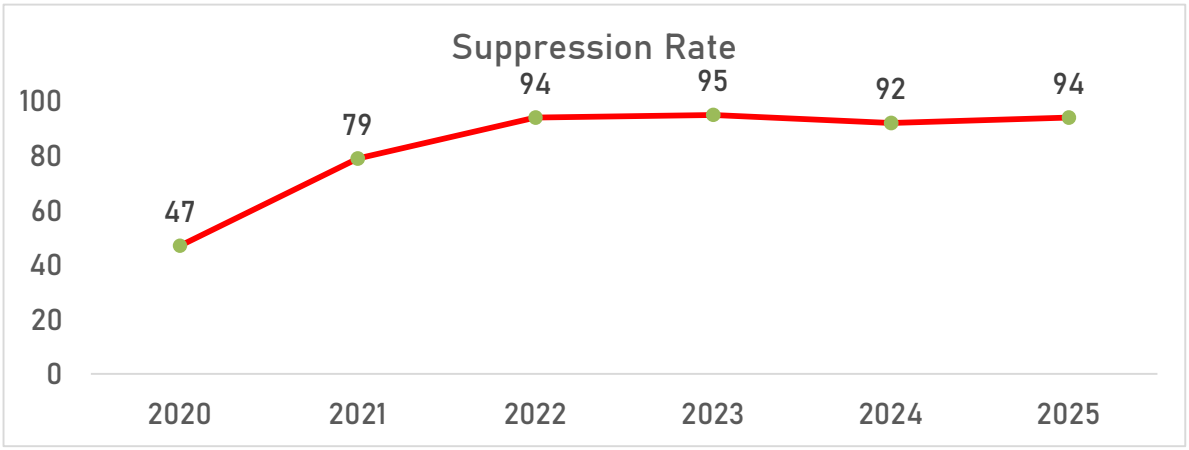


Figure 19: Graph showing suppression rate

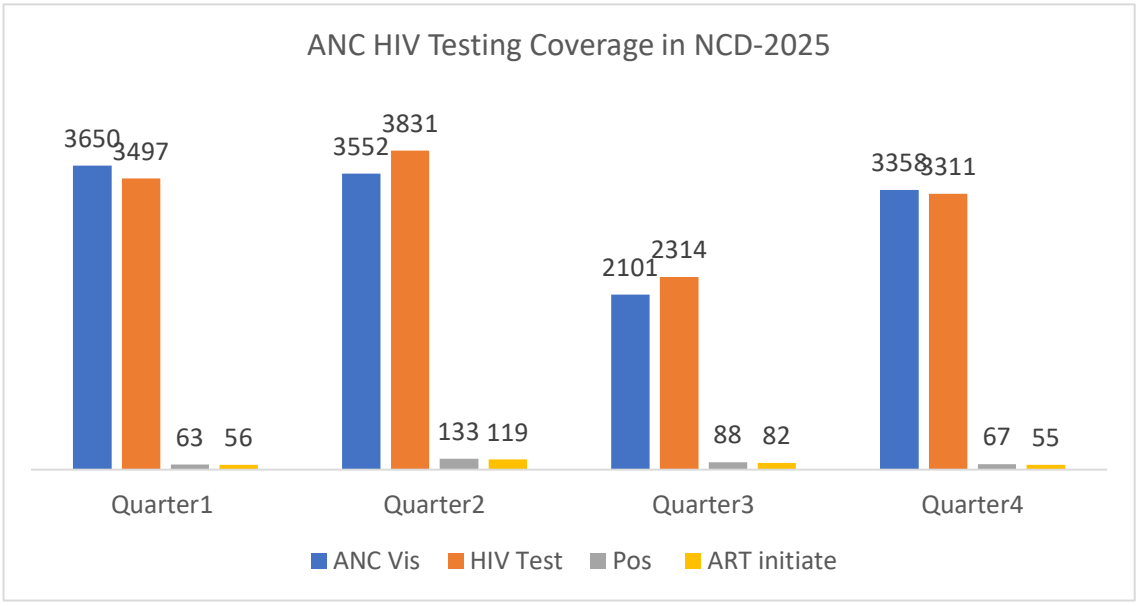


Figure 20: Graph showing ANC HIV Testing Coverage in NCD for 2025

- In 2025, 95.8% (3,650) of antenatal mothers were tested for HIV
- 1.8% of the 3,497 antenatal mothers were HIV positive in 2025
- 89% (56) of the positive antenatal mothers were put on anti-retroviral treatment (ART) in 2025

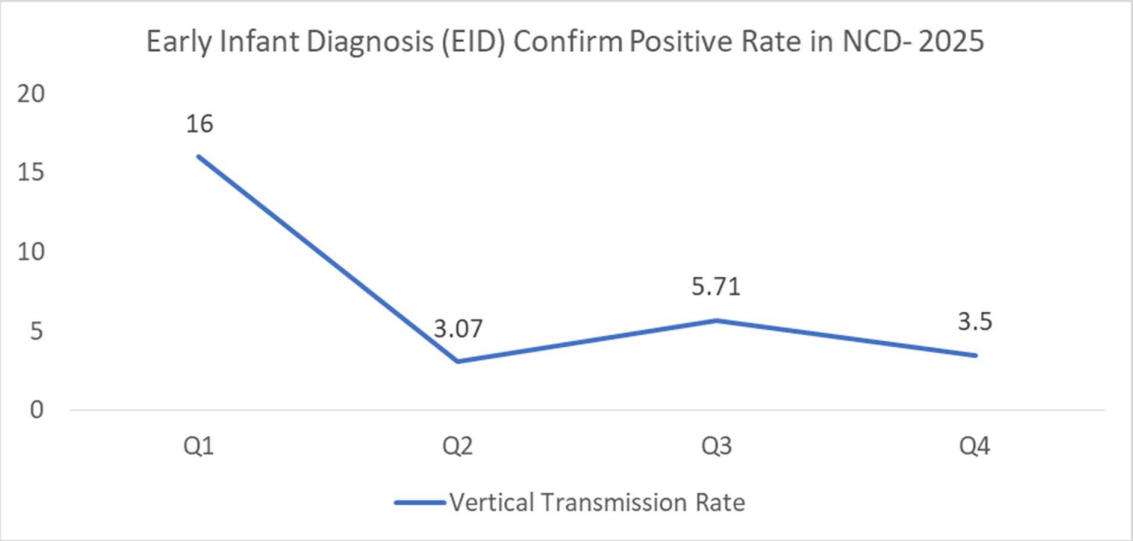


Figure 21: Graph showing early infant Diagnoses

EID Positive cases decreased in Q1 from 16 to 3 positive babies in Q4. These are babies born to HIV positive mothers in NCD. It's about early antenatal testing of HIV, and if positive, then mothers must be put on anti-retroviral treatment soon so that the babies are born negative.

Table 28: Table showing Financial Information - Budget & Expenditure Against Each Unit/Program/Department Activities

No	Planned Activity	Planned Budget	Actual funding by NCDPHA
1	Quarterly HIV Stakeholders Meeting	K4000	Nil
2	Quarterly Performance Review	K4000	Nil
3	Viral Load/EID Scale Up	K10000	Nil
4	Recruit STC (Staff x 3)	K272000	Nil
5	Printing of HIV M&E tools	K50,00	K39568
6	World AIDS Day Commemoration	K20000	K10,335
	Total		**K49,903**

Table 29: Table showing challenges faced

Challenges	**Recommendation**
Inadequate Logistic Support - incomplete coordination of support	Seek Partners' support where available
Insufficient Workforce	Prioritise efforts where necessary

Table 30: Table showing Risk Management

Risk	**Management**
Staff movement	Improve the structure and design systems to fix the situation

National HIV Commodities stock out	Request NCDPHA support
Reduce logistic support	Integrate with other programs and share resources
Sustainability of the Program during the loss of partners' support	Maintain Priority services, including Testing and treatment and NCDPHA to make sure programs are sustainable when partners withdraw.

Conclusion

The HIV program has demonstrated resilience despite significant resource challenges. Last year 2025, the program achieved several important milestones, including conducting the highest number of HIV tests (45,160) and diagnosing the highest number of new HIV cases (1,890) compared to previous years. Overall, most of the key performance indicators show exceptional performance.

However, Viral Load testing coverage declined from 73% in 2024 to 47% in 2025, primarily due to the limited in support from partners following the transition of some program assistance previously provided through FHI 360 under USAID/PEPFAR funding, which supported technical assistance and viral load testing services in NCD, which has impacted routine viral load monitoring in NCD.

During the USAID stop work 90-day period, NCDPHA has extended HIV Testing and treatment sites from 13 to 20, which has increased NCD HIV testing to 45,160. Furthermore, there is a need to expand HIV pediatric service to NCD facilities for one stop shop.

While PPTCT testing coverage is above 100%, indicating effective testing among pregnant women, more work is needed to ensure that all HIV-positive mothers are linked to care and closely monitored through to delivery. Strengthening maternal follow-up and linkage will help ensure that both mother and baby remain in care and that infants are confirmed HIV-negative.

However, not all pregnant mothers in NCD attend antenatal clinic; approximately 60 – 70% come to the clinics are 100% tested for HIV. So, there is a need to engage the community, partners, provincial government and local level government to assist the communities to increase awareness and testing in partnership with NCDPHA.

TB PROGRAM

Introduction

The NCD PHA TB Program activities are aligned to the NHP 2021-2030 under Key Result Area 4 'Address Disease Burden and Targeted Health Priorities'. The Program activities take into account and align with the National TB Programme Strategies 2021-2025, with consideration to the Global End TB Strategy 2020-2035.

The Tuberculosis burden in NCD remains high and is a major communicable disease that poses a public health threat. A lot of the development partners provided support to control TB in the province, which has allowed the NCD TB Program to make significant progress have now been reduced. The Global Fund is now the only major donor partner supporting the TB/HIV programs in NCD. A strong and vibrant leadership management from the NCDPHA Senior Executive Management ensures that the TB Program is well supported and remains on track to achieve its indicators.

The NCD TB Program is an intense program with staff under immense pressure to ensure the program indicators are achieved. Activities performed under TB Program include:

1. Presumptive Screening for Symptomatic Patients
2. Specimen Collection (sputum, FNA, GA, Blood samples)
3. Genexpert Testing using MTB/RIF plus XDR Testing
4. Registration & Treatment Initiation
5. HIV Testing of TB Patients
6. Household Contact Investigation & TPT Initiation
7. Clinicians' Reviews (Physician, Paediatrician, MO, HEO)
8. Engagement of Community Treatment Supporters
9. Conduct Community TB Systematic Screening Initiative
10. Patient Enablers Program (K250 monthly food voucher for DRTB clients & bus fares)
11. Twice-weekly sample transportation
12. TB Supplies distribution to all TB Clinics
13. Quarterly Supportive Supervision & Quarterly Reporting

Key Achievement for 2025

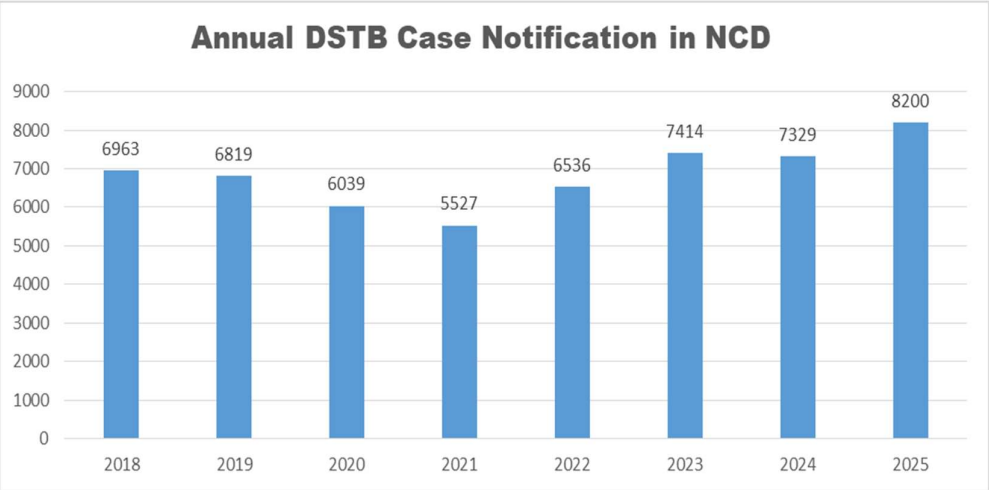


Figure 22: Graph showing Annual DSTB Case

The NCD TB Program registered and reported 8,200 drug-sensitive TB cases in 2025 of which 90% of the DSTB cases are reported as NEW TB Cases and 10% reported as either relapse or previously treated TB cases. Pulmonary TB cases accounted for 51% of the reported cases and 49% of extra-pulmonary TB cases.

TB in children (≤14 years old) accounted for 18% and the age range of those mostly affected by TB in 2025 remained the same as the previous years, ranging from 15 – 34 years old. The Health Facilities that reported high numbers of TB cases in 2025 include Gerehu Hospital TB Clinic (1,327), Gordons TB Clinic (1,082) and 6 Mile (845) and are classified as high TB burden BMUs. Other BMUs seeing a rise in the number of TB cases includes Tokarara TB Clinic (803), PMGH-JBK (661), Kaugere TB Clinic (552), 9 mile TB clinic (539) and the St Therese TB clinic (527).

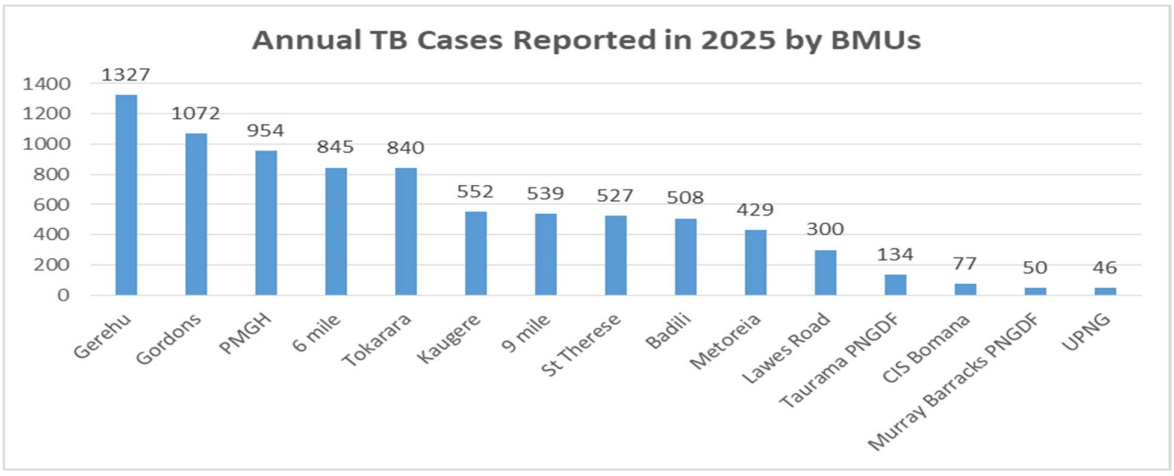


Figure 23: Graph showing Annual TB cases

Increase in detection is due to more community awareness, increase in genexpert testing & radiology services and also due to the 6-mile polyclinic operating 24 hours.

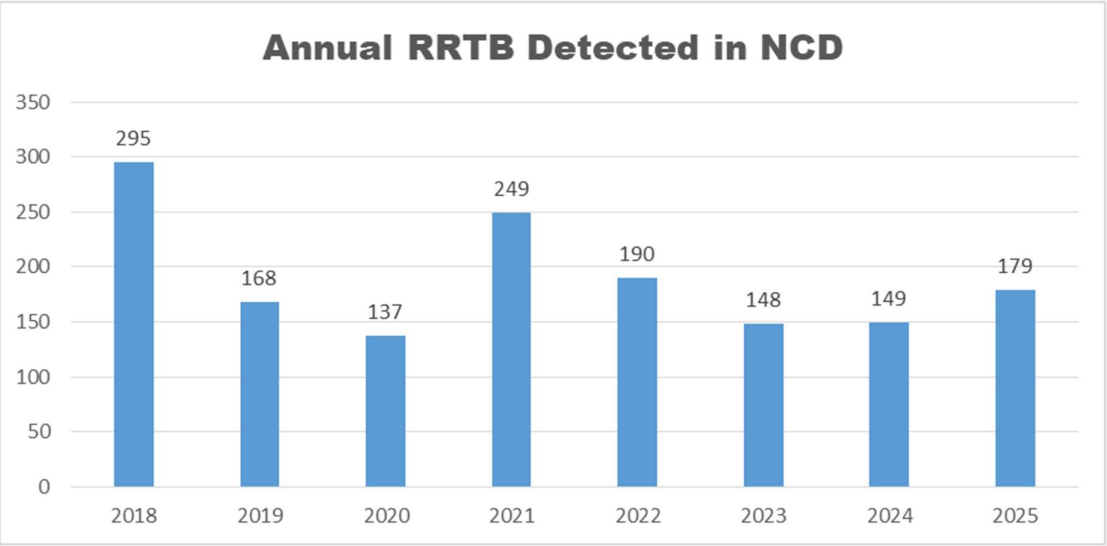


Figure 24: Graph showing Annual RRTB Detected in NCD

Drug-resistant TB situation remains a challenge for the province, reporting 179 rifampicin-resistant TB cases with Gerehu Hospital TB clinic reporting 34% *(54)* of the RRTB cases detected in 2025. This year new shorter regimen (BPaL/M & BEAT TB) regimens were rolled out in NCD, starting at PMGH only and then to be roll-out to Gerehu Hospital and 6 Mile PMDT sites in 2026. Pre-treatment lost to follow up, poor compliance to long treatment durations and laboratory support to do baseline bloods for drug resistance TB patient are some of the key challenges in NCD. This issue will be prioritized and addressed in year 2026.

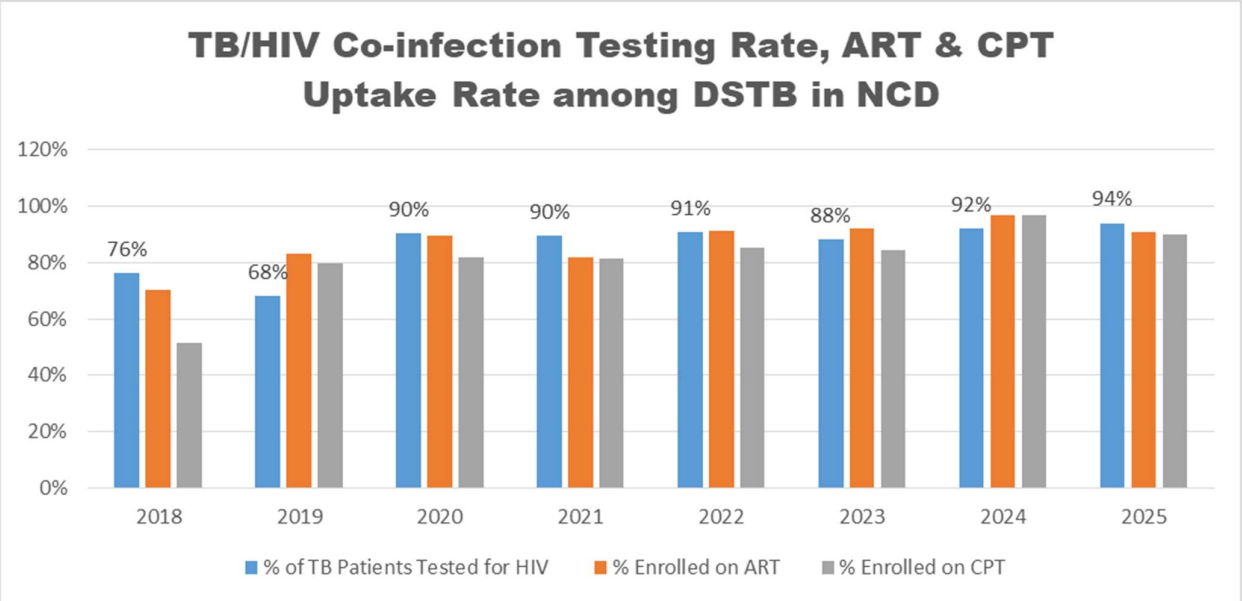


Figure 25: Graph showing TB/HIV Co-infection Testing Rate

Testing of TB patients for HIV and timely initiation of HIV treatment plays an important role in the care for TB/HIV Co-infection patients. NCD TB Program HIV testing rate for the year is 94% with a 6.5% positivity rate. Five BMUs have achieved 100% HIV testing rate includes Badili TB clinic, Gerehu clinic, Lawes Road clinic, St Therese clinic and Tokarara clinic.

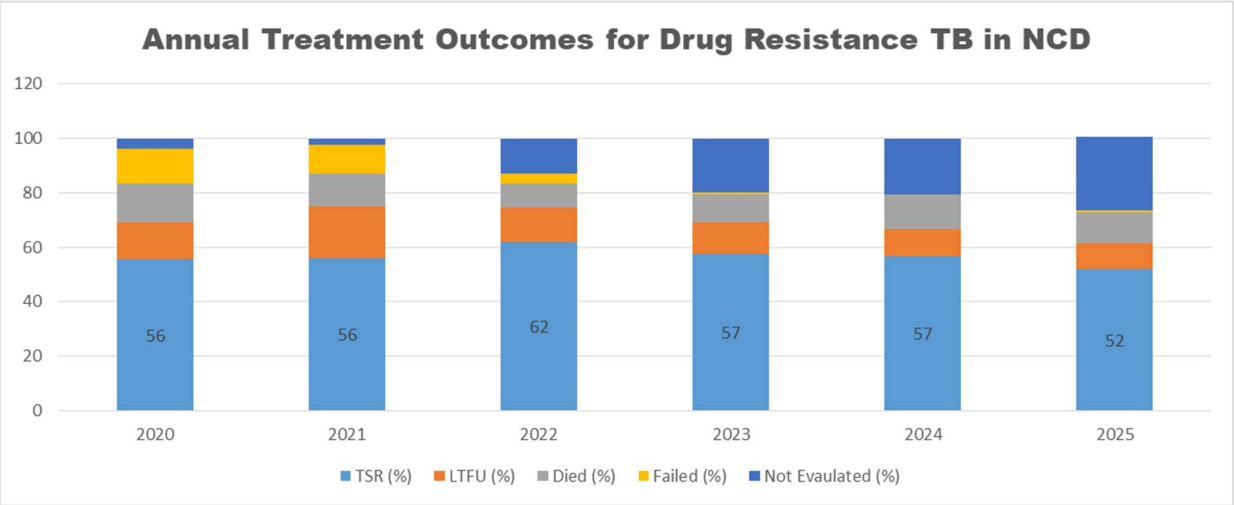


Figure 26: Graph showing Annual DSTB Treatment Outcome in NCD

The NCD TB Program maintained a steady treatment success rate (TSR) of 91% in 2025, a lost to follow-up rate of 3%, Died rate of 2% and a not evaluated rate of 5%.

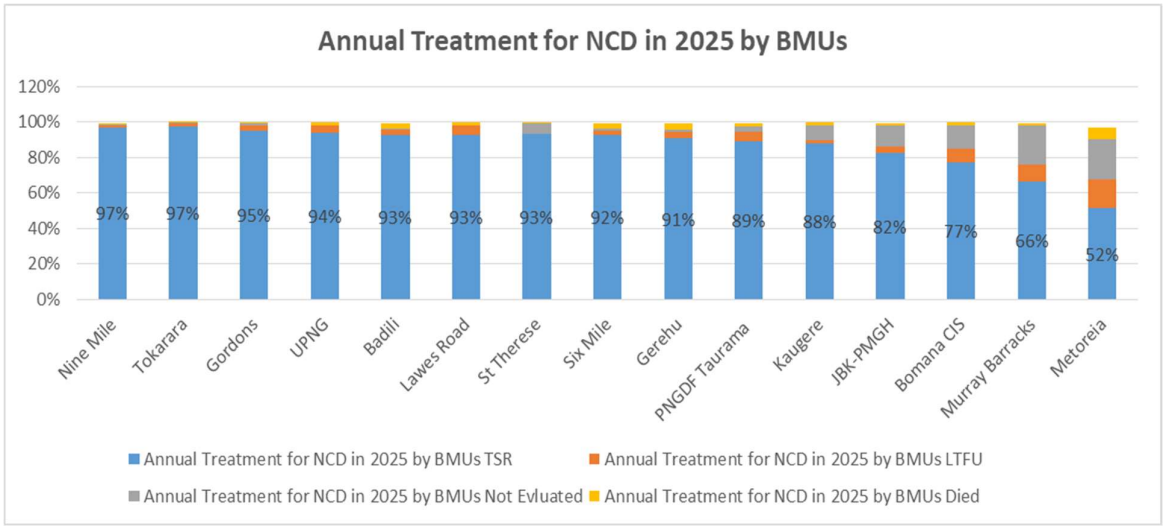


Figure 27: Graph showing Annual Treatment for NCD in 2025 by BMUs

Two BMUs that performed well in terms of TSR are 9-mile TB clinic (TSR 97%) in the North East District and Tokarara TB Clinic (TSR 97%) in the North West District. This success is again attributed to the support of the Community Treatment Supporters engagement by World Vision and the good collaboration between the two organizations

The overall provincial drug-resistant TB treatment outcomes remained a challenge for the program despite efforts to provide food vouchers and bus fare reimbursement.
Gaps identified are related to long treatment durations, gaps in linkage of DRTB patients to treatment supporters, and providers not informed of the patient mobility either within the province or between provinces, leading to high not evaluated cases.

Gerehu Hospital PMDT Site has performed well and has achieved 80% treatment success rate in 2025, while 6 Mile reported 50% Treatment Success, and PMGH reported 45% Treatment Success.

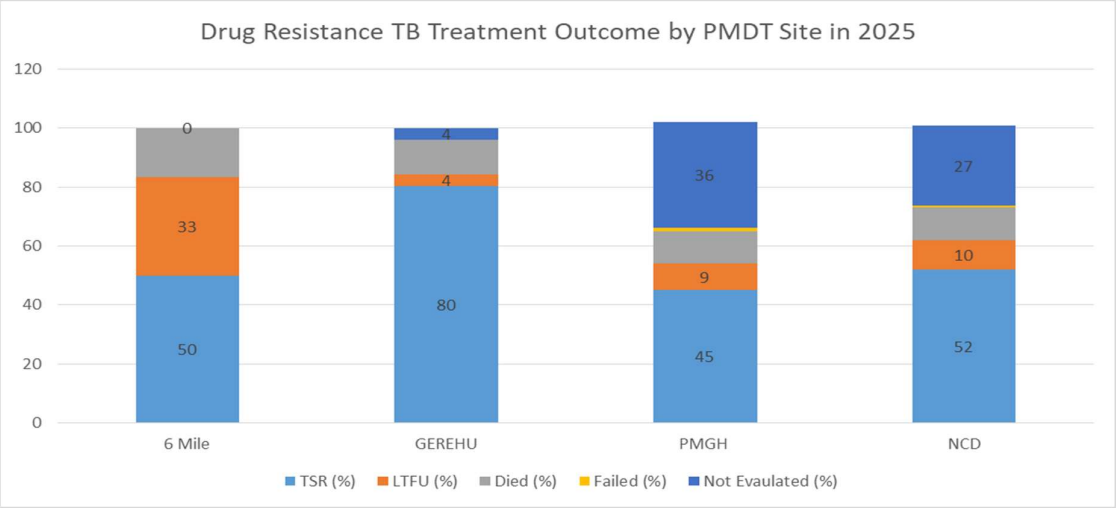


Figure 28: Graph showing Drug Resistance TB Treatment Outcome

Challenges include issues related to inconsistent updating of patient records, resulting in high not-evaluated cases, weak linkage of drug-resistant TB patients to community treatment supporters and long treatment durations leading to treatment adherence issues.

Financial Information- Budget & Expenditure Against Each Unit/Program Activities

The NCDPHA TB Program received funding support through the Recurrent Budget of the GOPNG allocation to implement few of the program activities.
All Acquittals for the above-mentioned expenditures have been submitted to the NCDPHA Finance team.

Other TB activities such as Engagement of Community Treatment Supporters, BMU Review Meeting in quarter 3, supervisory visits, Diagnostic Networking Optimization and communication support were supported by Global Fund through World Vision.

Table 31: Activities Funded by NCDPHA

Activities funded by NCDPHA	Actual Amount Spent (PGK)	Amount Budgeted (PGK)
Procurement of Blood Collection Tubes & Lab Reagents	792.00	2,000.00
World TB Day Commemoration & Lead-Up activities	16,000.00	30,000.00
TB Vehicle Servicing	3,190.00	5,000.00
Total Annual TB Program Expenditure for 2025	19,982	120,480.00

Challenges & Way Forward

Key issues identified that would require prioritization in year 2026 to achieve better program outcomes

- **Strengthen Programmatic Management of drug Resistance TB**. The gaps related to pre-treatment LTFU and non-compliance will be addressed through accompanied referrals and linking drug resistance TB patients with Community Treatment Supporters.

- **Intensify Active Community Screening Initiatives.** An increase in the number of TB cases registered from passive case finding indicates high community TB transmissions. Therefore, conducting active community TB screening is recommended to tackle and close the tap of community TB transmission. This initiative is budgeted under Global Fund Grant. This opportunity should be taken advantaged of to implement community TB screening.

- **Strengthen Family Screening & TB Preventive Treatment (TPT) Initiation**. More effort is needed to be done to screen household contacts for TB and to initiate TPT to children <15years old and are asymptomatic of active TB disease. Each TB clinic should have scheduled days for family screening & TPT supported by the Paediatricians for NCDPHA.

- **Strengthen & support Electronic TB Reporting System.** In 2014, All TB clinics have been supported by World Vision during the Emergency TB Project phase were given a Desktop Computer each to use for improving electronic TB reporting. Unfortunately, other accessories are needed so that the desktop is fully functional including a need for Internet USB Wi-Fi Devices, Monthly Data or constant facility Wi-Fi connection and UPS is needed.

- **Strengthen & Support TB related Diagnostics & Laboratory Services.** The NCDPHA SEM remains committed to improving diagnostic services to ensure quality diagnosis of TB and provide timely recommended anti-TB treatments.

- Setting up of Clinical Testing Analysers at 6-mile Lab and supporting of maintenance plus reagents is vital to support the DRTB clinic and the Polyclinic.

- Expansion of Genexpert Testing to Gordon's clinic is another priority.

Priorities for 2026

Priorities for the quarter of quarter or year 2026:

Despite the change in funding landscape the NCD TB Program have made significant progress in maintaining good treatment outcomes and also pursuing expansion plans or facility rehabilitation activities.

The fight to Eliminate TB in NCD and to make Port Moresby an Amazing & Health Port Moresby strong collaborations and support from all levels of government including political support is needed.
Priority areas for the program to strengthen in year 2026 includes:

1. Strengthen Programmatic Management of drug Resistance TB
2. Intensify Active Community Screening Initiatives.
3. Strengthen Family Screening & TB Preventive Treatment (TPT) Initiation.
4. Strengthen & support Electronic TB Reporting System
5. Strengthen & Support TB related Diagnostics & Laboratory Services.

A strong and supportive leadership by the NCDPHA SEM has helped guide the TB Program and the commitment from TB BMU Staff and the PHA Office team.Together we can End TB.

LEPROSY PROGRAM

The Leprosy Control Program in the National Capital District (NCD) continues to monitor and respond to the re-emergence of leprosy cases despite its previous elimination status. Surveillance data from 2023 to 2025 shows a slight overall decline in total confirmed cases; however, continued detection among adults and children indicates ongoing community transmission.
Total confirmed cases reported in NCD were 317 in 2023, 300 in 2024, and 299 in 2025. While the downward trend is encouraging, the persistence of cases highlights the need for strengthened surveillance, early detection, and expanded outreach activities.

The program remains focused on early diagnosis, effective treatment, and prevention of disability through improved service delivery and community engagement.

In NCD, leprosy prevention, diagnosis, and treatment services are delivered through a decentralised network of health facilities, including:

- Port Moresby General Hospital
- Kaugere Clinic
- Lawes Road Clinic
- 9 Mile Clinic
- St Therese Clinic

Table 32: Table showing Leprosy Trend from 2023-2025

Trend	PMGH	Kaugere	Lawes Road	9 Mile	St Therese
2023	184	89	24	14	6
2024	178	59	35	13	15
2025	188	49	35	16	11

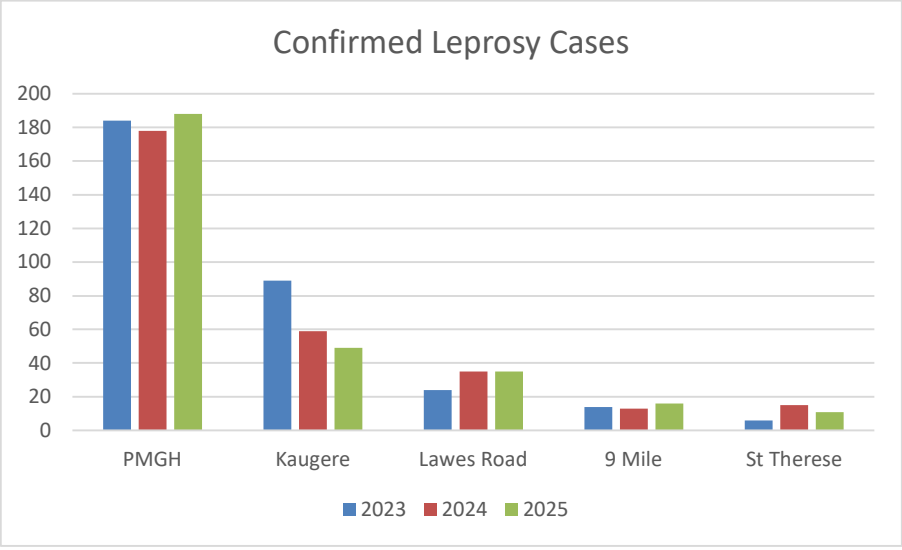


Figure 29: Graph showing confirmed Leprosy Cases

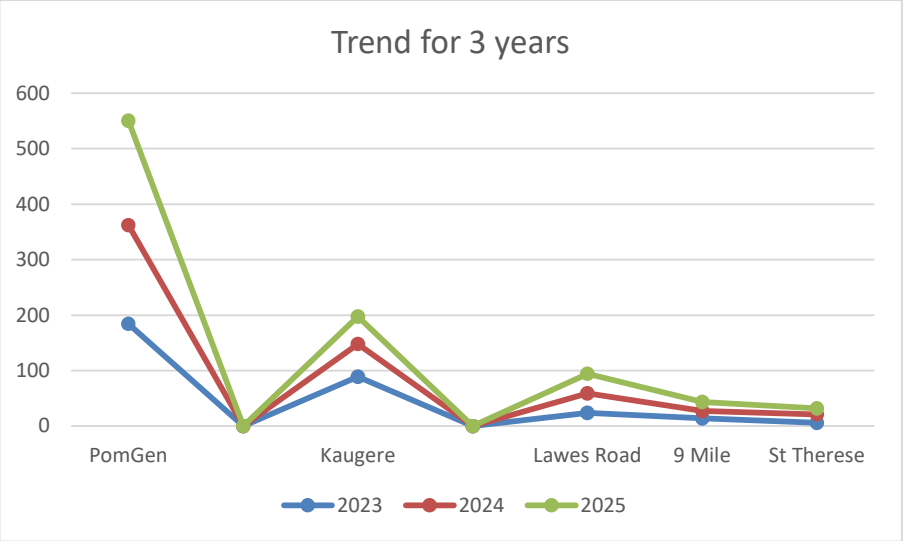


Figure 30: Graph showing Leprosy Cases Trend for 3 years

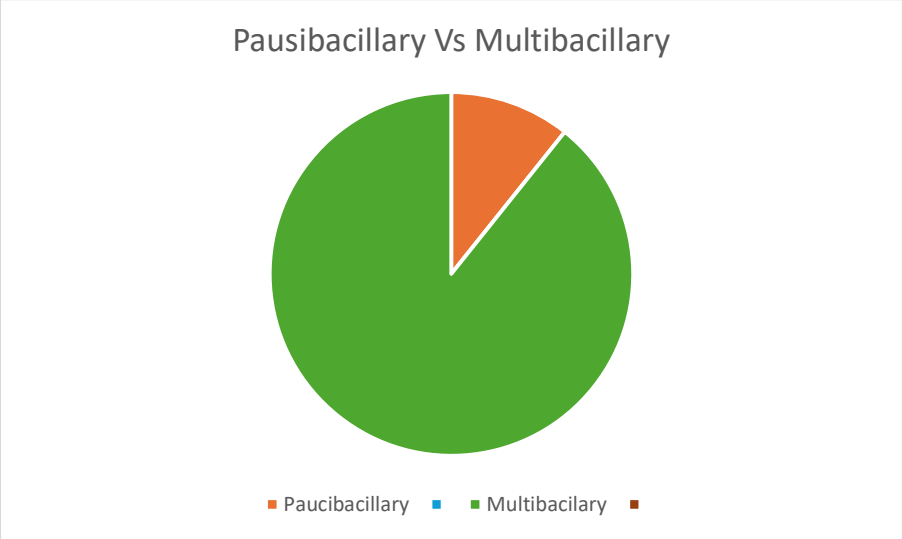
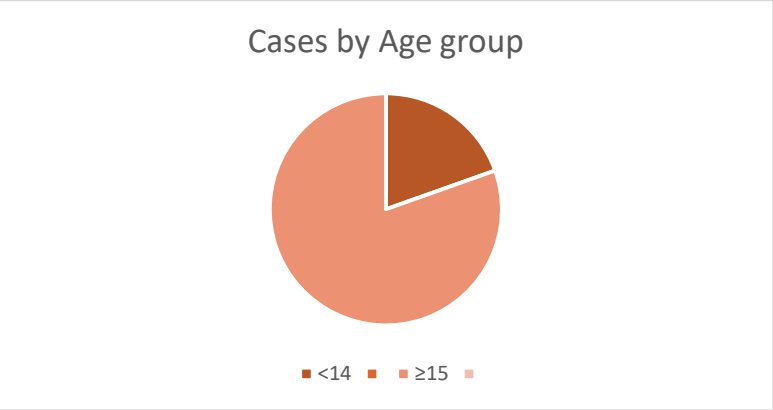


Figure 31: Graph showing Pausibacilary Vs Multibacilary



Graph 32: Graph showing Leprosy Cases by Age Group

Key Achievement for 2025

TB Key Performance Indicators

1. Key Performance Areas
Total Confirmed Cases (NCD):

- 317 (2023)
- 300 (2024)
- 299 (2025)

The data indicate a gradual reduction in overall confirmed cases over the three years. However, the decline is modest and does not eliminate the risk of continued transmission.

Case Classification Trends:

- Paucibacillary (PB) cases have increased over the reporting period, suggesting improvements in early case detection and surveillance.
- Multibacillary (MB) cases remain significantly higher than PB cases, although they show a gradual decline.

Age Group Trends:

- Cases among children (<14 years) have decreased, which may indicate some progress in interrupting transmission.
- However, the continued detection of pediatric cases confirms that community transmission persists.

Overall, while progress is observed, sustained intervention efforts are required to accelerate reduction.

Financial Information – Budget & Expenditure Against Each Unit/Program Activities

Approved Budget: K50,100.00
Expenditure:

- K10,000.00 (World NTD Support)

Financial utilization remains below the approved allocation. Limited expenditure may affect outreach activities, case investigations, and contact tracing efforts. Improved budget absorption and timely disbursement of funds are essential to strengthen program implementation.

Challenges and Way Forward

Key Issues

1. Limited logistics support affects outreach and case investigation.
2. Continued community transmission.
3. Possible delays in diagnosis due to stigma and limited awareness.

Recommendations

1. Increase outreach activities in high-burden communities.
2. Strengthen active case finding and household contact tracing.
3. Improve logistics support, including transport for field operations.
4. Enhance community awareness campaigns to reduce stigma and promote early presentation.

Priorities for the year 2026

Although there has been a slight reduction in confirmed leprosy cases in NCD between 2023 and 2025, the disease remains a public health concern. The persistence of multibacillary cases and the continued detection among children indicate ongoing transmission within communities.
The priority and focus for 2026 is strengthening outreach activities, improving logistics support, enhancing financial utilization, and reinforcing early detection strategies, which are critical to preventing further resurgence and achieving sustained control of leprosy in the National Capital District.

MALARIA PROGRAM

The WHO Global Malaria Programme is responsible for coordinating WHO global efforts to control and eliminate malaria. The vision of the National Malaria Strategic Plan (2021-2025) is "A malaria – free Papua New Guinea by 2030" with short-term goals to reduce morbidity by 63% and mortality by 90% compared to 2019 and to eliminate malaria transmission. Its strategies are under KRA 4 of NHP 2021- 2030.

KRA 4: Address Disease Burden and Targeted Health Priorities.

Objective 4.1: Reduce burden of communicable diseases to achieve global obligations.

Strategies 4.1.1: Increase the capacity of health sector to prevent, promote and treat communicable diseases such as TB, HIV and Malaria.

The Malaria Control Program under the Disease Control & Surveillance Directorate is responsible for malaria surveillance, diagnosis, treatment monitoring, and prevention activities within the National Capital District (NCD).
Malaria remains a significant public health concern in Papua New Guinea. Although NCD is considered a relatively lower transmission setting compared to other provinces, confirmed cases continue to be reported throughout the year. Surveillance data is collected through the Malaria Register and Monthly Summary Reports from health facilities across NCD.
In 2025, malaria services were delivered through public and urban clinics including Port Moresby General Hospital and multiple Urban Clinics (UCs) across Moresby North East, Moresby North West, and Moresby South districts.

The program focuses on early diagnosis using Rapid Diagnostic Tests (RDTs) and microscopy, prompt treatment using Artemisinin-based Combination Therapy (ACT), monitoring of malaria speciation, and prevention of severe disease and mortal.

Key Achievements for 2025

TB Key Performance Indicators
Malaria Testing and Positivity Rate

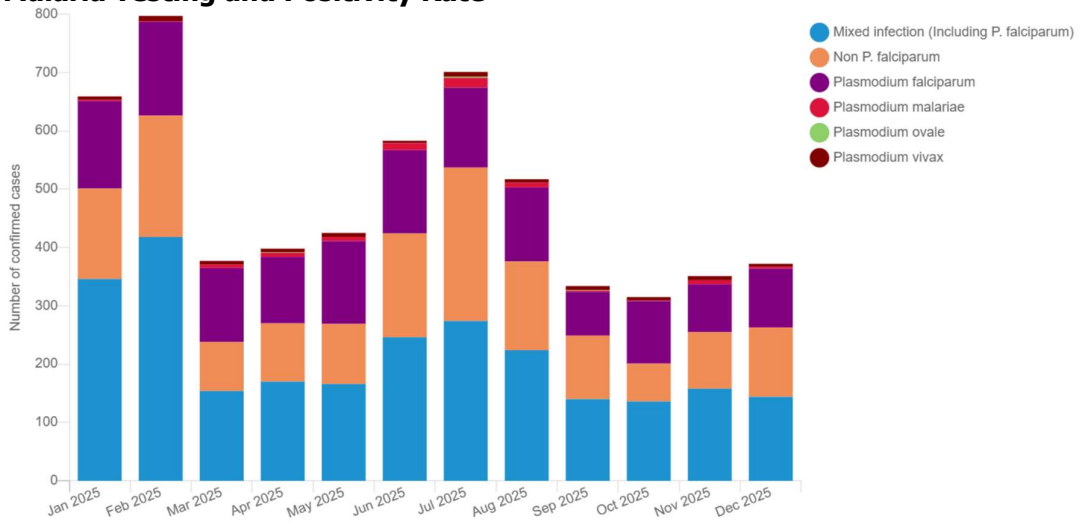


Figure 33: Graph showing Malaria Testing and Positivity Rate

Although the positivity rate remains below 10%, ongoing transmission is evident, particularly in certain high-burden facilities.

Malaria Speciation (2025)

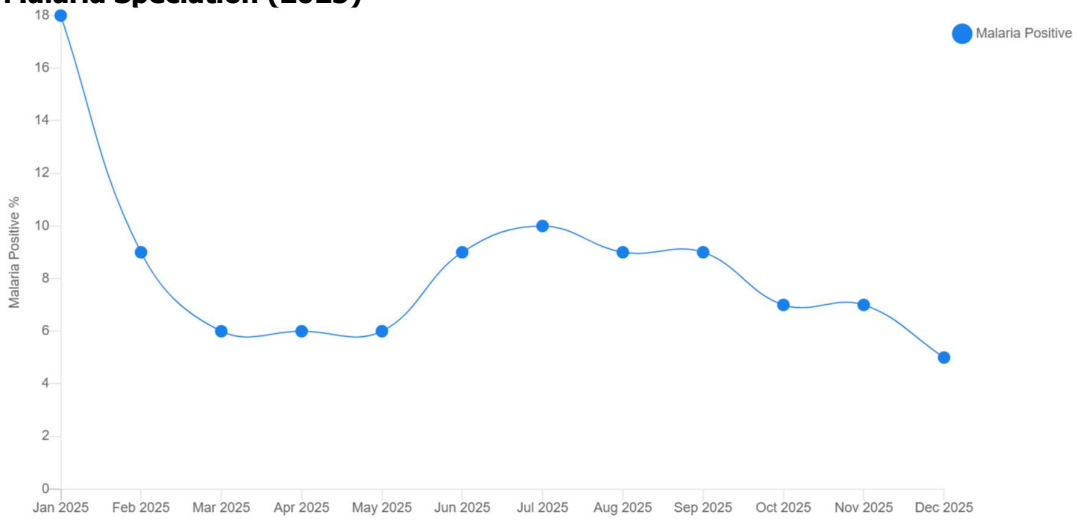


Figure 34: Graph showing Malaria Speciation for 2025

The high proportion of mixed infections indicates complex transmission dynamics and reinforces the need for accurate diagnosis and appropriate treatment regimens.

1.3 Malaria Treatment Profile

Total treatments recorded: **2,441**
The most commonly used treatments were:

- Dihydroartemisinic–Piperaquine (DHP): **2,123 cases**
- Artemether–Lumefantrine (ACT): **198 cases**
- Primaquine (single dose): **45 cases**

The high utilisation of DHP reflects adherence to national treatment guidelines for confirmed malaria cases.

1.4 Stock-Out Monitoring

Stock-out data from Monthly NHIS reports indicates varying shortages across facilities:

- RDT test kits: up to 12% stock-out rate in some facilities
- ACT/AL: up to 7.9%
- Artesunate injection: up to 15%

Stock-outs pose a risk to timely diagnosis and effective case management.

Financial Information- Budget & Expenditure Against Each Unit Programs

The Malaria Control Program operates under allocated operational funding for surveillance, commodities, supervision, and reporting.
Key expenditure areas include:

- Procurement and distribution of RDT kits
- Antimalarial drugs (ACT, DHP, Artesunate)
- Supervision and monitoring visits
- Data reporting and surveillance activities

Limited financial resources and delayed disbursement may affect outreach, supervision, and timely replenishment of supplies.

Challenges & Way Forward

Key Issues

1. Stock-outs of essential malaria commodities in some facilities.
2. Inconsistent reporting completeness across selected clinics.
3. Continued presence of mixed infections and *P. falciparum*.
4. Limited operational funds for supervision and outreach.
5.

Recommendations

1. Strengthen supply chain monitoring to reduce stock-outs.
2. Improve timely reporting from all urban clinics.
3. Enhance supportive supervision across districts.
4. Increase community awareness on early testing and treatment.
5. Strengthen data review meetings at district level.

Risk Management

Table 34: Table showing Risk Management

Risk	Likelihood	Impact	Mitigation Strategy
Drug stock-outs	Medium–High	High	Improve forecasting and supply monitoring
Increased transmission	Medium	High	Strengthen early detection and case management
Data quality gaps	Medium	Medium	Conduct routine data audits
Emergence of drug resistance	Low–Medium	High	Monitor treatment efficacy and adherence

Effective monitoring and coordinated response are critical to sustaining malaria control gains.

Conclusion & Priorities for the year 2026

The 2025 Malaria Report for the National Capital District indicates ongoing but moderate transmission, with a 9.1% positivity rate and five reported deaths. The dominance of mixed infections and *Plasmodium falciparum* cases requires continued vigilance.

While treatment compliance appears strong, stock-outs and operational challenges remain areas of concern. Strengthening surveillance systems, ensuring an uninterrupted supply of commodities, and improving supervision will be essential to maintaining malaria control and preventing resurgence in NCD. Sustained commitment, adequate funding, and coordinated district-level implementation will be critical to achieving further reductions in malaria burden in the coming years.

FAMILY HEALTH SERVICES

Introduction

1: GBV & Disability Program

The GBV & Disability Program is under KRA:4 – Address Disease Burdens and Targeted Health Priorities.

KRA-4: Address Disease Burdens and Targeted Health Priorities - 4.5.4: Improve programs for sexual & reproductive health for youth & young adolescents.

Partners & Stakeholders supported GBV and Disability Program in 2025 - NCDPHA, NDOH, VITAL STRATEGIES, UNFPA, FHI 360

Type of Support Provided – Financial, Logistic, Technical expertise, training, ricuritment of staff, Purchasing commodities & Equipment

Service Provision and Staff Strength – It is an initiative of NCD Provincial Health Authority (NCDPHA) since March 2024 establishing this new program and has no staff allocation for this program yet. The current curative staff are providing their job descriptions or duties, as well as the other tasks or responsibilities like GBV & Disability Program activities or Services at the Health Facilities.

Current Staff of Strengths for GBV/D Program: Nil - The staff positions are proposed in the new NCD Provincial Health Authority (NCDPHA) restructure exercise
Current Service Provision: One staff from Antenatal Clinic (ANC) (mid-wife) OBS & GYNAE Division at Gerehu General Hospital is given the responsibility to provide the GBV/D services.
The space is a small room which is shared with the Antenatal Clinic (OBS & GYNAE Division) clients or survivors' privacy and safety or security is compromised
The major GBV/Disability cases are referred to the Family Support Center Port Moresby General Hospital at 3 Mile for medical treatment, welfare/protection, legal aids and psychological support for the survivors and their families.

The minor GBV/Disability cases are treated, counselled and referred to other support services within the health facility or externally as per the needs of the survivors during their visit to the GBV/D Focal Point room.

The SGBV-RAPE/ASULT survivors come for follow up sessions after the initial visit are for:

1. Counselling x3 visits
2. Vaccination x3 visits
3. Post Exposure Prophylaxis (PEP) x3

After successfully completing the 4th counselling session, the 3rd vaccination session and the 3rd session PEP the survivors exit the program/services.

Key Achievements for 2025

Public Health Programs – each public health program crucial indicators

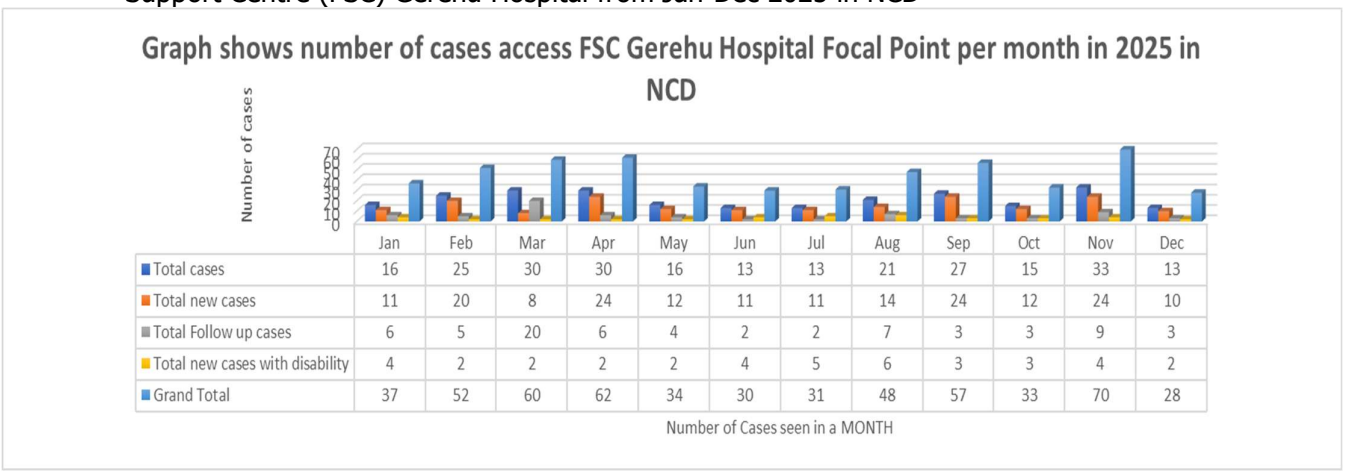
(4-5 major indicators for each program.

- **Program:** Gender Based Violence and Disability Program
- **Subsection:** Family Health Services Unit
- **Division:** Public Health Branch
- **Department**: Health - NCD Provincial Health Authority.

Table 35: KPI

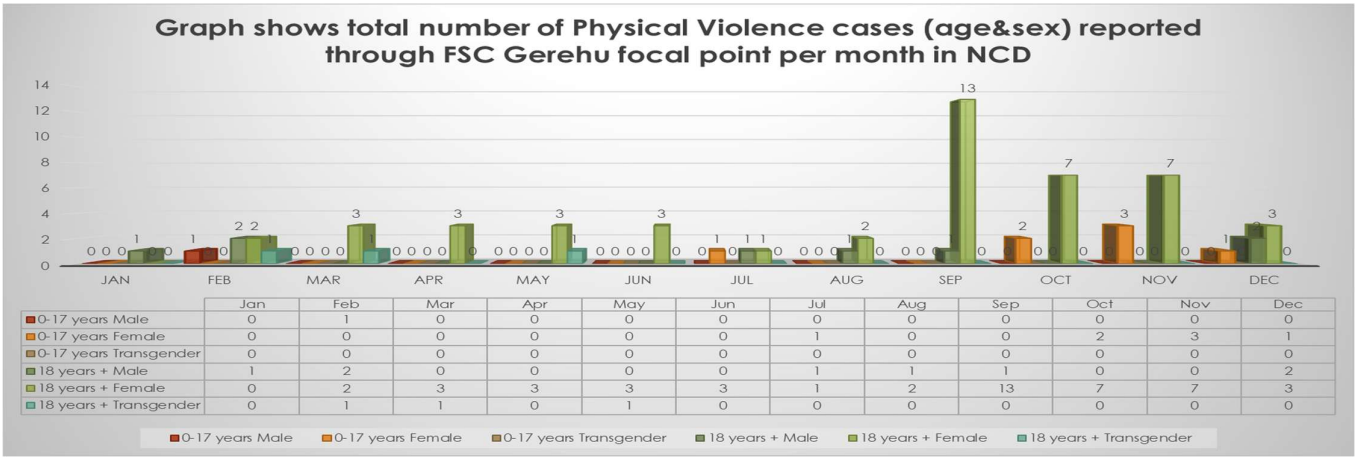
Key Performance Indicator	Source	Indicator	Target	% Change	Remarks
1.1.2.5-KPI11	GBV/D Program Level	Number of HFs designated & equipped to provide initial support & referral for GBV survivors	1	100%	Monitored only in FSC Gerehu Hospital Focal Point register, GGH
1.1.2.5-KPI2	GBV/D Program Level	Percentage of health workers trained in recognizing, responding to, and referring GBV cases	50%	50%	Monitored only in FSC Gerehu Hospital Focal Point register, GGH
KPI-6.1.7.1a	CEO	Number of Quarterly Supervisory visits conducted to all health facilities	4 visits	6 visits	Monitored only in FSC Gerehu Hospital Focal Point register, GGH
KPI-6.1.7.1b	CEO	Reduction in patient referrals & improved case management	50%	90%	Monitored only in FSC Gerehu Hospital Focal Point Register, GGH
National Health Information System, NDOH	e-NHIS, Provincial Health Information Office	Number of sexual violence cases seen at the OPDs of the 27 Health Facilities in NCD	0% Tolerance	215 cases in 2025	Monitored only in 27 Urban Clinics' OPDs in NCD

Table 36: Total number of cases experiencing any form of GBV access services from Family Support Centre (FSC) Gerehu Hospital from Jan-Dec 2025 in NCD



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total cases	16	25	30	30	16	13	13	21	27	15	33	13
Total new cases	11	20	8	24	12	11	11	14	24	12	24	10
Total Follow up cases	6	5	20	6	4	2	2	7	3	3	9	3
Total new cases with disability	4	2	2	2	2	4	5	6	3	3	4	2
Grand Total	37	52	60	62	34	30	31	48	57	33	70	28

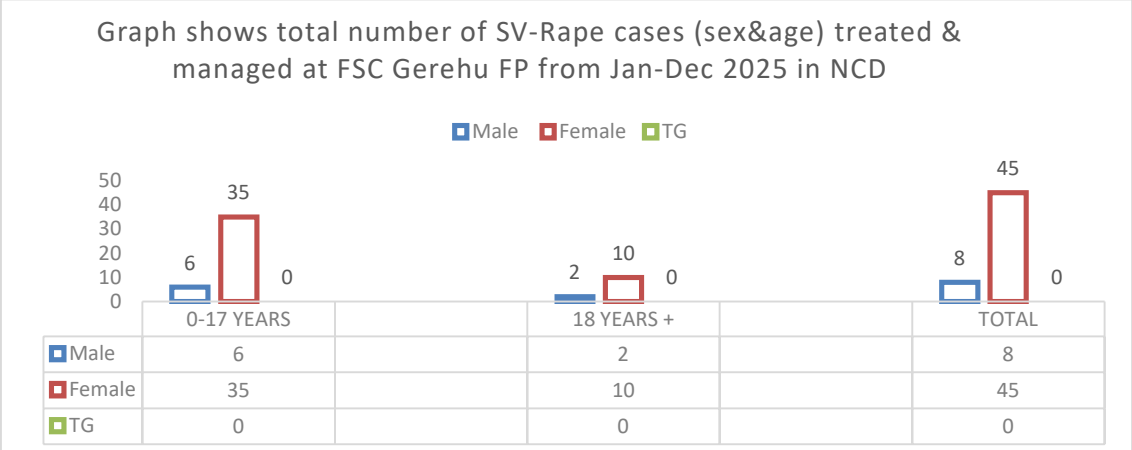
Tables 37: Number of PV cases access FSC Gerehu Hospital & received services from Jan-Dec 2025 in NCD



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
0-17 years Male	0	1	0	0	0	0	0	0	0	0	0	0
0-17 years Female	0	0	0	0	0	0	1	0	0	2	3	1
0-17 years Transgender	0	0	0	0	0	0	0	0	0	0	0	0
18 years + Male	1	2	0	0	0	0	1	1	1	0	0	2
18 years + Female	0	2	3	3	3	3	1	2	13	7	7	3
18 years + Transgender	0	1	1	0	1	0	0	0	0	0	0	0

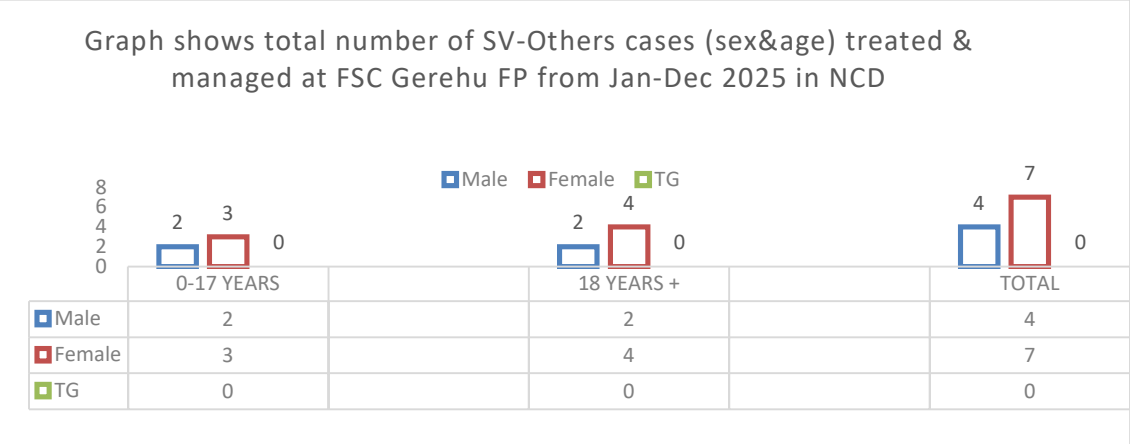
0-17 years Male | 0-17 years Female | 0-17 years Transgender | 18 years + Male | 18 years + Female | 18 years + Transgender

Tables 38: Number of SV-Rape cases access FSC Gerehu Hospital & received services from Jan-Dec 2025 in NCD



	0-17 YEARS		18 YEARS +		TOTAL
Male	6		2		8
Female	35		10		45
TG	0		0		0

Tables 39: Number of SV- Others cases access FCS Gerehu Hospital & received services from Jan-Dec 2025 in NCD



NDOH- National Health Information System
HFs segregated by three Districts in NCD reporting SV & PV Cases through MNE HF OPDs in 2025

TABLE 40**:** Shows GBV cases (sexual & non-sexual) reported in **MNE** District

MNE		Gordons	PMGH	6 Mile	9 Mile	JAB	Susu Mamas	PNGEI	B PC	B CIS	TOTAL
	SEXUAL	24	12	85	10	1	0	0	14	13	159
		Gordons	PMGH	6 Mile	9 Mile	JAB	Susu Mamas	PNGEI	B PC	B CIS	TOTAL
	PHYSICAL	168	5	594	268	4	0	4	9	3	1055

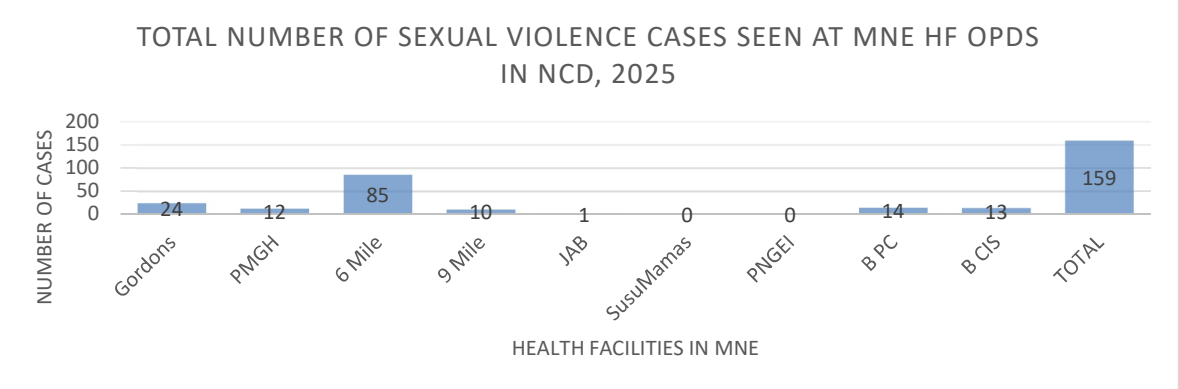


Figure 35: Showing total number of Sexual Violence Cases

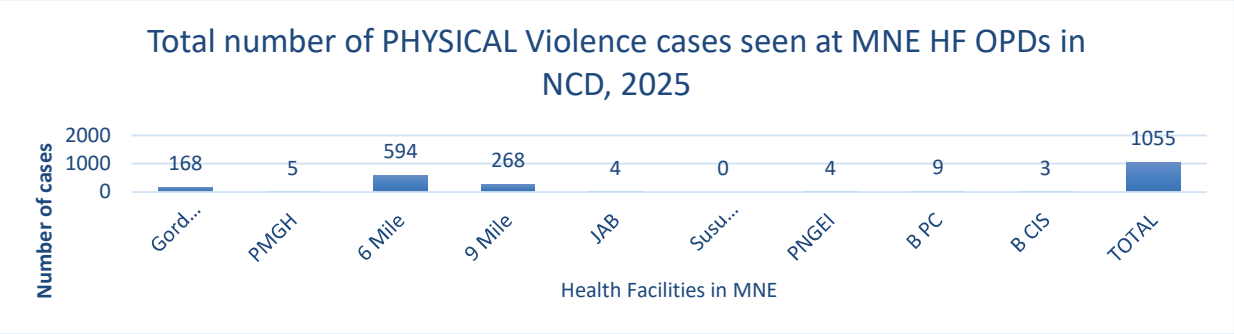


Figure 36: Showing total number of physical violence cases at MNE HF OPD

Table 40 : Shows GBV cases reported in MNW District

		GGH	Morata	MB	STC	TOKS	UPNG	PNG IPA	ST PAULS	Begabari	Marie Stopes	Metoreia	TOTAL
MNW	SEXUAL	13	3	2	20	11	2	0	7	5	0	0	63
		GGH	Morata	MB	STC	TOKS	UPNG	PNG IPA	ST PAULS	Begabari	Marie Stopes	Metoreia	TOTAL
	PHYSICAL	7	106	22	90	29	47	1	49	77	0	2	430

Figure 37: Showing total number of Sexual Violence cases seen in MNW HF OPDs.

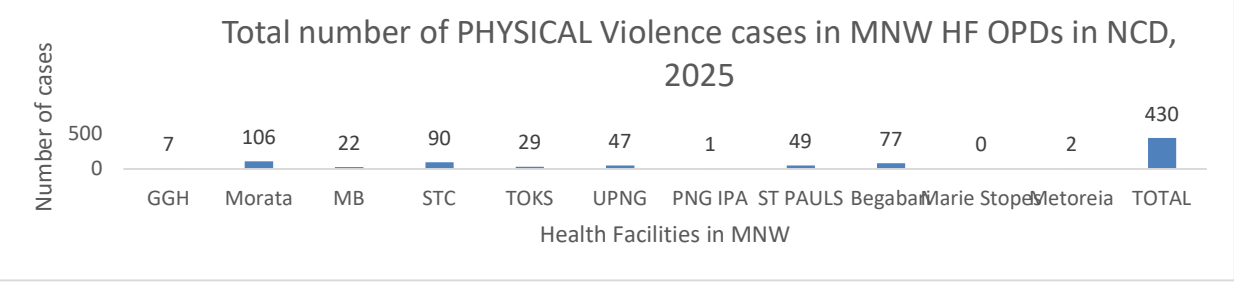


Figure 38: Showing total number of Physical Violence Cases in MNW HF OPDs.

Table 41: Shows GBV cases reported in MS District

MS		Badili	Kila Kila	LRC	Pari	Vabukori	PNGDF Tauramа	Kaugere	Ulamagi	Koki SA	TOTAL
	SEXUAL	0	0	4	2	3	1	0	6	1	17
		Badili	Kila Kila	LRC	Pari	Vabukori	PNGDF Tauramа	Kaugere	Ulamagi	Koki SA	TOTAL
	PHYSICAL	8	0	48	34	9	6	3	9	36	153

Figure 39: Total number of Sexual Violence cases in MS HF OPDs

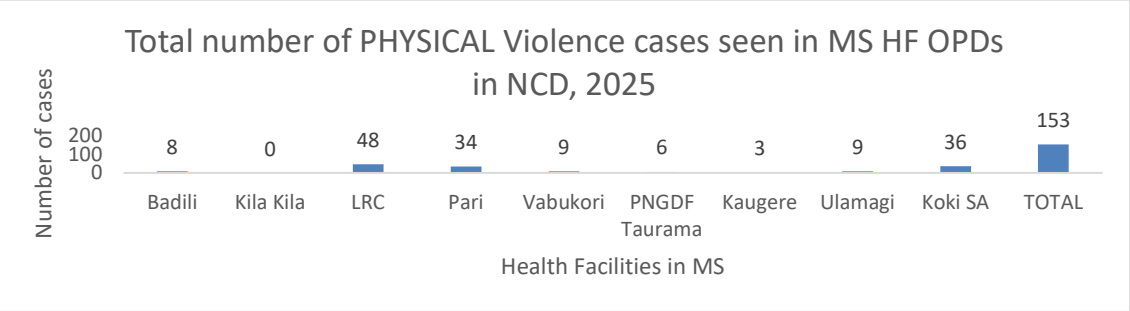


Figure 39: Total number of Physical Violence cases in MS HF OPDs

Key: MNE- Moresby North East; MNW- Moresby North West; MS- Moresby South; NCD- National Capital District; NHIS MAPPER/Tables/Graphs.

Indicators - *Key indicators of violence and abuse:*

- Low self esteem
- Feeling that the abuse is their fault when it is not
- Physical evidence of violence such as bruising, cuts, broken bones
- Verbal abuse and humiliation in front of others
- Fear of outside intervention
- Damage to home and property
- Isolation – not seeing friends and family

Raising Awareness at Gerehu General Hospital; 25/11/2025. Campaign color is ORANGE symbolize a brighter future free from violence

Key Messages:

- Stop violence in the family
- GGH providing the services
- Referral internal & external pathways for GBV cases
- SGBV management, support services and referral services

Table 42: Sections/Departments visited during the awareness at GGH:

Sect/Dept	People reached	Persons responsible	Feedbacks – Questions
ANC/GBV FP/O&G	20	Sr Regina Howard	Ask for more community or house to house awareness
A&E	40	Sr Tina Peter	Ask for communities' referrals & medical emergency transportation for the sick and GBV cases
COPD	15	PHO & GGH Staff	How can we convince an intimate partner (perpetrator) who is beating the wife to come forward to seek help at the HF?
AOPD	50	PHO & GGH Staff	Request for home visit for GBV cases

NCDPHA both the office and health facilities' staff took part in the walkathon.
PNG National Theme (2024-2025): "It's My Responsibility. Together to Prevent All Forms of Violence"
The Global Theme is "UNiTE to End Digital Violence against All Women and Girls"

Table 43: GBV & Disability Financial Information – BUDGET & EXPENDITURE – 2025

Program	Quarter	Financial support in PNGK	Financial Support By	Type of support provided	Remarks
GBV/Disability	1	-		-	-
	2	-		-	-
	3	K10,822.75	NCDPHA	20 days Activism against GBV – Raising awareness – leadup activities & Redvember Walk 2025	Both activities were successfully completed
	4	-		-	-
Total funding received for GBV/D Program in 2025		K10,822.75			

Changes & Way Forward

- Limited Funds to Implement Planned Activities like Trainings/Meetings.
- Limited LOGISTIC – (Transport Issues) – No Fuel - refilling with own money to provide service
- Not enough time or resources to cover for competency Assessment for the trained staff.
- No clear variables for Disability Data reporting in the NHIS
- Limited to NO SPACE for Building CAPACITY for effective service provision
- NO Human Resource/manpower to provide GBV & Disability services at Gerehu Hospital Family support Center and the 27 Urban Clinics
- Major Partner support FHI 360 - shut-down in January 2025 – Capacity limitations to service provision and staff burn out.
- The GBV Focal Leads workforce by FHI 360 stood down and staff providing the GBV services currently have other responsibilities or tasks whilst providing GBV and Disability services at the Outpatient Departments, Accident & Emergency rooms and other clinics.

Recommendations

- ❖ Financial appropriation for each program
- ❖ Gerehu General Hospital to provide a space for Family Support Center services
- ❖ Need additional manpower for the program
- ❖ Transport allocation / Routine Logistical Support
- ❖ Allocate funding for the special events and programs activities.
- ❖ Recruit human Resource at clinical setting or Increase Human Resource.
- ❖ Allocate funding for Trainings on Family Support Center M&E/Data management and Sexual Gender Based Violence Clinical Care & case Management.
- ❖ Improve on Data Collection and reporting - Timely Reporting
- ❖ Conduct Integration Mobile services with other Public Health Programs.
- ❖ Conduct Program Review Meetings with Focal Leads/Clinic Managers.

Risk Management

Table 44: Gender-Based Violence/Disability Program Risk Management

Identify GBV/D Program Risks	GBV Program Risk Mitigation
Shared GBV Space which affects GBV case management & service delivery	Provide dedicated GBV Space for GBV services as well as the other affected services
No appointed GBV Focal Point Lead – workforce HR	Appoint dedicated GBV Focal Point Leads
No GBV Logistic – Survivor transportation unsafe	Provide safe transportation & referral mechanisms
Risk of stockout of GBV Drugs & Consumables	Procure GBV drugs & consumables separating from other programs
Risk of unauthorize person accessing the survivors' information	Provide lockable cabinets for storage of survivors' files or records

2: Disaster Management & Emergency Response

Overview

In 2025, the program successfully implemented four out of the seven planned key activities, with financial and operational support provided through the National Capital District Provincial Health Authority (NCDPHA). The program is closely aligned with the surveillance program, particularly in strengthening the Early Warning Alert and Response System (EWARS) within the National Capital District.

Development of the Emergency Preparedness and Response Plan (EPRP) remained a key priority but presented some challenges during the year. During the second meeting of the Disaster Management and Emergency Response (DM&ER) Committee, members were provided with a proposed EPRP template to review, incorporate relevant inputs, and support further consultation processes scheduled for 2026.

The Rapid Response Team (RRT) was sensitized to the NCDPHA Outbreak Response Manual during the first quarter of the year to strengthen outbreak preparedness and response capacity. In April 2025, the RRT led the response to the polio outbreak, with technical and operational support from the World Health Organization and the Periodic Intensification of Routine Immunisation (PIRI). Response activities included Risk Communication and Community Engagement (RCCE), household surveys, Acute Flaccid Paralysis (AFP) surveillance, and vaccination campaigns.

Throughout the reporting period, a significant number of public health alerts were investigated and responded to in a timely manner across health facilities and communities. Response activities were conducted collaboratively with key stakeholders, including the National Capital District Commission (NCDC) and Water PNG, particularly in addressing environmental health complaints and potential public health threats.

Surveillance activities continued through Acute Flaccid Paralysis (AFP) surveillance, environmental sampling (ES), and the monitoring of other notifiable diseases through the weekly syndromic surveillance system. However, implementation of these activities was constrained by limited logistics and communication support.

Additionally, the Health Security Surveillance Branch of the National Department of Health, with financial support from the Department of Foreign Affairs and Trade (DFAT), supported the program by sponsoring the program officer to undertake Intermediate Field Epidemiology Training, aimed at strengthening technical capacity in surveillance, outbreak investigation, and public health response.

KEY PERFORMANCE AREAS – (Program / Unit/ Department)

1) **Public Health Programs – each public health program crucial indicators (4-5 major indicators for each program.**

1.1. Percentage completion of the PHAs Emergency Preparedness and Response Plan (70%)

1.2. Number of emergency response drills or simulation exercises conducted for health personnel (Target -1 drill)

1.3. Percentage of essential medical supplies and equipment for emergency response prepositioned or readily available (Target 50%)

1.4. Number of health facilities that have updated their emergency contingency plan (Target 5 facilities)
1.5. Average response time to respond to alert and public health emergency (Target 24hrs)
1.6. After action review conducted.

Partner Support- Health Surveillance & Security Branch-NDoH, WHO, University of New Castle-Training.

1.1. Preparedness and emergency response plan in progress at 50% completion. Possible timeline to completion is mid-April of 2026.

1.2. **Number of emergency response drills or simulation exercises conducted for health**

On May 01st-2nd 2025 DM & ER in collaboration with NDoH Health Security Branch trained 19 technical officers on NCDPHA Outbreak Response Manual.

Table 45: Technical Officers

Organization	# of technical officers
NCDPHA	14
NCDC	2
Water PNG	1
UNICEF	1
NDoH	1

Percentage of essential medical supplies and equipment for emergency response prepositioned or readily available (Target 50%)

The purpose of prepositioning is to reduce response time, ensure continuity of essential health services and strengthen preparedness at the provincial and district level, especially in high-risk areas prone to outbreaks, floods, earthquakes or other hazards.

Provincial Emergency Operations Centre (PEOC)-minimal, only lab resources

- No storage facility in NCDPHA
- Order of urgent universal transport media (UTM) to test influenza like illness (ILI) cases due to an unusual increase noted in health facilities. UTMs were not purchased despite submitting quotation to finance division.
- Commodities sought per situation reported.

Number of health facilities that have updated their emergency contingency plan (Target 5 facilities)

-There is no contingency plan for any clinics as yet.

Average response time to respond to alert and public health emergency (Target 24hrs) 2025 Target= 80%

Indicator 23: OUTBREAKS/URGENT EVENTS IDENTIFIED AND REPORTED ARE ASSESSED BY NDOH/PHA WITHIN 48 HOURS OF RECEIVING THE REPORT

FORMULAR

# of Outbreak/Urgent events that are reported to NCDPHA and assessed within 48Hrs of report /total # of outbreaks/Unusual events that are reported to NCDPHA x 100

49(responded within 48 hrs) ÷ 59 (total alerts for NCD) X 100 =82%

Table 46: Types of alert and possible outbreak response in 2025.

Alert	Types	Responses
Environmental	Gerehu Sewer Pollution	1
	9 Mile Elisio Sewer Overflow	1
	6 Mile Storm Drain Pollution	1
Notifiable	Acute Floppy Paralysis (AFP)	43
	Dengue (LRC)	4
	Covid 19(C-19)	1
	Influenza Like Illness (ILI)	1
	Mpox	2
	Neonatal Tetanus (NT)	4
	Acute Fever Rash (AFR)	2
Total # of Alerts		**59**

- AFP was the most frequently reported syndromic surveillance diseases followed by Dengue and NT.AFR, C-19, Mpox and environmental issues were least reported.
- NCDPHA achieved 82% which has slightly gone above the national target for 2025.

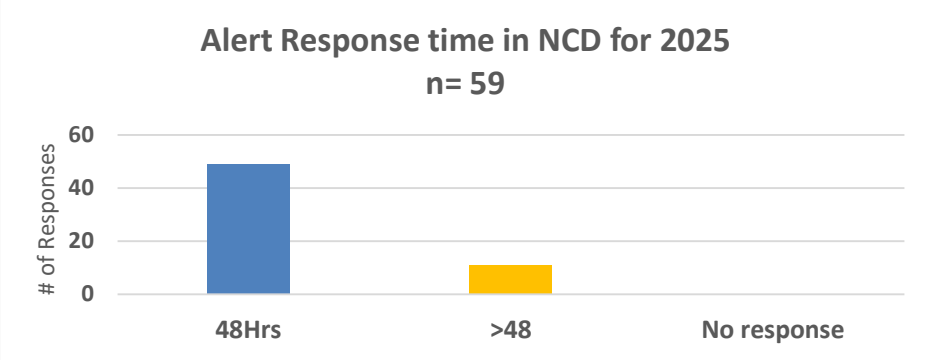


Figure 40: Alert Response time in NCD for 2025

- There were a total of 59 alerts and unusual events that were attended to in 2025.
- Most of the alerts were responded to within 48 hours.

Responding to a complaint of Gerehu sewer water pollution. A comprehensive investigation was done led by Director PH, program officers, NCDC and PNG water representatives.

Photo of One Health approach in Environmental sampling. Collaborative effort from NDoH, WHO, NCDPHA NCDC and Water PNG. This is Morata Sewer site which team visit every once in month to collect water sample for packaging at CPHL and testing in Manilla.

POLIO INITIAL 2 WEEKS RESPONSE BY RRT (15 May -06 June 2025)

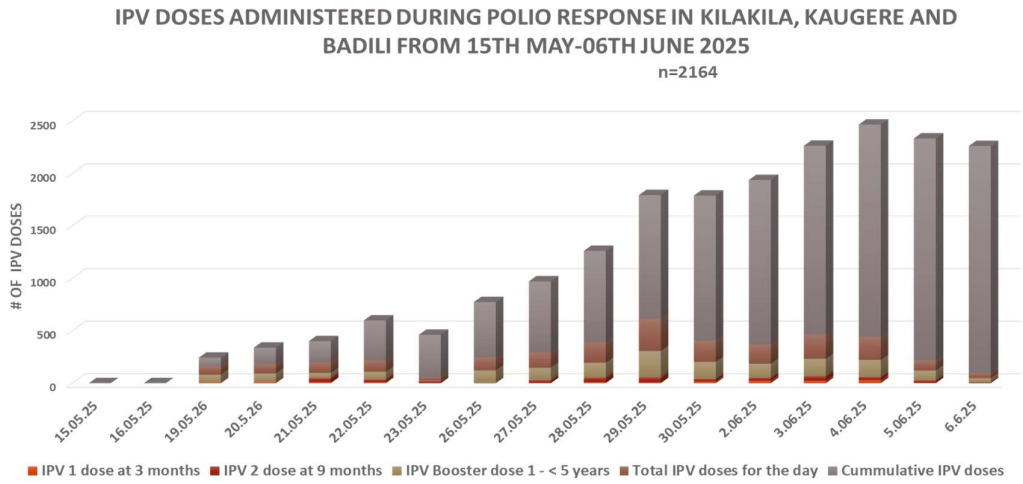


Figure 41: Showing IPV Administered During Polio Response in Kilakila

Environmental Sample tested Positive 9.04.26 (cVDPV2)
PEOC activated 10.05.25
RRT & PIRI Team
-Enhance AFP Surveillance/IPV Vaccination
Site: Kaugere/Kilalila/Joyce Bay
Target: 6300 children (3mths-5yrs)
HCW Sensitized:145
Vaccinated: 2164 children 3mths-5yrs

Photo of Household survey done in Joyce Bay -Moresby South by RRT during Polio response after detection of Vacccine Derived Polio Type 2 in the Joyce Bay Sewer Plant (cVDPV2).

Financial Information- Budget & Expenditure Against Each Unit Programs

Total Budget: K12,320.00
Total Spent: K12,324.20
Remaining Balance: -K4.20

Table 47: Financial Summary

Date	Event	Budgeted	Actual	Variance
26.03.25	Committee Meeting	K1200.00	K988.40	
03.04.25	Training preparation	No budget-utilize balance from Committee meeting	(k211.60)-K124.80	K86.80
01-02.05.25	Outbreak Manual Refresher	K7,820.00	K7396.00	
03.10.25	Syndromic Surveillance Refreshment	No budget, utilized budget brought forward	(K424)-K360	K64.00
03.11.25	iFETP Training Accommodation for program officer	K1500.00	K1500.00	0
03.11.25	iFETP Traiing per-diem for program officer	K1200.00	K1200.00	0
25.11.25	RRT After Action Review refreshment	K295.00	K295.00	0
26.11.25	Committee Meeting refreshment	K305.00	K305.00	0
11.12.25	Communication	No budget, utilized budget brought forward	K155-(k150.80)	-k4.20
Total		K12,320.00	K12,324.20	-K4.20

(NB: Acquittal also attached with report)

Financial Information- Budget & Expenditure Against Each Unit Programs

- Funding allocation for program
- Logistics for timely emergency response
- Human Resource support for RRT specific and Provincial Emergency Operations Centre (PEOC)
- Storage facility for pre-position emergency supply.

Table 48: Risk Management

Priority Activity	Plan Activities	Mitigation
1.1 Percentage completion of the PHAs Emergency Preparedness and Response Plan (70%)	NDOH HSSB with UNICEF technical team are supporting in finalizing EP, ER Plan	1.Capture in AIP budget for funding for technical support and workshop document 2.Consult support from partner (UNICEF/WHO)

	1.2 Number of emergency response drills or simulation exercises conducted for health personnel (Target -1 drill)	Do 2 simulation and trainings for this year	1.Capture in AIP 2.Surveillance integrated trainings
	1.3 Percentage of essential medical supplies and equipment for emergency response prepositioned or readily available (Target 50%)	Order minimum prepositioned stock. Identify storage site, laise with Facility	1.Plan and budget for minimum prepositioned supply via AIP 2.Liaise with facility manager to identify a site for storage 3.Minimal storage in PEOC (lab items only)
	1.4 Number of health facilities that have updated their emergency contingency plan (Target 5 facilities)	Contingency Plan for 3 clinics	-PHA logistics to support facility assessment to 3 sites
	1.5 Average response time to respond to alert and public health emergency (Target 24hrs)	-Capture in AIP	-Budget to be available for use -Share resources and integrate with functioning activities

Conclusion

The program achieved Indicator 23 with a performance of 82%, exceeding the 2025 target of 80% for responding to all alerts and unusual events within 24 hours.

Completion of the Emergency Preparedness and Response Plan, including contingency planning for NCD clinics, as well as prioritizing simulation exercises and tabletop activities, is essential for the current year to enhance operational readiness.

However, the program continues to face constraints in financial resources, human resources, and logistics, which may affect timely and effective response capacity. Despite these limitations, strong leadership from the Public Health Director and Deputy Directors, supported by collaboration with other programs, remains a key driver in sustaining and advancing program performance.

3: EPI Program

The EPI Program is a public health program under the Family Health Services Branch of the Public Health Division. The program generally manages and implements activities related to childhood immunisation at health facilities that provide immunisation services. There are currently twenty-five (25) health facilities in NCD that are providing immunisation activities.

This program ensures that all routine vaccines are available at all facilities, cold chain equipment is functioning, and staff are trained and available to provide service.
It is one of the demanding programs coordinated under the public health division to ensure all children are vaccinated with routine vaccines from birth to the age of five to protect them from vaccine-preventable diseases.

Alignment of the EPI Program to the National Strategies.

Plan	KRA	Strategy
National Health Plan (NHP) 2021 - 2030	KRA 4	Address disease burdens and targeted health priorities
National Immunization Strategy (NIS) 2021 - 2025	KRA 4 – 5 Pillars	Pillar # 1: Immunization Priority Agenda, Pillar # 2: Immunization Essential Team, Pillar # 3: Immunization Service Delivery, Pillar # 4: Immunization Funds Flows, Pillar # 5: Vaccine Security.
Provincial Strategy	KRA 4.1 -6	1. 4.1.1: Ensure every facility has the capacity and resources to immunize children every day 2. 4.1.2: Conduct mobile immunization project every quarter or more frequently as needed. 3. 4.1.3: Increase immunization coverage for all routine vaccines among infants and children from birth to 5 years of age. 4. 4.1.4: Ensure all facilities are fully equipped with cold chain equipment (infrastructure). 5. 4.1.5: Ensure availability of qualified staff for all vaccination programs (immunization). 6. 4.1.6: Install and implement effective supply system to monitor and manage vaccine rollout.

Key Achievements for 2025

Key Performance Areas – 2025 Success
Expanded Program on Immunization (EPI)

1. Routine Immunization Coverage
1.1 Routine Vaccine Coverage 2025
1.2 Routine Vaccine Coverage Analysis 2022 - 2025: All Vaccines
1.3 Routine Vaccine Coverage Analysis 2022 - 2025: Penta 3, MR1, OPV
1.4 Health Facility Coverage: MR1

2. Projects: MNTE 1, Polio SIA 1, Polio SIA 2.
2.1 Periodic Intensification Routine Immunization (PIRI) Coverage
2.2 Maternal and Neonatal Tetanus Elimination (MNTE) Round 1
2.3 Polio SIA 1 & Polio SIA 2
3. MSupply Utilization in NCD

This should have 4 major sections. Each unit under each directorate should be considered as a subsection.

1. Routine Immunization Coverage

Table 49: Routine Vaccine Coverage

Vaccine	Target %	Coverage
BCG	>80	98%
Pentavalent 1	>80	88%
Pentavalent 3	>80	73% (to be updated)
PCV-13	>80	73% (to be updated)
Oral Polio Vaccine	>80	58% (to be updated)
Measles Rubella (MR)	>80	56% (to be updated)

The above table shows the routine vaccine coverages for each antigen compared against the target at the end of year 2025.

1.2 Routine Vaccine Coverage Analysis 2025

The table below shows the trend in vaccine coverage for all the routine vaccines since 2022. There is slight increase in the coverage for BCG, Hepatitis B, IPV1 and Pentavalent3. All these vaccines have maintained their coverage above 80% target. However, Pentavalent3, PCV-13 and OPV coverage have been maintaining an average phase in the 60% – 79% category. MR coverage, however, is still in the red zone – below 60% coverage.

KEY	Color Code
>80%	
60 – 79%	
<60%	

NO	VACCINE	Target %	2022 COVERAGE	2023 COVERAGE	2024 COVERAGE	2025 COVERAGE
1	BCG	>80%	96%	105%	105%	98%
2	Hep B	>80%	96%	105%	108%	98%
6	IPV	>80%	83%	88%	102%	85%
3	Pentavalent 1st Dose	>80%	86%	88%	99%	88%
	Pentavalent 3rd Dose	>80%	69%	73%	86%	77%
4	PCV-13	>80%	69%	60%	87%	73%
5	OPV	>80%	69%	74%	87%	58%
7	MR	>80%	48%	51%	54%	59%

Table 50: Showing routine coverage vaccine

1.3 Routine Vaccine Coverage 2022 – 2025 Analysis

The graph below shows the trend of the 3 vaccine indicators of the EPI Program – Pentavalent3, OPV and Measles Rubella (MR1). These 3 vaccines coverage determines the performance of the EPI Program in general.

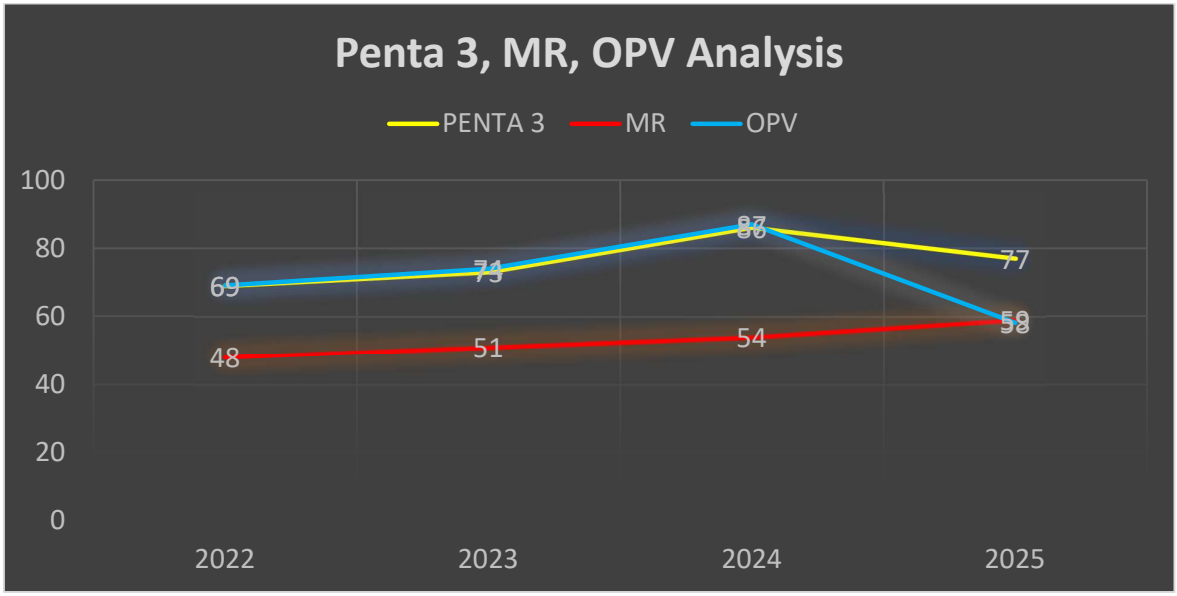


Figure 12: Trend of Vaccine Coverage for Penta 3, MR1 and OPV showing a steady increase from 2022 – 2025.

1.4 Health Facility Coverage - MR1

Health Facility Comparison - Jan - Dec Report, 2025

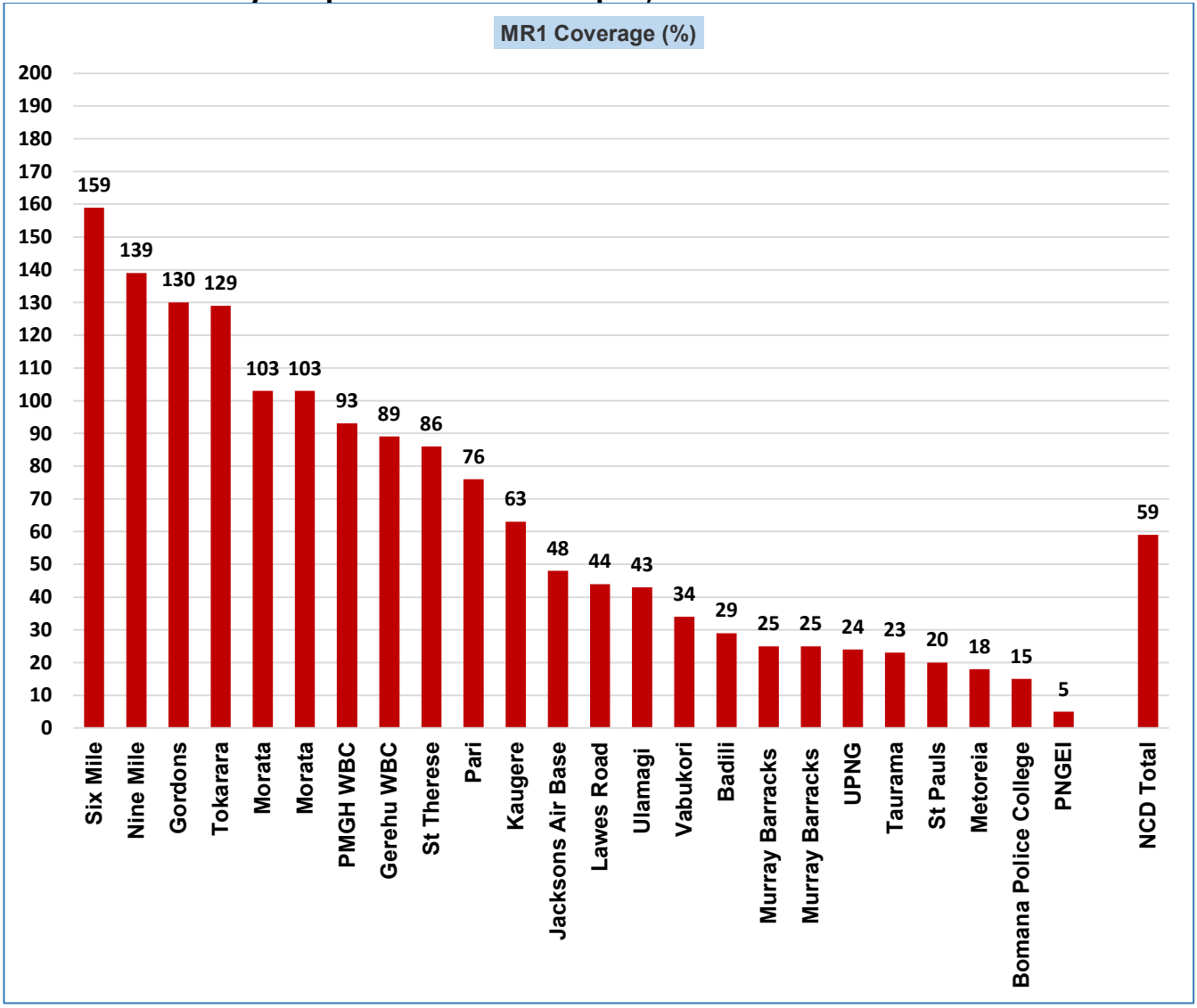


Figure 43: The above graph shows the Measles Rubella (MR) Vaccine Coverage for all Health Facilities.

2. Projects (PIRI, MNTE 1, Polio SIA 1, Polio SIA 2)

21. Periodic Intensification of Routine Immunization (PIRI)

Background.

The PIRI program was funded by the World Health Organisation for the period of six months (March – November, 2025). The total funding allocation from HSIP to NCDPHA was K302, 976.00.

NCD Provincial Health Authority started the PIRI program on the 17th of March, to the 30th of June, 2025 then integrated with MNTE round 1 and Polio Round 1 and 2.

Implementation Period as shown below:

- ❖17th March – 30th June, 2025 – PIRI alone
- ❖July – August, 2025 – Integrated with MNTE Round 1.
- ❖September – November, 2025 – Integrated with Polio Round 1 and 2.

Target

1. Improvement in routine immunization coverage of all antigens in the province in 2025 by at least 20% as compared to 2024.
2. To reach 2,656 unvaccinated children.
3. Reduction in the dropout rate to less than 15% in 2025, compared to 2024.
4. Increase outreach/mobile in 2025 SPAR report.

Immunization Data overall PIRI Program – 25/03/25 – 30/11/25

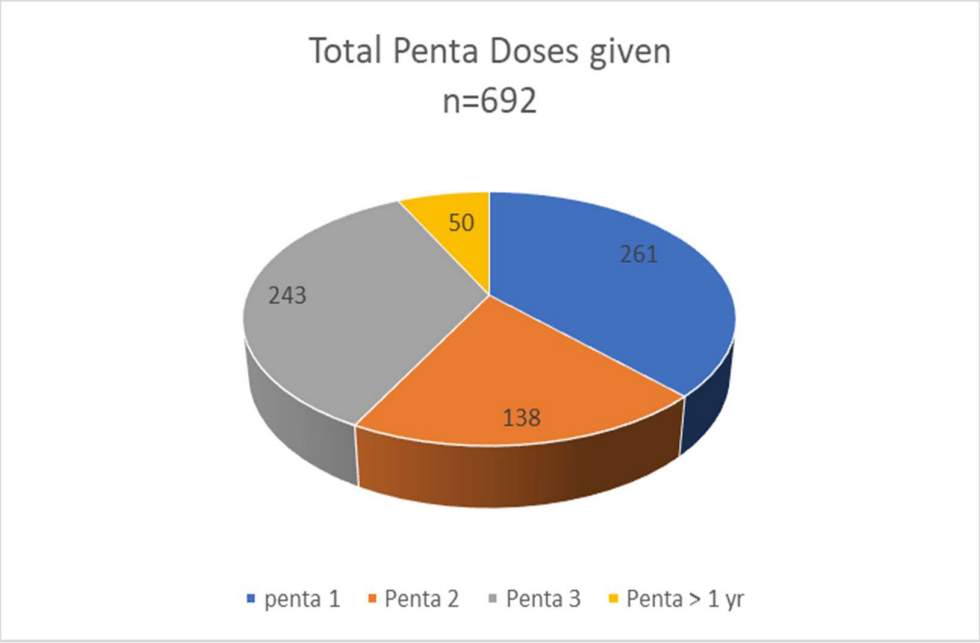


Figure 44: The graph above shows that a total of 692 doses of Pentavalent were administered. From the total doses administered, 243 Pentavalent 3rd doses were administered

Measles Rubella Coverage - PIRI

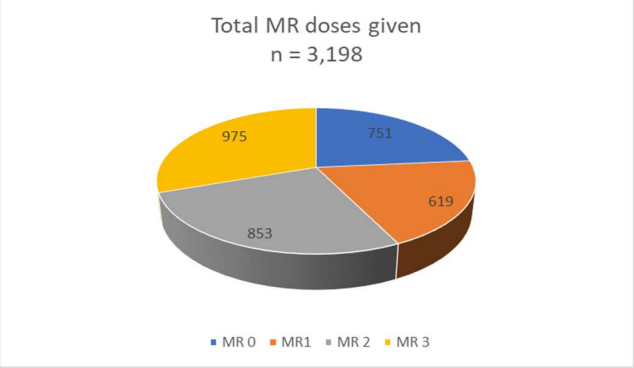


Figure 45: The above graph shows that a total of 3,198 doses of MR were administered during the implementation of PIRI.

2.2 Maternal and Neonatal Tetanus Elimination Round 1 (MNTE Round 1)

The nationwide tetanus vaccination campaign began in June, 2025 and will roll over to June, 2026. The campaign focuses on protecting women of child bearing age from from the risks of MNT and by vaccinating women with the Tetanus Diptheria (TD) vaccine to ensure that both mothers and babies are safeguarded from this fatal but preventable disease.

Objective: To eliminate Tetanus Disease in PNG.

Implementation Period : 20th June – 30th July, 2025

Target
1. Achieve over 80% vaccine coverage of the target population (women of child bearing age).

Results
NCDPHA Achievements - Vaccine Coverage

Vaccine	Target %	Coverage
MNTE Round 1	**>80**	**81%**

Table 51: The table above shows the vaccine coverage compared to the target%.

2.3 Polio SIA Campaign Round 1 & 2
Background.

After the detection of polio virus type 2 (Noval Polio Virus) in the environment, the National department of health with the support of WHO and UNICEF initiated the directive to implement the Polio SIA. The Polio SIA Campaign was launched in NCD in August, 2025 and continued with the 2nd round from October to December, 2025. Seventeen mainland provinces took part in the campaign to ensure all children are vaccinated with the Noval Polio Virus Vaccine (nOPV2).
NCD Provincial Health Authority started the Polio Campain on the 18th of August to the 30th of September, 2025 then commenced round 2 from October 13th to December 12th.

Target
1. Vaccinate all children from birth to 10years of age with the nOPV vaccine
2. To reach over 90% of children from 0 - 10 years population group
3. Strengthen surveillance and VPD reporting

Results
Polio SIA Round 1 & 2.

Vaccine	Target %	Coverage
Polio SIA Round 1	**>90**	**97%**
Polio SIA Round 2	**>90**	**81%**

Table 52: The above table shows the vaccine coverage compared to the target % in round 1 & 2 of the Polio SIA campaign.

3. MSupply Utilization

Since the introduction of MSupply in the EPI program in 2022, there is still challenges faced with its utilization at the health facility level. Continuous onsite refresher trainings and staff capacity building are effective strategies to ensure effective utilization of MSupply at all health facilities.

Table 53: Showing *the utilization report according to the 5 KPIs of MSupply utilization.*

NCD mSupply Perfomance

Date extracted: 3rd March 2026

Province	Site Name	Last Sync	Unfinalised Supplier Invoices	Last Stocktake	Last Requisition	Customer Invoices last 30days	Sync Last 7 Days	Acknowledged Receipts	Stocktake	Placed Order	Recorded Issuance	mSupply Utilization
NCD	BADILI WBC	6	0	29	6	3	Yes	Yes	Yes	Yes	Yes	Fully Utilized
NCD	Police_College WBC	26	0	33	29	1	No	Yes	No	Yes	Yes	Partially Utilized
NCD	Gerehu GH MCH	5	0	60	60	0	Yes	Yes	No	No	No	Partially Utilized
NCD	Gordons_UC WBC	196	0	100	100	0	No	Yes	No	No	No	Not Utilized
NCD	Jacksons_Air_Base U	0	0	0	0	0	Yes	Yes	Yes	Yes	No	Partially Utilized
NCD	KAUGERE WBC	132	0	100	100	0	No	Yes	No	No	No	Not Utilized
NCD	LAWES_ROAD WBC	7	1	100	7	0	Yes	No	No	Yes	No	Partially Utilized
NCD	Morata_WBC	1	0	13	100	1	Yes	Yes	Yes	No	Yes	Partially Utilized
NCD	Murray WBC	6	0	15	89	1	Yes	Yes	Yes	No	Yes	Partially Utilized
NCD	Nine_Mile UC WBC	1	0	22	35	10	Yes	Yes	Yes	No	Yes	Partially Utilized
NCD	Pari UC WBC	0	2	100	0	0	Yes	No	No	Yes	No	Partially Utilized
NCD	PMGH MCH	0	0	14	8	24	Yes	Yes	Yes	Yes	Yes	Fully Utilized
NCD	PNGEI_UC WBC	653	0	100	100	0	No	Yes	No	No	No	Not Utilized
NCD	TAURAMA WBC	243	0	100	100	0	No	Yes	No	No	No	Not Utilized
NCD	Six_Mile UC WBC	6	8	7	7	9	Yes	No	Yes	Yes	Yes	Partially Utilized
NCD	ST_PAULS WBC	20	0	55	20	0	No	Yes	No	Yes	No	Partially Utilized
NCD	St_Thereses WBC	0	0	6	12	16	Yes	Yes	Yes	Yes	Yes	Fully Utilized
NCD	TOKARARA WBC	0	0	4	7	17	Yes	Yes	Yes	Yes	Yes	Fully Utilized
NCD	ULAMAGI WBC	12	1	13	12	0	No	No	Yes	Yes	No	Partially Utilized
NCD	UNIVERSITY WBC	4	1	21	4	4	Yes	No	Yes	Yes	Yes	Partially Utilized
NCD	Vabukori_UC WBC	271	0	100	100	0	No	Yes	No	No	No	Not Utilized

Financial Information- Budget & Expenditure Against Each Unit Programs

Table 54: Showing Routine and Planned Activities

						Progress			
NHP 2021-30 Strategies	Related Activity	Quarter	Budget	Actual Exp.	Source	0%	0 - 50%	51 – 99%	100%
KRA 4.5.3 Increase coverage of immunization in all provinces	1. Ensure routine cold chain management and vaccine availability at NCD PVS	1 - 4	0	0	Recurrent Go PNG				100%
	2. Coordinate vaccine delivery services to all urban clinics, including	1 - 4	0	0	Recurrent Go PNG				100%

	PMGH and GGH								
	3.Ensure Cold Chain Management at all HFs	1 - 4	0	0	Recurrent Go PNG				100%
	4.Mobile Immunization Clinic	1 - 4	20, 000	0	No Funding		0 – 50%		
	5.Routine stock-take and quarterly procurement of vaccine from AMS.	1 - 4	0	0	Recurrent Go PNG				100%
	Establish new Immunization Service Provider	1 - 4	500	0	Recurrent Go PNG	0%			
	6.Routine issuing of vaccines every Tuesday and Thursday and whenever necessary to all urban health clinics upon orders.	1 - 4	0	0	Recurrent Go PNG				100%
	Training and upskilling of staff	1 - 4	0	0	Recurrent Go PNG		0 – 50%		
	7.Weekly MSuppy Utilization	1 - 4	0	0	Recurrent Go PNG				100%

Table 55: External Project Funding

EPI Program – External Assistance (Funding or Technical Support)			
Program	**Partner**	**Type? (Funding or Technical Support)**	**Amount or Type of Support**
EPI	WHO	Funding Support	**K51,212.00** for mobile immunisation – Periodic Intensification Routine Immunization (PIRI)
	UNICEF	Funding Support	**K343,811.00** for Maternal and Neonatal Tetanus Elimination (MNTE) Round 1; Advocacy, training, allowances for volunteers.
	UNICEF	Technical Support	**K378, 750.00** For Polio Emergency Campaign Round 1 Technical Expertise, Training, Purchasing of Cold Chain equipment, Vaccine & Cold Chain management.

Challenges & Way Forward

Table 56: Shows the issues faced in the Program and the recommendations to address these issues.

NO	ISSUES	RECOMMENDATIONS
1	Low MR and OPV Coverage provincially	Conduct regular Mobile Immunization Activities
2	No funding for regular Mobile Immunization	Request for PHA funding through Director Public Health's Office aligning request with Annual Work Plan
3	Poor utilization of MSupply at Health Facilities	Conduct more on-site refreshers
4	Low MR and OPV Coverage provincially	Conduct regular Mobile Immunization Activities
5	No quarterly EPI Committee Meetings	Recommence Quarterly Committee meetings

6	Untimely reporting from health facilities via eNHIS	Onsite supportive visit to Health Facilities
7	No Training (Refresher)	A 1 day training to be organized and supported by PHA
8	No Funding to reprint reporting tools	Request for PHA funding through Director Public Health's Office aligning request with Annual Work Plan
9	Logistical issue – only one vehicle used throughout the year for vaccine delivery and coordination duties	Ensure regular vehicle maintenance

Table 57: Risk Management

Activities	Risks	Mitigation/Strategies
Routine Activities – Vaccine deliveries, twice daily temperature monitoring, cold chain management etc.	- Vaccine stock outs	- Ensure prior and timely vaccine ordering to AMS
Low Vaccine Coverage – Pentavalent3, OPV, MR	- Vaccine Preventable Disease (VPD) Outbreak	- Conduct quarterly Mobile Immunization - Ensure Timely reporting from HFs - Health Education & Awareness through Social Media Platforms on the importance of routine Immunization
Projects – Polio SIA, MNTE etc	- Average or poor coverage through ineffective implementation	- Ensure activities are planned and coordinated with all Facility Managers - Health Education & Awareness through Social Media Platforms on the importance of such projects
MSupply Utilization	- Poor Utilization of MSupply	- Routine Onsite training
Clinical practice – Immunization Administration	- Needle Pricks for staff - Adverse Events Following Immunization (AEFI)	- Refer for HIV test and Prophylaxis - Communicate, verify and Refer child to Paediatrician at Gerehu Hospital

Conclusion

In summary, there are 25 health facilities that have have fully functioning cold chain equipment and are currently providing routine immunization services. These Health Facilities provide monthly reports that contributes to the provincial immunization coverage and these reports are entered and captured through the electronic National Health Information System (eNHIS). The program has seen significant improvement in the vaccine coverage since 2021

especially for Pentavalent 1 and 3, IPV1 and PCV-13. The only vaccine coverages that need to be improved are MR1, MR2 and IPV2. There are plans and strategies in place to address these gaps particularly through the implementation of Mobile Immunization Activities.

The EPI Program, however, does not have designated staff at the health facility level. The available staff usually provides other health services apart from the immunization service. Thus, routine immunization services are not provided on a daily basis at all health facilities. Immunization services is usually scheduled for daily or weekly sessions according to the availability of staff at the health facility.

The key strategy for the EPI Program is to conduct regular mobile immunization activities where health workers are to visit settlements and hard to reach areas to provide immunization services due to the fact that most caregivers do not bring their children to the health facilities for immunization services. The other key strategy to improve the immunization coverage is through the establishment of immunization services at private health facilities where a good portion of clients have access to. This arrangement can be made where vaccines can be sourced from NCDPHA and reports can be provided by them which will also contribute to the provincial immunization coverage.

4: Family Planning

FUNCTIONS: To coordinate, development and implementation plans and organize mobile clinics for the Urban Health Facilities and supervision of Family Planning activities in NCD. Its strategies are **KRA 4 of the NHP2021-2031.**
KRA 4: Address Disease Burden and Targeted Health Priorities.
Objective: 4.5Strengthen family Health at all levels of care.
Strategies:
KRA: 4.5.1 Increase access women to care serviced, including antenatal care, supervised delivery, postnatal care and family planning, and;
KRA 4.5.4 Improve sexual and reproductive health programs and adolescent, men health, and Gender Based Violence program.

- Service Provision: **27** Health Facilities providing family planning services eNHIS.
- Staff Strength: **11** Family Planning Officers in HFs are funded positions and **1** Program Manager at Provincial Health Office, total of **12**
- Population of childbearing age (15-44 years) **MNE-49,576**, **MNW 46,287, MS-33,957** and total for the province is **129,820 eNHIS.**
- Family Planning is supported by these three (3) Partners UNFPA, MSPNG

HEALTH FACILITIES PROVIDING FAMILY PLANNING SERVIES BY DISTRICT

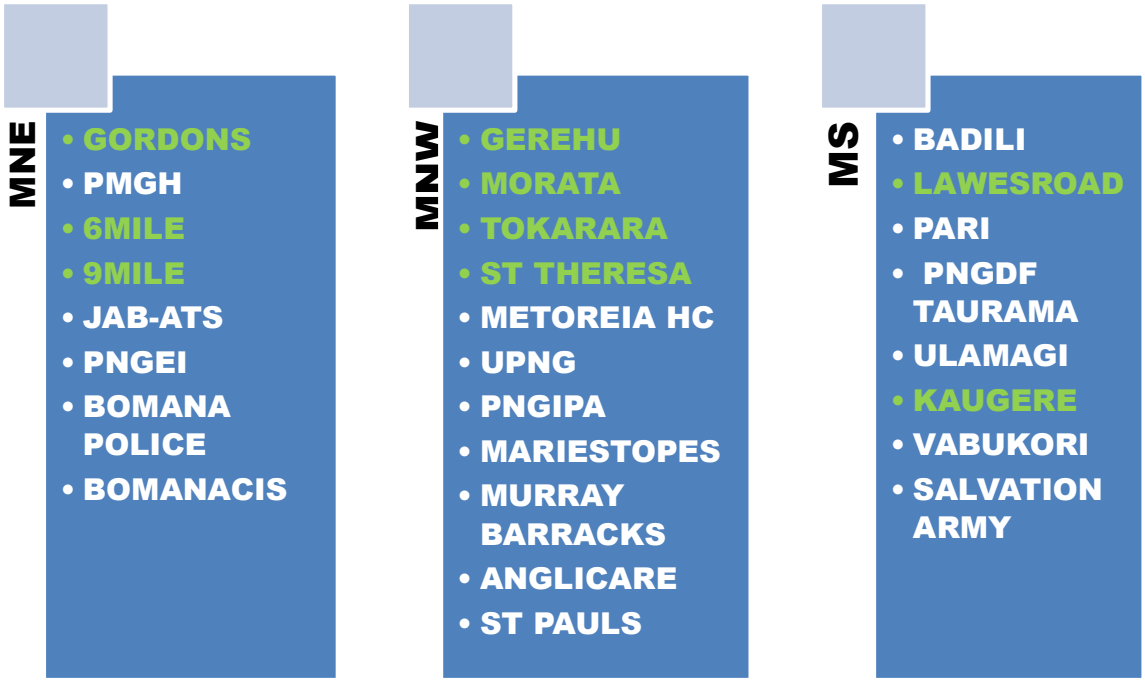


Figure 46: Health Facilities providing family planning services by Districts.

Key Achievements for 2025

KEY PERFORMANCE AREAS – PROGRAM -FAMILY PLANNING /PUBLIC HEALTH – FAMILY HEALTH SERVICES /DEPARTMENT OF HEALTH- NCDPHA

Table 58: CEO Office

Code	Key Performance Indicators	Target	2023	2024	2025
SHP-P-KPI.7	7. FAMILY PLANNING: COUPLE YEARS PROTEACTION (CYP) PER 1000WOMEN OF REPRODUCTIVE AGE.	200	148	157	165
CEO-KPI-6.3.1c	(c)COUPLE YEARS PROTECTION OF 150/1000 WOMEN	300	148	157	165
CEO-KPI-6.1.7.1a	(a)NUMBER OF QUARTERLY SUPERVISORY VISITS CONDUCTEDTO ALL HEALTH FACILITIES		10	9	8
CEO-KPI-6.1.7.1b	(b) REDUCTION IN PATIENT REFERRALS AND CASE MANAGEMENT		425	158	147

Public Health Programs –Family planning (4-5 major indicators for each program.

Table 59: Public Health Programs KPI

CODE	KPIs	TARGET	2023	2024	2025
1.1.2.2-KPI11	Percentage increase in new acceptors of modern FP method	10%	11.1	9	6.5
1.1.2.2-KPI12	Percentage of health facilities continuously supplied with at least 3 types (implant, Depo& OCP) of modern contraceptive methods	80%	57.69	57.69	61.5
		80%	92.2	84.6	100
		80%	96.2	92.3	92.3
1.1.2.2-KPI13	Number of FP outreach clinics conducted in the community	12	35	18	25
1.1.2.2-KPI14	Percentage of eligible women counselled on FP methods during ANC or PNC Visits	60%	100	100	100
1.1.2.2.-KPI15	Number of health workers trained in comprehensive FP services provision	20	28	8	36

Table 60: First new acceptors and Re-acceptors by Districts

	MINI PILLS	OCP	INJECTION DEPO	OVUL	COND	IUD	IMPLANT	TUBAL Ligation	VASECTMY	RREFERRALS
MNE	45	168	1662	35	358	9	1243	14	5	57
MNW	251	448	1031	42	901	25	163	0	2	1
MS	132	135	542	119	698	10	248	10	4	85
NCD	428	751	3,235	96	1,957	44	1,654	24	11	143
REACCEPTORS										
MNE	228	3481	10751	79	1010	68	2495			
MNW	163	3761	8223	18	2542	0	393			
MS	248	778	2890	45	402	11	65			
NCD	639	8,020	21,864	142	3954	79	2,958			

Table 61: Family Planning KPIs -2025

NO	KPI	QTR1	QTR 2	QTR 3	QTR 4	YEAR 2025	LEVEL OF ACHIEVEMENT
2	Mini Pills	239	230	343	248	1060	70.6%
3	Oral Combine Pills	2,010	2,423	2,226	2,112	8,771	584.7%
4	Injection Depo Provera	5,445	6,914	6,758	6,181	25,298	6,324.5%
5	Ovulation	49	44	65	31	234	2.34%
6	Condom	695	2,587	2,351	1,580	6,011	50.1%
7	Intra Uterine Device (IUD)	34	23	24	18	105	483%
8	Implant	1,033	1,258	1,232	1,284	4,807	182.6%
9	Tubal Ligation	13	9	4	0	24	240%
10	vasectomy	7	0	0	1	11	110%
	Total Clients Seen	9,525 (7.34%)	13491 (10.2%)	13,118 (10.1%)	11,508 (8.86%)	44,694 34.58%)	Decreased 34.6%

Family Planning Method used over 3 years, 2023-2025

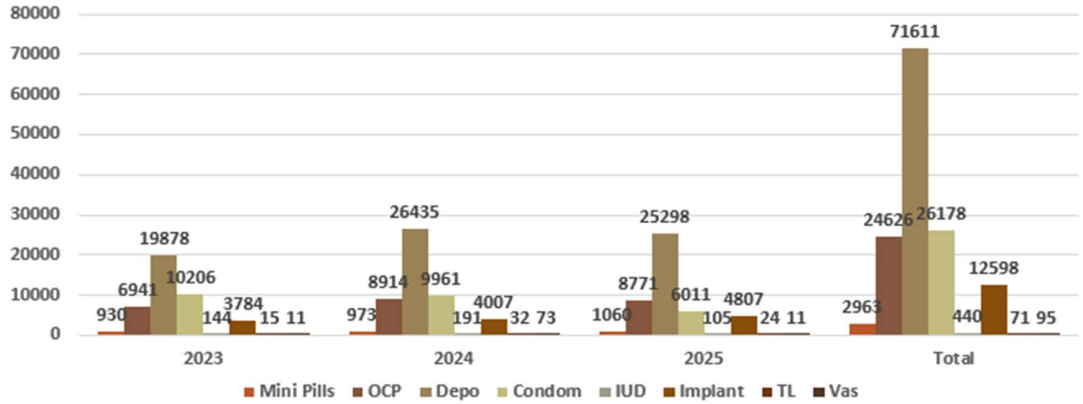


Figure 47: Showing family planning Method used over 3 years

Financial Information- Budget & Expenditure Against Each Unit Programs

- NILL FUNDS USED DUE TO INVOLVED WITH EPI ACTIVITIES MATERNAL NEONATAL TETUNUS ELEMINATION AND POLIO OUTBREAK RESPONSE- WHILE THE OFFICER ON STUDY LEAVE
- OTHERWISE WORKING WITH PARTENERS CONDUCTED TRAINING

ACHIEVEMENTS AND OTHER PRIORITY

- National Target = 83% CYP per 200 /1000 (CEOs Target=55% CYP 300 per 1000) women of childbearing age 15-44 years for 2025
- Increased of implant insertion 4, 807 in spite of lignocaine stocks out.
- 36 health workers trained on Reproductive Health commodities supply chain conducted with partners M-Supply and UNFPA x2 training done.
- Playing dual Roles (EPI & FP program neglected)- Too occupied with National activities Outbreak Response (MNTE/Polio)
- Stock out of Lignocaine 1% and surgical blade size 11 implant insertion and removal of Implant rods

- Family Planning officers Moved to other facilities and Retirement exercise affecting service provision.
- Fast-track NCDPHA Restructure to meet the growing populations need.
- Need Assistant for the major Programs, for continuity of effective service provision, while the officer is away on study
- Make funds available for stock out for the essential drugs and supplies

Table 62: Showing Risk Management

RISK	SOLUTION
Ineffective counselling skills	-High number of defaulters and blame commodities for issues arising while on FP method -Training and onsite Mentoring
Do full history taking and examination as required from cards and clinic book using FP MEC wheel	-To provide right methods for the special cases etc. -Supervisory visits or Refresher Training
Stock outs	- ensure enough stock on hand and avoid stock outs and remove expired items from the shelves -Regular stock take and placing order to AMS timely
Provide privacy and keep confidentiality in lock carbonate	-To avoid distrust and build good relationship and lockers make them available in each FP sections
Specialize skills staff on FP service provision	-To provide efficient and effective service provision to clients -Avoid unnecessary anxiety and stress to client likewise versa-Training
Difficult Implant removal more then 20 minutes	-Put the client on Antibiotic and refer if unable to remove. –Training and Practice makes perfect

5: Maternal and Child Health Program

KRA 4 of the NATIONAL HEALTH PLAN 2021-2030 addresses disease burden and targeted health priorities

Objective 4.5
Strengthen family health programs at all levels of care in NCD and Motu-Koita villages
Strategies;

4.5.1 Increase access to healthcare services for women, including antenatal care, supervised delivery and postnatal care

4.5.2 Increase & strengthen infant & young child survival programs4.5.4 Improve programs for sexual & reproductive health for youth & young adolescents

POLICIES & GUIDELINES

National Maternal & Newborn Health Strategy 2021-2025
Ministerial Taskforce on Maternal & Newborn Health Situational Analysis 2019
Ministerial Taskforce on Maternal & Newborn Health Recommendations for Action

"NO WOMAN SHOULD DIE GIVING LIFE "

1.0 FUNCTIONS

The Maternal and child health program is responsible for promoting & providing early and regular antenatal care for all pregnant women and ensures all health facilities (levels 2-4) are equipped with all essentials of Obstetric care. Promote supervised birth, post-natal & newborn care through health awareness. Also ensures that all health facilities providing the above care are well equipped with knowledge and appropriate skills to ensure best care is provided. Finally support staff to correctly report vital information to the program through available data collection tools and a feedback system.

1.1 HEALTH SERVICES DELIVERY

1.1.1 Maternal Health Services

In NCD 25, healthcare facilities are providing antenatal care services and reporting through the e-NHIS system. NCD PHA manages 12 of these facilities whilst the rest are managed by partners including church health services, PMGH, PNG DF clinics, NGOs and other partner clinics.
Metoreia is the only designated birthing site for the PHA which has been in operation for only a year now. PMGH was the only birthing site until then. Meanwhile there are still occasional deliveries happening in a few of the urban clinics.

1.1.2 PPTCT

Prevention of parent to child transmission of HIV program is doing well in terms of testing and commencing of ARV treatment. However, the challenge is following up of the exposed babies to actually know the outcomes of the PPTCT program.
Monitoring this is quite a challenge for the program and is jointly managed with HIV program. All data is reported through the Surv forms and are submitted to HIV program

officer. Otherwise, general management of the program is concurrent with the MCH team for improvement of service delivery.

1.1.3 Postnatal care

post-natal care services are available at birthing sites for post delivery within 48 hours of birth. Every normal delivery remains in hospital for at least 2 days, for supervised births. All BBAs (Born before Arrival) if reported to a health facility after birth, then is kept to make sure no further complications before discharge. The urban clinics provide additional post-natal outpatients services for those experiencing issues after discharge to seek help from thus our records show within 7 days to 28 days following delivery and discharge. Neonatal care is provided as outpatient as well and can be seen through the well-baby clinics.

Key Achievements for 2025

Key Performance Indicators.

1. Antenatal care coverage
2. Antenatal care 4th visit coverage
3. Supervised births coverage

Other important indicators

4. TD vaccination coverage in percentage
5. Teenage pregnancies
6. Syphilis testing & treatment among pregnant women
7. Referral for complications
8. BBAs (Unsupervised births)
9. Maternal deaths
10. Perinatal deaths
11. Post-natal care within 48 hours after birth

SUMMARY OF KEY PERFORMANCE INDICATORS

Table 63: shows summary of each key performance indicator

SERVICES PROVIDED – INDICATORS	Actual number of cases	COVERAGE
Antenatal Care 1st visit	13,959	94.1%
Antenatal care 4th visit	9107	61.4%
Teenage pregnancy	2786	19.98%
Referred cases	617	4.4%
TD Vaccination 1st dose	5589	0 DOSE
TD vaccination 2nd dose	2922	47.7% dropout rate
TD Booster	6549	67.8% Antenatal TT coverage
ANC tested for syphilis	11,165	80%
ANC positive for syphilis & treated	760	6.8% PR
Supervised births (PMGH & Metoreia + U/clinics	15,053	101.4%

BBAs (PMGH & Metoreia + U/clinics)	482	
Maternal deaths	6 (4 institutional deaths-PMGH + non-HF deaths)	
Low Births weights (babies born weighing < 2500 grams)	291	2.1%
Still births	458	
Early essential care (EENC) provided at time of birth	334	
Neonatal resuscitation done	8	
Post Natal care services provided for women within 48 hours	Metoreia & PMGH providing within 48 hours whilst all urban clinics see outpatient postnatal care services	100% of women
Post-partum care for newborns 2/7 post delivery	For Metoreia & urban health centers only	

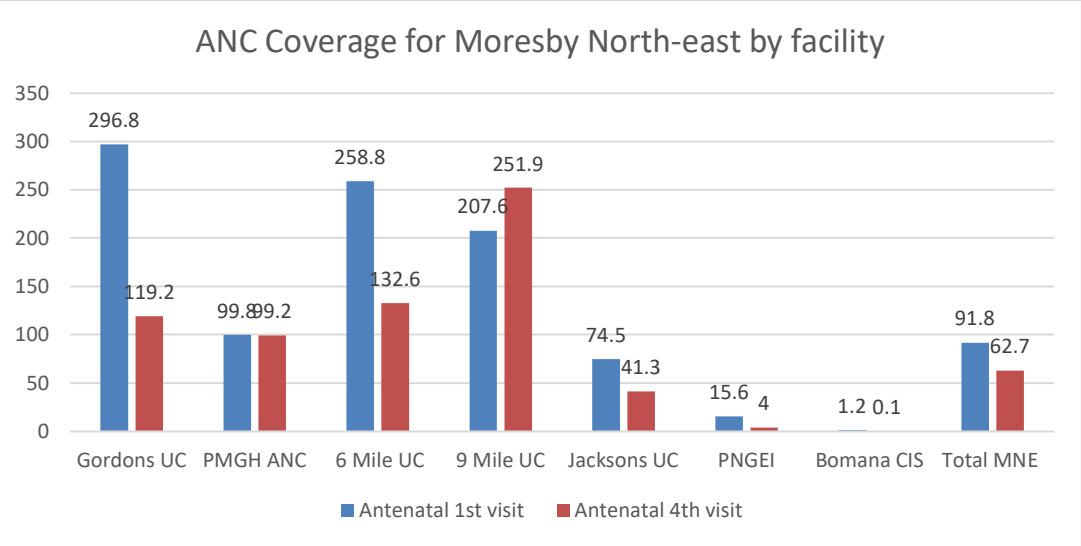


Figure 48: Showing ANC Coverage for Moresby North- East by Facility

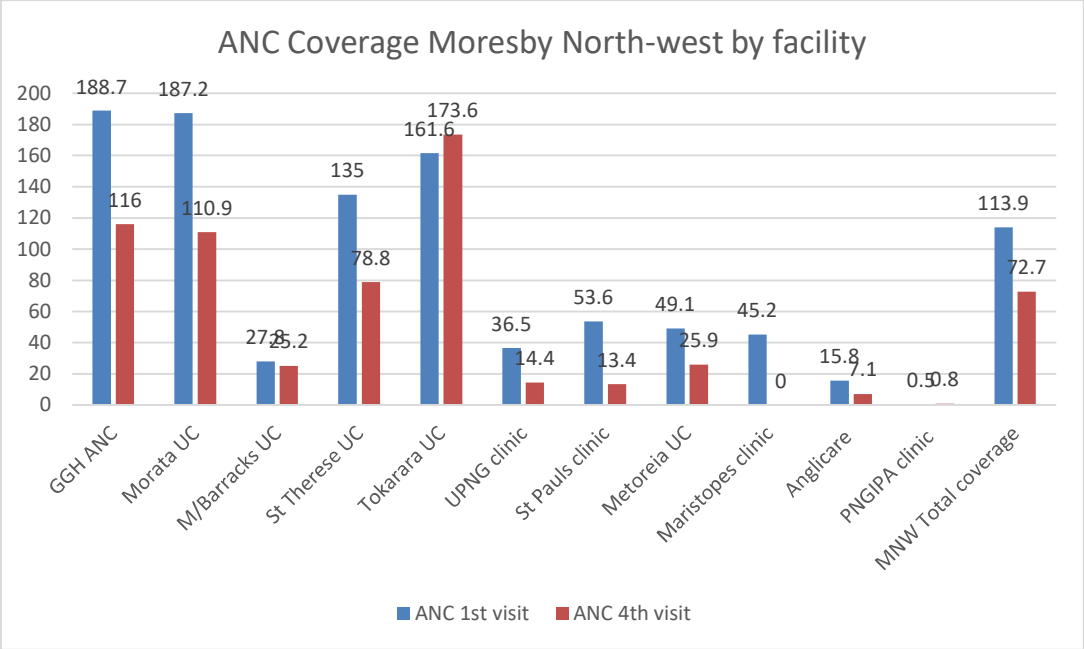


Figure 49: Showing ANC Coverage for Moresby North- West by Facility

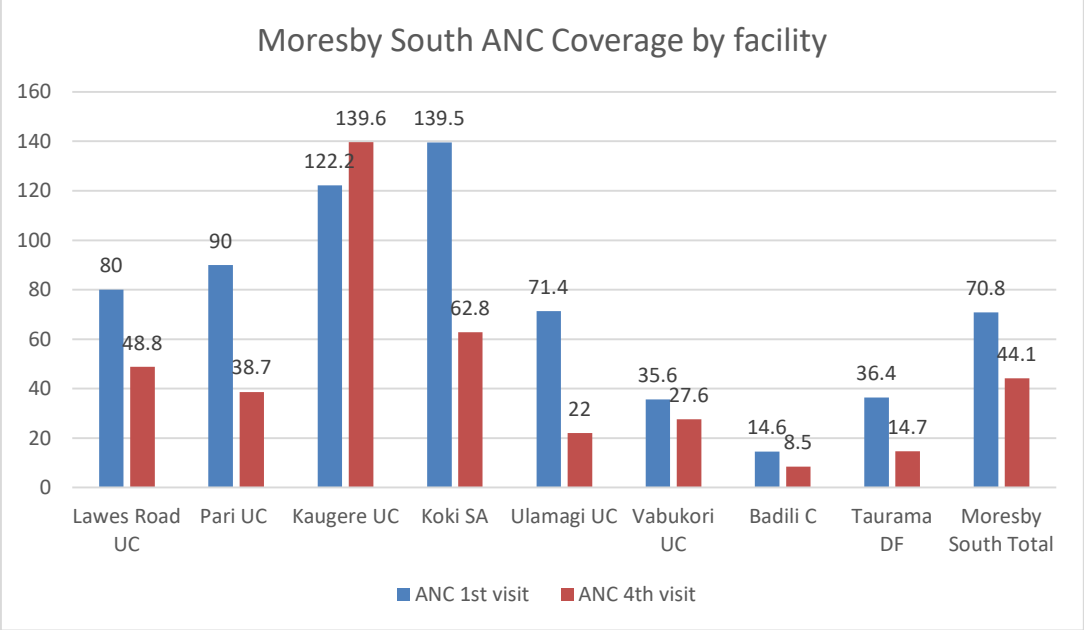


Figure 50: Showing ANC Coverage for Moresby South by Facility

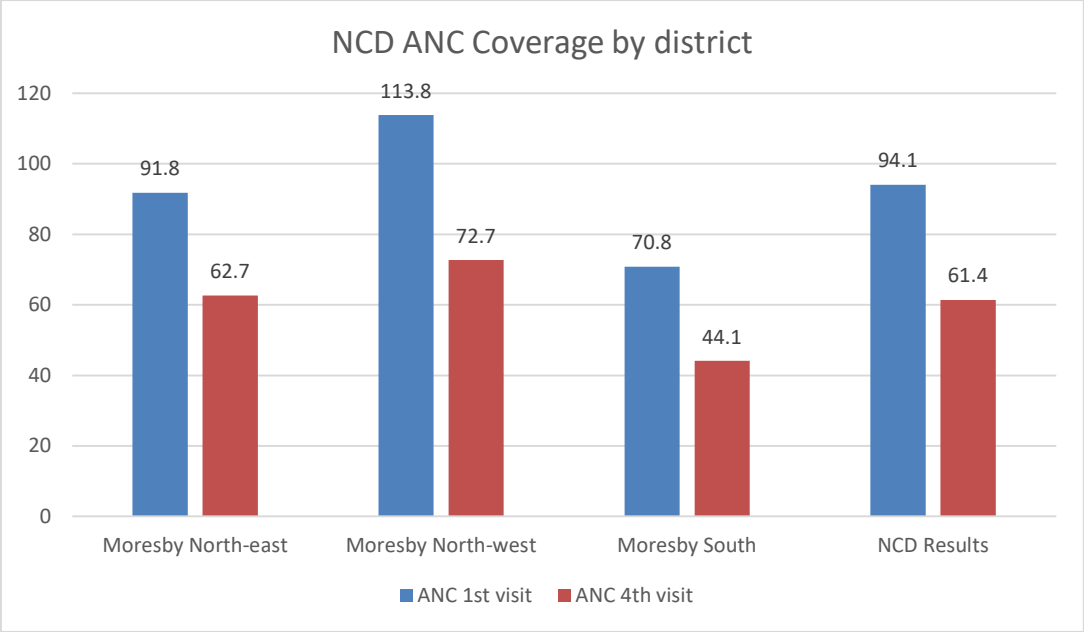


Figure 51: NCD ANC Coverage by District

Table 64: Showing Supervised birth by facility

Facility	PMGH LWD	Metoreia UC	Pari clinic	6 Mile UC	Ulamagi UC	Total
Births conducted	14,715	333	2	2	1	15,053
Coverage		28.7%				101.4%

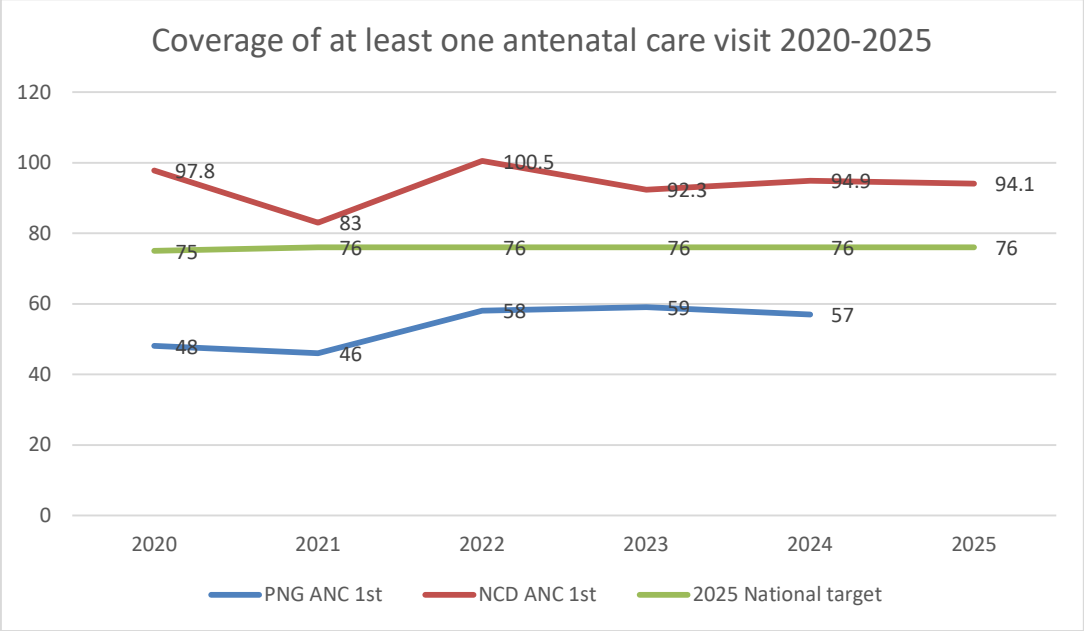


Figure 51: Coverage of at least one antenantal care 2020-2025

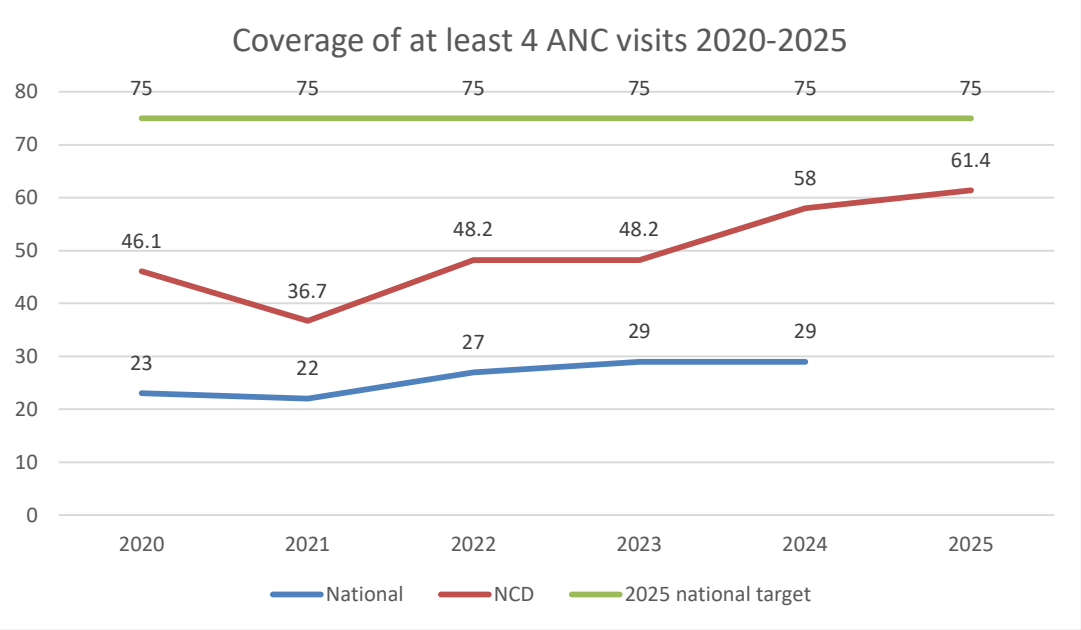


Figure 52: Coverage of at least 4 ANC visits 2020-2025

ACHIEVEMENTS FOR THE PROGRAM: PROGRAM PERFORMANCE RESULTS BY FACILITY & DISTRICT

Table65: Shows performance by facility for each indicator

Health Facility	Indica-tors	Estimate births	ANC 1st	ANC 4th	TD 1	TD 2	Boo-ster	Transfer to hospital	Teen. Preg-nancy	Syph. tested	Syph. treated	Super-vised births	BBA	Birth Compl.	LBW	Still births	NNR	ENC	Mat. deaths
	No. of reports	2025																	
Gordons	12reports	531	1576	633	690	260	833	174	24	1750	76								
PMGH	12 reports	914	912	907	539	86	623	0	2503	718	146	14715	455	1351	260	450	8	0	4
6 Mile	12reports	531	1374	704	461	235	530	11	24	207	11	2	6	1	0	1	0	1	0
9 Mile	12reports	437	907	1101	312	268	470	227	135	1056	69		2			1			0
ATS	11 reports	364	298	165	116	48	110			157	9								0
PNGEI	12 reports	531	83	21	51	3	26										0	0	0
Bomana CIS	12 reports	689	8	1	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0
MNE TOTAL	83/84 reports	5566	5158	3532	2169	900	2632	412	2686	3890	311	14717	43	1351	260	452	8	1	4
Gerehu hospital	12 reports	851	1606	987	569	392	576			1922	126								
Morata	12reports	367	687	407	236	130	434			384	27		2						
Murray Barracks	12 reports	709	197	179	90	71	203			158	18								
St Therese	12 reports	709	957	559	301	186	467			893	24								

Tokarara	12 reports	709	1146	1231	491	432	663	97	47	864	5								1 non-HF
UPNG	12 reports	367	134	53	55	34	46			99	1								
PNGIPA	12 reports	367	2	3	0	0	0	0											
St Paul's Gerehu	12 reports	851	456	114	171	45	261	2	2	429	25								
Anglicare	12 reports	367	58	26	17	8	10			41	4								
MS PNG	12 reports	516	233	0	84	0	0	0	0	205	3	0	0	0					
Metoreia	12 reports	1160	570	300	208	165	208	105	50	420	90	333	17	62	30	5	0	331	0
MNW TOTAL	132/132	5307	6046	3859	2222	1463	2868	204	99	5415	323	333	19	62	29	5	0	331	1
Badili	12 reports	776	113	66	40	10	50			75	4								
Lawes Road UC	12 reports	776	624	379	245	97	169			553	37								
Pari UC	12 reports	450	405	174	133	80	172	1	0	369	32	2	0	0	0	1	0	1	0
Vabukori	12 reports	450	160	124	42	19	77			16	0								
Tauramma	12 reports	450	164	16	72	20	96			143	11								
Kaugere	12 reports	450	550	628	335	107	144			0	0								1 non-HF
Ulamagi	12 reports	531	379	117	143	75	212		1	316	19	1			1				
Koki, SA	12reports	258	360	162	188	151	129			388	23								
MS TOTAL	96/96	3893	2755	1716	1198	559	1049	1	1	1860	126	3			1	1		2	1
NCD TOTAL	310/312	14839	13959	9107	5582	2922	6545	617	2786	11,165	760	15,053	482	1309	291	458	8	334	6

Data updated in e-eNHIS as at 01/03/2026
NB: All reports submitted except ATS' December report not submitted yet
B: Annual Implementation Plan (AIP-2025)

Table 66: Showing Planned and unplanned activities performed in 2025

No:	Activities planned for QTR 1 & QTR 2	Activities planned for QTR 3 & 4
1	Development of AIP for 2025 and presented to public health team including the cashflow	Conducted MCH services providers meeting 2/07/2025
2	Preparation of Annual Performance report for 2024 & presentation done	Participated in both phase 1 & 2 of Polio SIA implementation July-August & November – December
3	Development of AAP for January to June 2025	2 weeks of online training with JICA in September 16th – 30th
4	Completed belmama record books to all health facilities spread throughout the year	And continued in Japan 6th -29th October 2025 On Maternal & Neonatal health & clinical care
5	Commemoration of World cervical Cancer awareness week and Day in January with NCD program 04/01/2025	Quotations for registration books done in November/December but yet to complete
6	Conducted meeting service providers on 20th March 2025	
7	Conducted 2 in-house trainings, 1 on post- term online via WhatsApp call in April & 1 in May at Metoreia on PET/Eclampsia- early identification & Management	
8	Meetings (MCH sub-committee, Service providers, PPTCT internal/external) quarterly for quarter 1	
9	Attended x 1 face to face meeting at St Geroge Institute for Global health with other colleagues on women's health & climate change 27-28/03/25	
10	Celebration of International Day of Midwife @ stop & shop, Central Waigani on the 5th of May	
11	Health awareness activities x1 done in the community @ SDA church grounds, Gordons (reached 60 participants gave out information brochures for Polio & TD vaccination as well	
12	GIS discovery workshop together with other family health staff & M & E officers on 13-14/05/2025	
13	Meetings (MCH sub-committee, Service providers, PPTCT internal/external) quarterly for quarter 2 PPTCT sTWG meeting at world vision conference room on 02/06/2025	
14	Attended Workshop on Healthy conversations for healthcare practitioners on 18/05/25	
15	MNTE phase 1 vaccination for 2 weeks in June from 11/06/25-24/06/25	
16	Supervisory visits 1 done for PPTCT program together with NDoH PPTCT coordinator, Ms Patty Pepe 22nd -23rd June 2025	

NCD PHA participation at an international conference in Sydney on climate change and

Materbal & Newborn health training in Japan under JICA 5th – 29th October 2025.

Financial Information- Budget & Expenditure Against Each Unit Programs

Table 67: Financial Information – Budget & Expenditure Against Each Unit Progams

						Progress			
NHP 2021-30 strategies	Related Activity	Quarter	Budget	Actual Expense	Source	0 %	0-50 %	51-99 %	100 %
4.5.1	Meetings including sub-committee & Service providers meeting	1-4	K4000	K500	NCD PHA		25 %		
4.5.1 & 4.5.2	Supervisory visits include ANC, PPTCT & birthing site	2-4	K4000	Unfunded				75 %	
4.5.1	In-house trainings	2-3	K10,000	Unfunded			50 %		
4.5.4	SRH education in schools & communities (including cost of IEC materials)	1-3	K20,000	Unfunded			10 %		
4.5.1	Routine distribution of IEC materials and essentials	1-4	K5000	K300	NCDPHA (fuel vouchers)				100 %
4.5.1 & 4.5.2	Capacity building through workshops/Seminas	1-2 & 4			All partner funded/individual cost				100 %

Challenges & Way Forward

- Lack of funding for planned activities
- Reporting issues (data from the program level is reported to the clinic managers who submit monthly reports or quarterly to the curative division, irregularities in reported data & late submissions or non-submissions of reports affects the outcome of our reports)
- No transport allocation which delays a lot of the planned activities until transport is made available and makes us switch from one activity to another based on transport availability
- The long-term issue of manpower shortage at the clinical level affects the performance of the staff with just one midwife seeing the pregnant women daily is a torture to their welfare. For the other staff to assist them means they must close another service to go attend to the antenatal women. To stop doing daily clinics means coverage of antenatal drops and cannot achieve target
- No proper filing drawer for the MCH program at provincial level and the facilities to store confidential patient records
- No computer provided for the MCH program for 2 years now, personal device being used to do program work and already had issues with 2 personal laptops, preventing me to complete my documentations on time. Now bought a 3rd personal laptop to use at the end of last year

Recommendation/Suggestions for Improvement

- Financial appropriation for the program.
- Need additional manpower at the facility level to increase indicators and promote timely & accurate reporting of data
- Transport should be allocated for our programs, so we know who to communicate with to ensure we team up when visiting our facilities
- In terms of training, look at doing more in-house training at lower costs than external training which costs higher
- Funding allocation for Refresher/in-house Trainings.
- Increase Human Resource at clinical setting for the program but under public health to reduce time requesting through the curative division to bring them for meetings & trainings
- Ensure regular meetings with the clinical staff to make them understand the importance of data and its accurate and timely reporting for program planning and implementation

Table 68: Risk Management

Risk	Likelihood	Impact	Strategies to address risks
Late AN booking	High	Medium	Health awareness Outreach
Teen & other pregnancy complications	Medium	High	Youth- friendly services Respectful maternity care (RMC)
Over-crowded ANCs & mat. Unit (MUHC)	High	High	Scheduled ANC & strengthen referrals pathways
Increase in HIV/STI prevalence	Medium	High	Health awareness Drugs/testing kits availability through buffer stock
Misuse of commodities (e.g., Prostaglandins) Misoprostol	Medium	High	Drugs to be kept within locked cupboards with SIC/ANC officer/LWD
Staff burn out/shortage	High	High	Shift/allocation Self-care for staff Supportive supervision
Essential drugs/equipment stockouts	Medium	High	Stock monitoring/buffer supplies
Long waiting times	Medium	Medium	First come first serve Unless needs emergency/special attention
Weak data collection & reporting	Medium	Medium	Training, simplified registers & reporting forms
Compromised patient data Lost information	Medium	Medium	Purchase locked filing cabinet Work computer needed

Conclusion

NCD PHA and its partners have made significant improvements in maternal & newborn health and clinical services. Despite various challenges which still remain, the commitment of our hard-working staff and tremendous support from the management are commendable in the efforts to improving maternal & newborn health outcomes. The program appreciates the continuing support of our partners and believes that strategic investments are essential for long term sustainability and to build upon the progressive achievements. Results show 95% of pregnant women attending at least 1 ANC visit and 61.5% attend 4 or more visits, an improvement from a 52% from 2024 results.
In addition, NCD PHA has recently opened a new birthing facility at Metoreia which serves the surrounding MKA villages and NCD relieving Port Moresby General Hospital's overcrowded labour ward.

6: Nutrition Program

Nutrition Program is in KRA 4: Address Disease Burden and target health Priorities
Main Objective 4.5: Strengthen family health programs at all levels of care.

The Two Primary Strategies are; Strategy 4.5.2: Strengthen infant and young child survival programs and Strategy 4.5.5: Improve collaboration with relevant stakeholders to implement nutrition programs.

Nutrition is implemented in 3 Platforms

1) Health Facilities through Health Workers
2) Communities through VHAs
3) Schools through Provincial team

Health Facilities implementing Nutrition Interventions & Reporting – x11

- Staff - x1 (Nutrition Program Officer)
- Partner - UNICEF

Nutrition Services

- Nutrition Interventions are conducted in 3 platforms-Health Facilities, Schools and Communities

Types of Interventions

- Growth Monitoring
- Supplementation of MNP, VITA, IFA & Deworms
- SAM Treatment
- Health Education/IYCF Messages

Table 69: Clinic Providing the Nutrition Services

North East	North West	Moresby South
6 Mile	Gerehu Hospital	Lawes Road Clinic
9 Mile	St Pauls	Koki Salvation Army
Gordons	St Therese	Pari
Police College Clinic		Taurama

Key Achievements for 2025

- Conducted school health successfully reaching > 8000 students in 5 days

- Commemoration on Breast feeding

Nutrition Program Data

Table 70: Health Facility Data, NHIS the rate of Under weight

QTRS	Total Screened	<-3 Z score	<-2 – 3 Z score	>-2 Z score	Total MUAC Taken	Red MUAC	Yellow MUAC	Green MUAC
QTR 1	17222	341 2%	1269 7.4%	15612	7330 90.7	160	235	6935
	Prevalence Rate							
QTR2	20738	554 2.7%	2033 9.8%	18244 87.6%	9192	158	397	8637
	Prevalence Rate							
QTR3	18124	470 2.6%	977 5.4%	16677 92%	7285	102	284	
QTR4	18872	352 1.9%	1093 1.9%	17427 5.4%	8321	85	284	6899
TOTAL	75049	75049	7089 9.4% Underweight					

Table 71: Treatment Rate 2025

Total admissions	Cure rate	Defaulter	Death	Non respond	Transfer out	Total Remaining
393	95 24.1%	46 12%	0	3 0.7%	13 3.4%	2027

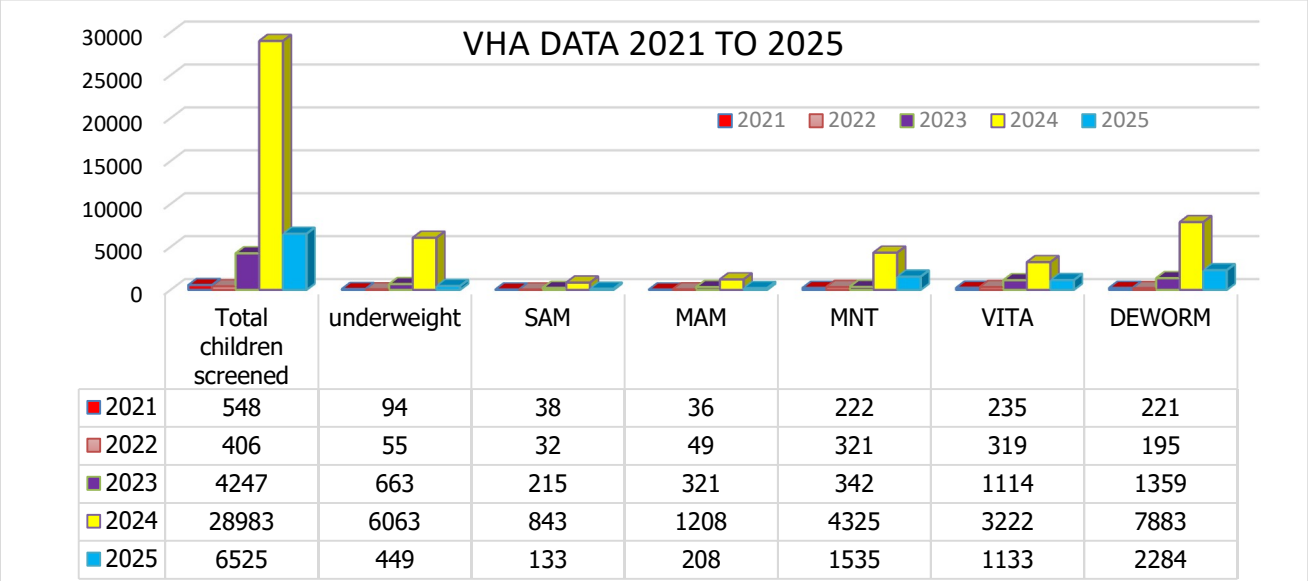
Table 72: Nutrition Rate-eNHS

Malnutrition	Quarter 1	Quarter 2	Quarter3	Quarter4	Comparison
Outpatients	397	349	288	248	decrease
Inpatients	101	106	71	101	increase
Low birth weight (%)	2	1.8	2	1.8	decrease
Deaths	1	6	4	1	decrease

Table 73: Children screened by VHAs, 2022 - 2025

Year	Total children screened	Underweight	SAM	MAM	MNT	VITA	ALBEN
2021	548	94	38	35	222	235	221
	Prevalence	17 %					
2022	406	55	32	49	321	319	195

	Prevalence	13.5 %					
2023	4247	663	215	321	434	1114	1359
	Prevalence	15.6 %					
2024	28983	2063	843	1208	4325	3222	7883
	Prevalence	7.1 %					
2025	6525	449	133	208	1535	1133	2284
	Prevalence	6.88 %					



	Total children screened	underweight	SAM	MAM	MNT	VITA	DEWORM
2021	548	94	38	36	222	235	221
2022	406	55	32	49	321	319	195
2023	4247	663	215	321	342	1114	1359
2024	28983	6063	843	1208	4325	3222	7883
2025	6525	449	133	208	1535	1133	2284

Figure 53: Showing children screened by VHAs, 2021 - 2025

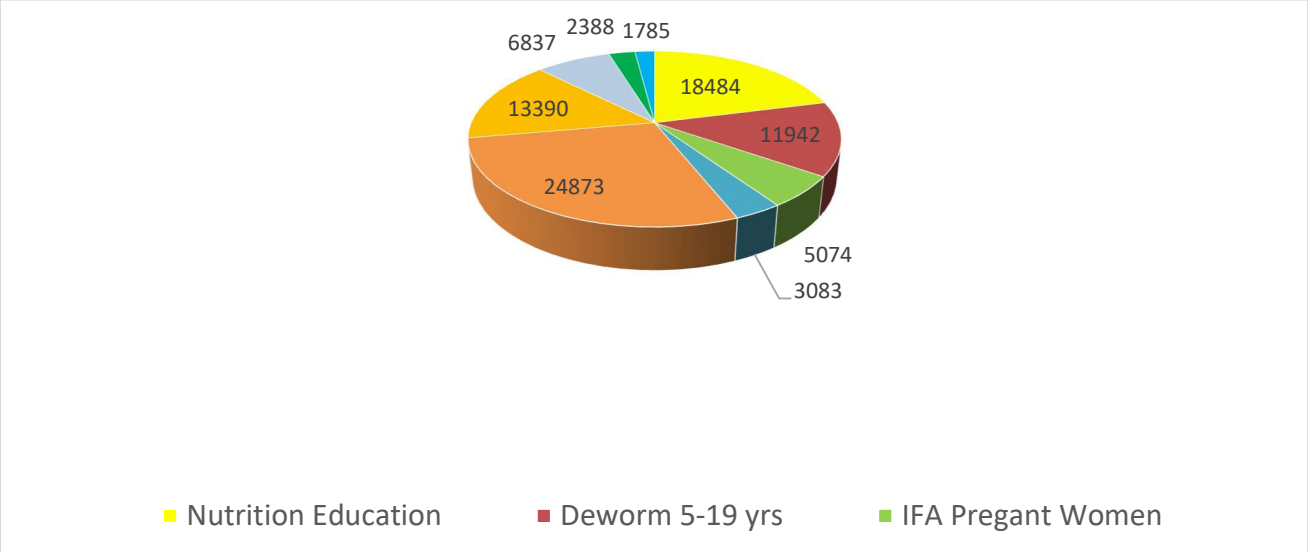


Figure 54: Showing other Nutrition Services provided by VHA

Table 74: Showing Other Services Provided By Vhas, 2022 – 2025

Years	Education on Nutrition	Deworms to >5 – 19 years	IFA to Pregnant Women	IFA to Adolescents 10-19 years	HAND WASH	COUNSELLING PREGNANT, LACTAING & CARE GIVERS
2023 TO 2025	18484	5748	5074	3083	24873	13390

Table 75: Showing School Nutrition Program

NNUTRI INTERVENTIONS PROVIDED TO SCHOOL CHILDREN				
SCHOOL NUTRITION				
Total Students reached	Iron supplements 10-19 yrs	Deworms 5-19years	Health Education & Hand wash promotion	IEC Materials
8320	5932	8320	6613	270

Challenges & Way Forward

- No Permanent Nutrition Clinical staff to concentrate on Nutrition interventions, (Treatment, Registrations, counselling and follow up) only 1 officer at Provincial level.
- Logistics issues. Transport
- Reporting issues
- High rate of defaulter cases – due to no permanent officers.
- No Storage Space in NCDPHA & No proper place in Health Facilities. Malnutrion treatment/food is eaten by pests (ants/rats/cockroaches).
- Staff Trained are STC or

2025 Priorities Activities

- key indicators under nutrition program on which we are measured on our performance (SPAR).
- Training on ordering of Nutrition commodities to offload to H/F.
- Purchase Drawers for Storage at Health Facilities.
- Review Meeting.
- Committee meeting.
- Continue Mentoring
- In-house trainings
- Continue Supervisory Visit

7: NCD Program

Overview

NCD Program ensures that the strategies to prevent NCDs are well planned, coordinated, funded, implemented and evaluated.

NCD services were initially run by 4 existing facilities till the other 4 were proposed to start in the year 2025. Up on the baseline assessment that were done, NCD Registry books were given to them to start registration and collection of data. NCD service had manpower issues that disruption the services flow. The NCD service was not fully functional. However, data was not collected well as well. Meanwhile medical examinations and awareness was well carried out with the support from other public health team with the curative team at the facility level.

Table 76: Key Performance Indicators

KPI_ID	KPI
1.1.2.7-KPI1	Percentage of adults (≥18 years) screened for at least one major NCD risk factor (e.g., hypertension, diabetes) in primary care facilities (Target: 25%).
1.1.2.7-KPI2	Number of NCD patients enrolled in chronic disease management programs or clinics (Target: 500 patients).
1.1.2.7-KPI3	Percentage of health facilities reporting continuous availability of essential NCD medicines (e.g., for hypertension, diabetes) (Target: 75%).
1.1.2.7-KPI4	Number of community screening events for NCDs conducted (Target: 6 events).
1.1.2.7-KPI5	Percentage of NCD guidelines distributed and adopted by relevant health facilities (Target: 60%).
CEO-KPI-6.1.2.1g	Reduced rates of the Incidence of Non-Communicable diseases
CEO-KPI-6.1.7.1a	(a)Number of Quarterly Supervisory visits conducted to all health facilities
CEO-KPI-6.1.7.1b	(b)Reduction in patient referrals & improved case management

Key Achievements for 2025

COMMEMORATION OF WORLD CANCER DAY WAS WELLOBSERVED ON 4TH OF FEBRUARY 2025.

Awareness on all cancers and addressing the public was conducted at Lowes Road Clinic, the secretary of health and PMGH leading oncologist were there as well and addressed the crowd on early treatment is better than coming in late Awareness to 300-400 People 400 IEC materials were distributed.

Awareness on early treatment and management is better than late treatment and proper direction to patient for access of care immediately. Awareness on improving referral pathways for the patient

AWARENESS ON NON-COMMUNICABLE DISEASE TO ST THRESE CLINIC

On the 30th /01/ 2025 Awareness on lifestyle Diseases to Hohola ST Threse Clinic to St Threse Staff using PowerPoint presentation 26 staff were present, 9 were male and 17 were female.

COMMEMORATION OF WORLD NO TOBACCO DAY

On the 5/05/2025.We, the team NCDPHA attended a refresher workshop held at Lamana and was hosted by WHO. Non communicable disease representatives from the 6-Mile clinic, Metoria clinic, Gerehu clinic, Tokarara Clinic, Gordans clinic, 9-Mile clinic, Kaugere clinic, and Lowes Road clinic were present. The training was about the stages of change in the eye due to diabetes and how to detect it early using direct ophthalmoscope and history taking.

AWARENESS ON HIGH BLOOD PRESSURE AT SOMARE INSTITUTE OF LEADERSHIP AND GOVERNANCE

Participants of 60 people consist of male and female attended the awareness, 25 male and 32 female. Dr Veronica Niltande conducted the awareness with the assistance from Eileen Thomas (a non-communicable program coordinator and MR Kilian (EPI program coordinator) The awareness highlighted how the blood pressure develops within the body and how to prevent it and also stressed out some very important ways of stress management that can help prevent and reduce high blood pressure

MEDICAL MISSION OUT REACH

On July 27th 2025 major medical outreach was done at Sir John Guise Stadium, with the help of Pilipino community in the city. Awareness on High blood pressure, diabetes, TB and life style and medical examination was done inside the stadium. There were 223 men with high bp and 178.

PNKTOBER WALK

The month was commemorated by the NCDPHA team in collaboration with National Capital District commission and other Government agencies and organization with a walk on the 19th of October to remember the women that lost their lives fighting cancer and also those that are living and fighting cancer and for others early detection and prevention can save lives. we also gave 450 IEC materials

AWARENESS AT NCDPHA HQ

On the 21of October awareness in the NCDPHA head quarter was done, 17 office women and girls were addressed on early prevention and detection of breast cancer and emphasize that early detection can save a life, 0nly 10 IEC pamphlets regarding breast cancer were issued

AWARENESS ATWORLD VISSION

The awareness continued to the 30 October 2025 to the World Vision Team, 22 of them were addressed, 19 female and 3 males. Awareness was made on early detection and prevention and management of breast cancer. 30 breast cancer awareness IEC material were issued there

AWARENESS AT ONE ACCORD BAPTIST CHURCH AND 8 MILE FIRST BLOCK

On the 1st of November NCDPHA team splitted into two groups and conducted awareness and free medical examination to 84 mothers of One Accord Baptist Church at Taurama and to 40 women of 8mile first block church. 32 were diagnosed and 4 referred

200 IEC materials each were given to the two groups. It was total of 400 IEC material issued.

AWARENESS AT 8 MILE UNIVERSAL CHURCH

We continued to November as it was also a month where they call it Blue November in regard to the prostate cancer, testicular and men's mental health. We continued to November 23rd 2025. NCDPHA team was invited to 8-mile universal church. Awareness was given to 32 men and boys at their conference hall. Overall, only 5 were presenting with some sort of signs and symptoms so they were advised to go to 6mile clinic for further check-up

DIABETES REFRESHER TRAINING AT LION'S RESEARCH CENTRE, MEDICAL FACULTY

On the 19 0f December 2025, diabetic retinopathy refresher training was held at Lion's Research Centre at 3mile medical faculty 3 mile. There were Drs from the 3 districts who attended and the day was successful. Funded and supported by WHO.

SUMMARY OF ANNUAL HIGHLIGHTS AND AHIEVEMENTS

Table 77: Summary of Annual Highlights & Achievements

DATE	TOPIC	LOCATION	TOTAL AWARENESS ATTENDEES	TOTAL MEDICAL EXAMINATION ATTENDEES	TOTAL FEMALE	TOTAL MALE	REFFERRALS	IEC MATERIALS	TRAINING
4TH/02/2025	CANCER	LOWESS ROAD ROAD	400 PEOPLE	-	250	150		400	
20TH/01ST/2025	NON - COMMUNICABLE DISEASES	St Threse clinic Hohola	29 STAFF		17	9		-	
5TH/05/2025									DIABETIC RETINOPHATY REFRESHER TRAINING
6TH/06TH/2025	TOBACCO	NEW ERIMA PRIMARY SCHOOL	2670					50	
21ST/6TH/2025	HIGH BLOOD PRESSURE	SILAG	60 PEOPLE		35	25			
27TH/7TH/2025	1.HIGH BLOOD PRESSURE. 2 DIABETIES. 3.TB 4. HEART HEART	SIR JOHN GUISE STADIUM	401	401	178	223		400	
15TH-16TH/ 10/ 2025	BREAST CANCER	SIR HUBBERT MURRY STADIUM	281 PEOPLE	281 PEOPLE	280	1	-	250	
19TH/10/2025	BREAST CANCER WALK	SIR HUBBERT MURRY STADIUM	600 PEOPLE	-	-	-	-	600	
21ST/10TH/2025	BREAST CANCER	NCDPHA HQ	17 WOMEN					10	
30TH/10TH/2025	BREAST CANCER	WORLD VISION	22 PEOPLE		19	3		30	
1ST/11/2025	BREAST CANCER	ONE ACCORD BAPTIST CHURCH & 8 MILE FIRST BLOCK CHURCH	124 WOMEN	124	124		32	400	
23/11/2025	PROSTATE CANCER	8 MILE UNIVERSAL CHURCH	32			32			
19H/12TH/2025									DIABETIC RETINOPHATY REFFRESHER ASSESSMENT TRAINING
	TOTAL		4604 PEOPLE	525	903	443	32	1780	2

The data only shows the 4 clinic which were doing NCD Services from the beginning to mid-year

THE TABLE SHOWS THE DATA COLLECTED FROM JANUARY TO JUNE

Table 78: Shows Data collected from January-June

CLINIC NAMES	HYPERTENSION NEW CASE	HYPERTENSION REVIEW	TOTAL HYPERTENSIONS
GEREHU HOSPITAL	198 PATIENTS	1970 PATIENTS	2168 PATIENTS
6 MILE POLY CLINIC	41 PATIENTS	100 PATIENTS	141 PATIENTS
LOWES ROAD CLINIC	11 PATIENTS	153 PATIENTS	164 PATIENTS
KAUGERE CLINIC	2 PATIENTS	4 PATIENTS	6 PATIENTS
TOTAL HYPERTENSIVE PATIENTS	252 PAIENTS	2,227 PATIENTS	2479 PATIENTS

CLINIC NAMES	DIABETES NEW CASE	DIABETES REVIEW	TOTAL DIABETES
GEREHU HOSPITAL	21 PATIENTS	234	255
6MILE POLY CLINIC	4 PATIENTS	11	15
LOWES ROAD CLINIC	1 PATIENT	10	11
KAUGERE CLINIC	1 PATIENT	3	4
TOTAL DIABETES PATIENTS	27 PATIENTS	258	285

CLINIC NAMES	BOTH HYPERTENSION & DIABETES NEW CASE	BOTH HYPERTENSION AND DIABETES REVIEW	BOTH HYPERTENSION AND DIABETES
GEREHU HOSPITAL		207	207
6 MILE POLY CLINIC	1	48	49
LOWES ROAD CLINIC	1	46	47
KAUGERE CLINIC		1	1
TOTAL HYPERTENSION & DIBETES	2	302	304

Table 78: Showing Hypertension Data collected from July- December 2025.

CLINIC NAMES	NEW HYPERTENSION	HYPERTENSION REVIEW	TOTAL HYPERTENSIONS	TOTAL MALE	TOTAL FEMALE	AGE 30-40	AGE 41-50	AGE 51 YEAR PLUS
GEREHU HOSPITAL	322	3,174	3499	1169	2330	465	818	2216
6 MILE POLY CLINIC	could not retrieve/ did not hand in their report							
LOWES ROAD CLINIC	did not hand in their report							
KAUGERE CLINIC	did not hand in their report							

Table 79: Showing Diabetic Data from July- December 2025

CLINIC NAMES	NEW DIABETES	DIABETES REVIEW	TOTAL DIABETES	TOTAL MALE	TOTAL FEMALE	AGE 30-40	AGE 41-50	AGE 51 PLUS YEARS
GEREHU HOSPITAL	60	1251	1311	339	972	89	177	1,045
6 MILE POLLY CLINIC	could not retrieve/ did not hand in their report							
LOWES ROAD CLINIC	did not hand in their report							
KAUGERE CLINIC	did not hand in their report							

Table 80: Showing All Data

YEAR	MONTH	TOTAL HYPERTENSION	TOTAL DIABETES PATIENTS	TOTAL DIABETES WITH HYPERTENSION
2025	JANUARY TO DECEMBER	5978 PTS	1595 PTS	304
TOTAL NUMBER OF PATIENTS THAT WAS SEEN WAS 7,877				

Table 81: Showing Financial Information- Budget & Expenditure Against Each Unit Programs

									Progress			
NHP 2021-30 Strategies	Related Activity	Quarter				Budget	Actual Exp.	Source	0%	0 - 50%	51 – 99%	100%
		1	2	3	4							
KRA 4.2.1 increase the populations awareness of emerging lifestyle related diseases and make informed decisions about their health	Medical Mission- Awareness & Medical Examination			3		K14,000	K14,000	Recurrent GO PNG				
KRA 4.2.2 Increase awareness on substance abuse and mental health, especially in youths and adolescents	• Commemoration of world No Tobacco Day		2			K9,250	K9,250	Recurrent GO PNG				
KRA 4.2.3 Strengthen screening, prevention and treatment of life style diseases including oral health services,	• Purchase of NCD registration books • Base line assessment	1	2			K1200 K1,000	K1,181 K800	Recurrent GO PNG				
KRA 4.2.4 Strengthen public-private partnership to increase and maximize available resources for health,	• NCD committee formation					0	0	Recurrent GO PNG				

Table 82: Challenges & Way Forward

ISSUES	RECOMODATION
➢ **Not enough manpower**	➢ To establish a good communication at the facility level for permanent man power
➢ **No proper equipment? Instruments**	➢ To supply instruments / equipment to those NCD providing facilities
➢ **When an emergency pops up**	➢ To supply instruments / equipment to those NCD providing facilities
➢ **Infrastructure**	➢ To do renovations and provide space to run NCD program.
➢ **Monthly reporting template**	➢ To create a monthly reporting template at the program level for the NCD service providing facility

Table 83: Showing Risk Management

MONITORING AND EVALUATION	OPERATIONAL RISK	CLINICAL RISKS	PTs BEHAVIORAL RISK REDUCTION
➢ **distribution of registry books**	➢ Support funding	➢ Early detection	➢ Identifying Programmatic and health risk
➢ **supervisory visit -data must be shared to NCD program by certain clinic**	➢ Staff Inhouse training	➢ Appropriate Medicine adherence information to pt's	➢ Comprehensive medical outreach and medical examination
Work closely with Team provincial health information officers		➢ Must follow up on high-risk patients - appropriate review date to patients	

Conclusion & Priorities for 2026

Readiness for next year

- Family Health Services comprises of eight priority programs which NCD is one of them
- Non- communicable disease is working on implementing strategies and activities under key result area 4.2.1 -4.3.3:
- Non-communicable disease program is a large program that is coordinating all the life style burden diseases including hypertension, diabetes, coronary artery diseases, chronic lung diseases, stroke, mental health, oral health and many more which you can think of.
- the program has just started and the team is working very hard to achieved better results despite challenges.
- Good Partner coordination and collaboration will enable the non-Communicable program to achieve better results.
- The Non- Communicable Program is looking forward to improve certain indicators in 2026.

- The priority activities for NCD in 2026 are

  - NCD COMMITTEE FORMATION MEETING
  - PARTNER FORMATION MEETING
  - COORDIATION AND IMPLEMENTATION OF PROGRAM AT CLINIC LEVEL
  - COMMEMORATION OF SPECIAL DAYS
  - MORE AWARENESS AND MEDICAL EXAMINATIONS
  - PROPER DATA TEMPLATE AND REPORTING SYSTEM TO BE PLACED
  - TO IMPLEMENT PRIORITY INDICATORS GIVEN AT PROVINCIAL LEV

CORPORATE SERVICES

HUMAN RESOURCE DEPARMENT

The highlights for the HR are as 01 January 2025-31st December 2025 are presented under certain key areas of focus. These can also be considered as the core function areas of the HR Branch:

- Overall Manpower Report
- Restructure Update
- Recruitment
- Short term Contract Migration to Alesco payroll
- Short Term Contract Casual Engagement
- Retirement
- Resignation/Termination/Deceased/Transfers
- Training & Development
- Salary & Payroll Administration
- Human Resource Management Branch Manpower Report
- Discipline
- HR Policies
- Challenges and Way Forward

This report begins with an update of NCDPHA overall organizational manpower as this is important and should be presented at the outset before we divulge into the operational details.

NCDPHA manpower is comprised of the three (3) directorates which is inclusive of, Corporate Service Directorate, Curative Health Service Directorate and Public Health Directorate.

Table 1: Showing manpower status as at the 31st of December 2025.

DIVISION	TOTAL CEILING (DPM APPROVED)	STAFF ON STRENGTH	VACANT	STC	UNATTACHED
CEO's OFFICE	10	6	4		1
Corporate Service	169	128	38	3	16
Curative Health	365	271	46	48	105
Public Health	32	23	7	2	2
TOTAL	576	428	95	53	124

Table 2: Showing Staff Summary

Total Staff Ceiling – DPM APPROVED	=	**576**
ii. Staff on Strength (SOS)	=	428
iii. Vacancies	=	95

Excessive staff (Unattached Officers) = 124
Total (APPROVED CEILING + UNATTACHED) = 700

Table 3: DPM APPROVED CEILING AS PER CADRES

CADRES	TOTAL POSITION
MEDICAL OFFICER	43
NURSNG	170
CHW	98
HEO	20
MEDICAL LAB TECHNICIAN	10
ALLIED HEALTH WORKER	30
HEALTH SUPPORT WORKER	203

Table 4: Restructure Update

NO.	DIVISION	PROPOSED CEILING
1	CEO Office	23
2	Corporate Service	432
3	Curative Health Service	1033
4	Public Health	558
	Total Ceiling	**2046**

NCDPHA has currently undergoing its restructure exercise with a proposed manpower ceiling of 2043.

This propose ceiling is inclusive of Metoreia Urban Clinic, Samaba District Hospital, 6mile Poly Clinic, Newly TB Ward and Gerehu Hospital newly west wing birthing facilities. Though DPM have proposed a ceiling of 1700, we have exceeded that ceiling due to manpower demand in NCDPHA Urban Health facilities, justification will be provided as per patient visitation per day by facility.

Barisman HR Consultant has been engaged to fully facilitate our restructure review and address the manpower issues. Hence the Consultant will provide a report separately.

Unattached Officers

NCDPHA has total of one hundred & twenty-four (124) unattached excessive staff who are still currently drawing pay under NCDPHA payroll and will be absorbed during the restructuring or recruitment exercise as they may cause over expenditure on payroll.

Recruitment

NCDPHA through its Human Resources Management Branch advertised 114 vacant positions externally on 5th May 2025. The recruitment process is in its final phase, which is the probational and promotional appointments to funded vacant position, pending endorsement from Secretary Department of Personnel Management.

Table 5 : Shows the total of positions advertised and how many applications were received, total appointed and how many positions withdrawn due to unsuitable candidates.

POSITIONS	NO. OF POSITION	ANNUAL SALARY	TOTAL ANNUAL SALARY
Director Corporate Service	1	K98,520.00	K98,520.00
Deputy Director Finance & Admin	1	K74,761.00	K74,761.00
Human Resource Manager	1	K52,342.00	K52,342.00
Community Health Worker	23	K431,238	K431,238
Nursing Officer	12	K348,675.00	K348,675.00
Health Extension Officer	3	K32,404.00	K97,212.00
Pharmacist	2	K69,863.00	K69,863.00
Assistant Coordinator	1	K46,696.00	K46,696.00
Medical Lab Assistant	1	K21,498.00	K21,498.00
Medical Doctor	3	133,843	133,843
TOTAL	**53**	**K896,703.00**	**K1,374,648.00**

STC MIGRATION TO ALESCO PAYROLL

The 50 Clinical Short-term Contract and 3 Health Support workers were migrated onto funded position on Ascender Alesco Payroll. Formerly paid through operational budget. This has elevated the stress on the operational budget, with annual savings of **K896,703.00.**

Table 6: STC Migration to Alesco Payroll Update

POSITIONS	NO. OF POSITION	ANNUAL SALARY	TOTAL ANNUAL SALARY
Director Corporate Service	1	K98,520.00	K98,520.00
Deputy Director Finance & Admin	1	K74,761.00	K74,761.00
Human Resource Manager	1	K52,342.00	K52,342.00
Community Health Worker	23	K431,238	K431,238
Nursing Officer	12	K348,675.00	K348,675.00
Health Extension Officer	3	K32,404.00	K97,212.00
Pharmacist	2	K69,863.00	K69,863.00
Assistant Coordinator	1	K46,696.00	K46,696.00
Medical Lab Assistant	1	K21,498.00	K21,498.00
Medical Doctor	3	133,843	133,843
TOTAL	**53**	**K896,703.00**	**K1,374,648.00**

Casual STC

The current manpower ceiling of NCDPHA cannot meet the recent increase in population and flow of patients from central and gulf provinces, including the Motu-Koitabu people into Port Moresby Metropolitan city. This influx of patients has placed enormous strains on PMGH, forcing patients to seek primary health care within NCD Health Facilities. Hence the recent opening of Metoreia Urban clinic, 6mile poly clinic 24 hours in full operation , Gerehu Hospital west wing birthing services and Sabama District Hospital opening in 2026, NCDPHA has been forced to recruit and engage Medical Doctors, Nurses, CHWs and Allied Health workers on STC's to take on the added burden of providing health care services delivery to the Metropolitan City of Port Moresby including the Motu-Koitabu Communities.

Table 7: Summary of Casual STC Cost

POSITION	NO. OF POSITION	ANNUAL COST	FORTNIGHTLY COST
HEALTH SUPPORT WORKERS	31	960,228.00	36,813.85
SECURITY	44	604,366.00	29600.22
CHW	4	75,596.00	2,898.25
NURSE	16	431,984.00	19,252.96
MEDICAL LAB TECHNICIAN	6	200,496.00	14,609.85
PHARMACIST	1	33,416.00	1,141.12
MEDICAL DOCTORS	5	309,282.00	37,137.21
HEO	7	233,912.00	8,967.87
TOTAL CASUAL STC COST	**114**	**2,849,280.00**	**150,421.33**

Retirement

The Human Resource Management Branch is in the process of facilitating retirement exercise. It is still in progress at the time of writing this report. Through the process, forty (40) officers were identified and eligible for retirement in year 2025.

Table 8: Retirement Update

VOLUNTARY RETIREMENT	18
MEDICAL RETIREMENT	9
COMPULSORY RETIREMENT	13
TOAL RETIREES	**40**

Most of the officers identified for retirement are mostly aging group and few are on medical grounds as per submission/request by clinic managers.

- ✓ Financial literacy training by Namba wan Super was hosted for the confirm retirees on 26th - 27th June 2025 at NCDPHA Conference room
- ✓ Final entitlement for the confirmation of retirees has been calculated pending a DPM for vetting and funding

Personnel Exited

Every year NCDPHA continues to lose its skilled workforce through resignations, deaths, transfers and retirements. There was a total of fifty-three (53), who exited the agency in 2025. Out of these 53, there were two (2) deaths, five (5) resignations, forty six (46) termination and two (2) transfers.

Training & Development

NCDPHA as an agency is responsible for the upskilling and professional enhancement of its workforce. Every organization wants their employees to feel confident about improving efficiency and productivity, as well as find new ways towards personal development and success.

Year 2025 was the difficult year with funding issues as training budget was not allocated and most trainings in year 2025 was put on hold due to manpower shortage. However, there were exceptions made for officers to undertake training in 2025 but only on self-sponsored basis.

There was no Induction training carried out in 2025 due to funding issues therefore Induction training was on hold, however, we have been having discussion with SILAG and other stakeholders to conduct the Induction Training for NCDPHA staff. A total of 100 staffs to be inducted hopefully in the second quarter of 2026.

Short Training Courses (less than 10 days) under each program particularly in Public Health were carried out by the program officers in partnership with their donors and reported through the Public Health Directorate.

A highlight for training and development is the establishment of training committee and terms of reference for the committee.

HR Branch have successfully completed a training policy that will guide officers intending to take up studies in 2027.

Salary & Payroll Administration

The HR Salary and Payroll Administration is an important area which brings a lot of challenges due to demands from staff members for their payroll issues to be fast-tracked and paid on time. The HR Management branch was and cannot meet these demands due to limited user access to Alesco Payroll system.

Since 2023, Department of Finance has approved for implementation of Alesco Payroll system to NCDPHA, HR were given only one user access which cannot be managed. Payroll officers are more focused on data entry that other functions of payroll is overlooked.

To elevate the workload, HR branch requires 2 additional users to have access to Alesco Payroll system.

Discipline

The Staff Disciplinary process in any established organization should not be seen as a form of punishment but rather for correction and encouragement to improve.
With the current increased number of disciplinary cases, it is important for Disciplinary Committee to review matters referred from the complaints, investigation and hold hearings to make disciplinary decisions related to the findings.

It is important that NCDPHA creates a position for Industrial Officer so future disciplinary cases can be handled by HR Staff Disciplinary branch before referring to divisional managers/disciplinary committee.

Total of twelve (46) officers terminated on grounds of prolonged abscondment were disciplined in 2025. All disciplinary matters of the agency have been reviewed internally through the Disciplinary Committee before further processes are undertaken.

HRM - Policies

Human Resources Management Policies and in-house policy directives play a pivotal role in the day-to-day administration of the organization and administration of certain entitlements and privileges. It is the responsibility of NCDPHA and respective managers to ensure certain policies are in place.

The HR Division is made up of so many sub-branches with its own policies to guide its performance. HR branch is in the process of developing its policies to guide Training, Discipline, payroll, etc.

Key Achievement for 2025

Some brief achievements for the branch in 2024-2025 include.

1. 53 Short term Contract Officers migrated to founded position to Alesco Payroll
2. Successful appointment of our permanent CEO.
3. Establishment of Training and Development Committee
4. Establishment of Training Plan and Training Budget

Challenges & Way Forward

HR is a broad field, we have had challenges in the year 2025 which we will re-visit in year 2026, and come up with plans, way forward to manage them at our level or bring it up to management level.

Conclusion & Priorities for 2026

Our challenges are outlined below:

1. Payroll issues
2. HR branches lack the capacity development and resource
3. Unattached Officers
4. HR Policies
5. Funding issues for Training
6. Prolong rec-leave entitlement Pay out
7. Job Description
8. File management and updating of history cards
9. Legacy Issues
10. PSC Reinstatement of Terminated Officers

BUILDING & FACILITIES

INTRODUCTION

The main Purpose and Function of the Building and Facilities branch under the Cooperate Services is to ensure the Health infrastructure is well maintained and comply with National Health Service Standards requirements at all times.

This is as follows;

- Building Structure well maintained, operational and must meet NHSS
- Carpentry, Electrical & Plumbing meets safety and NHSS requirements
- Fire Safety Equipment is mandatory requirement, fire extinguisher, smoke detector, fire hose reels and fire hydrants are maintained and functioning
- Hospital Infrastructures are well maintained and operational
- Equipments and Assets are well maintained and managed
- Mandatory MIS processes, Statutory regulation and policies are comply with.

Table 9: Showing Manpower Projection 2024-2025

MANPOWER PROJECTION PLAN 2024-2025				
Positions	No of Position	2024	2025 Projection	Additional Position Required
Manager	1	1	1	0
Facilities & Asset Officer	1	1	2	1
Admin officer	1	2	3	1
Carpentry	4	4	6	2
Electrical	4	4	6	2
Plumbing	3	3	5	2
Bio-Medical	2	1	3	2
Welder	1	1	1	0
Handyman	1	1	2	1
Driver	0	0	1	1
Total	18	18	30	12

Challenges & Way Forward

1. Infrastructure deteriorating conditions, due to the age of the building and size of the facilities.
2. Trying to cope with the down size of water and electrical infrastructures that the capacity does not cope with the expanding population and demands that also affect the health facility's needs.

3. Lack of Funding issue was common with other divisions.
4. No proper working workshop and shed for storage.
5. Transportation is critical in our operation, but no fulltime and dedicated maintenance support vehicle.

Key Achievements for 2025

Table 10: Key Achievements for 2025

Item	Activity	Status
1	Gerehu Hospital – new "L" Building construction.	Project is 60% completed. Progressing on schedule to complete end of year 2025. Sponsor - NCDC
2	Asset management and Tracking	Completed inventory, and with the use of MS Office Access software the ASSETS REGISTER IS COMPLETED and periodical monitoring is maintained. Still require a dedicated Asset management and Tracking system for better the processes.
3	Latter-Day Saints Projects (7 facilities)	7 facilities were assisted by LDS by constructing patients waiting area, worth K620,772.70. Completed and in use by patients.
4	Infrastructure Development Plan	NCDPHA Infrastructure Development Plan 2025 -2030. Draft completed for approval and printing.
5	Metoreia Health Centre	Facility commission and services open to community and patients in November 2024.
6		
7		

Routine maintenance and activities not captured here.

INFORMATION COMMUNICATION TECHNOLOGY DEPARTMENT

Executive Summary

The National Capital District Provincial Health Authority (NCDPHA) relies on Information and Communication Technology (ICT) to ensure efficient healthcare service delivery, accurate reporting, and effective administrative operations across hospitals, clinics, and support offices. During 2025, the ICT Division focused on enhancing digital infrastructure, supporting staff, strengthening cybersecurity, and preparing the Authority for full digitalization.

The year saw significant achievements, including:

- Deployment and upscaling of ICT equipment across all facilities, ensuring every facility has at least basic computing tools to support administrative and clinical functions.
- Initiation of the LAN and server setup at the Main Office, which will centralize data storage and improve internal communications.
- Development of a cloud-based ERP platform to integrate finance, HR, procurement, and asset management functions, coordinated by the ERP Committee.
- Continuous ICT support and capacity-building for staff, including troubleshooting, training, and guidance on best practices.
- Strengthened cybersecurity measures to protect sensitive health and administrative data, ensuring compliance with national data protection standards.

Despite challenges, including limited ICT manpower, transport constraints, and budget limitations, the ICT Division achieved its key objectives. These initiatives lay a solid foundation for 2026, positioning NCDPHA to improve operational efficiency, enhance service delivery, and support a fully digital health management system.

ICT Achievements and Progress During the Reporting Year

ICT Equipment Upscaling

The ICT Division, with strong support from the CEO, strategically deployed computers, laptops, printers, and scanners to all facilities, ensuring basic digital functionality. This upscaling has:

- Reduced dependence on manual paperwork for patient records, administrative reporting, and financial processes.
- Enabled faster communication between departments and facilities through email, intranet, and digital messaging platforms.
- Improved accuracy and accessibility of patient records, enabling staff to retrieve information quickly and make informed decisions.

Infrastructure Expansion

The ICT Division undertook targeted infrastructure upgrades to improve system reliability:

- Old servers and networking devices were replaced to prevent downtime.
- Preventive maintenance schedules were implemented to reduce service interruptions.
- Strategic deployment of equipment ensured that even smaller clinics with limited previous access now have functional ICT systems.

Staff Support and Training

The ICT Division conducted hands-on training and support sessions for staff:

- Training focused on software applications, system navigation, cybersecurity awareness, and digital workflows.
- ICT officers were available on-site and remotely to troubleshoot hardware, software, and network issues.
- Continuous support helped improve adoption of digital tools, increased efficiency, and reduced errors in administrative processes.

Digitalization Momentum

These achievements contributed to building momentum toward fully digital operations across NCDPHA:

- Digital record-keeping enhances accountability and reporting accuracy.
- Improved ICT infrastructure supports future projects such as telehealth, e-prescriptions, and integrated ERP management.
- Staff are now better equipped to adopt new systems, reducing resistance to change and ensuring smoother transitions in 2026.

ICT Projects: LAN Setup and Cloud-Based ERP Platform

- LAN and Server Setup

The Local Area Network (LAN) and server infrastructure at the Main Office are essential for centralizing administrative and clinical operations. Objectives include:

- Establishing a secure and reliable data repository to host critical patient and administrative information.
- Enabling inter-departmental communication through a high-speed network, improving collaboration and reporting.
- Supporting future digital applications, including the cloud-based ERP system, electronic forms, and remote access for staff.

A contractor has been engaged to install and configure servers, switches, and cabling. This project is expected to significantly reduce system downtime and enhance operational efficiency.

- Cloud-Based ERP Platform

The ERP system is being developed to integrate financial, HR, procurement, and asset management functions across the Authority:

- Hosting will be provided by PNG DataCo to ensure secure and reliable in-country storage.
- Bandwidth allocation will be managed by AB Network Solutions according to facility size and usage.
- The system allows real-time reporting, automated workflows, and improved oversight, enhancing transparency and accountability.
- The ERP Committee is actively coordinating to ensure alignment with operational needs and user-friendliness for staff.

This project will reduce redundancy, improve resource allocation, and form the backbone of NCDPHA's digital transformation strategy.

ICT Infrastructure and Systems

- Network Infrastructure

  - Structured cabling and network devices were upgraded for better connectivity.
  - Wireless access points deployed to ensure coverage across larger facilities.
  - Internet bandwidth allocation reviewed and upgraded to meet operational demand.

- Hardware and Equipment Maintenance

  - Computers, printers, servers, and other devices maintained through scheduled preventive maintenance.
  - Aging equipment replaced strategically to reduce downtime and repair costs.
  - Equipment distribution aligned with each facility's workload and patient volume.

- Systems and Applications

  - Payroll, HR, patient management, and reporting systems maintained and upgraded.
  - Software updates and troubleshooting ensured minimal operational disruption.
  - Administrative staff trained to effectively utilize applications for efficient service delivery.

ICT Support and Cybersecurity

- ICT Support Services

  - Ongoing support provided to staff across all facilities, with priority for critical operational areas.
  - Remote troubleshooting enabled faster response times? Average response time due to lack of man power and transportation.
  - ICT staff trained end-users to improve system adoption and reduce recurring issues.

- Cybersecurity and Data Protection

  - Antivirus, firewall, and endpoint protection implemented across at least some systems.
  - Access controls and password policies strengthened to secure sensitive patient and administrative data – not yet implemented.
  - Backup systems and disaster recovery protocols reviewed and tested to prevent data loss – server under setup.
  - Cybersecurity awareness training conducted for staff, reducing risks from phishing, malware, and unauthorized access – at least make the users aware.

Challenges & Way Forward

- Limited manpower: Only six officers, with two permanent and four unattached, leading to high workloads.
- Budget constraints: Limited funding for equipment replacement, infrastructure upgrades, and digital projects.
- Transportation: Lack of dedicated vehicles hampers timely response to facility issues.
- Growing ICT demand: Increased equipment and digital systems require more maintenance and support.

- Connectivity gaps: Some facilities face poor network coverage or aging equipment, affecting operations.

Recommendations

1. Increase ICT staff to distribute workloads and provide timely support.
2. Allocate sufficient budget for equipment, infrastructure, and digital project development.
3. Provide a dedicated ICT vehicle for on-site support.
4. Introduce official ICT Division uniforms to promote professionalism and visibility.
5. Develop a structured ICT service management system to monitor requests, response times, and resource allocation.

Key Priorities for 2025

Key Priorities for the Next Reporting Year (2026)

- Strengthening Infrastructure

  - Complete LAN and server installation at Main Office.
  - Upgrade hardware and expand reliable internet connectivity to all facilities.

- ERP Platform Deployment

  - Finalize cloud-based ERP platform for finance, HR, procurement, and assets.
  - Train staff and ensure adoption across facilities for seamless integration.

- Cybersecurity Enhancements

  - Strengthen monitoring, access control, and data protection measures.
  - Conduct staff awareness programs on cybersecurity best practices.

- Operational Efficiency and Support

  - Improve ICT response times and service delivery.
  - Standardize helpdesk and maintenance procedures for uniform support.

- Capacity Building

  - Provide specialized training for ICT staff in emerging technologies, cybersecurity, and network management.

- Governance and Planning

  - Ensure ICT initiatives align with NCDPHA strategic goals.
  - Implement sustainable practices for resource allocation and digital growth.

Key Achievements for 2025

The ICT Division remains committed to reliable, secure, and innovative technology solutions to support healthcare services across NCDPHA. With continued leadership support, enhanced staffing, and strategic investments in infrastructure, systems, and digital platforms, the Authority is positioned to achieve full digitalization, improve operational efficiency, strengthen decision-making, and deliver high-quality healthcare services throughout the district.

FINANCE DEPARTMENT

NATIONAL BUDGET - QUARTERLY REPORT ON EXPENDITURE BY ITEMS							
Item	**Original Appropriation**	**Revised Appropriation**	**Prorata (50 %)**	**Warrants YTD**	**Expenditure YTD**	**Variance (Expenditure YTD *less* Prorata)**	**Justification** (Explanation needed if variance is more than 10 per cent)
Personnel Emoluments (PE)							
211000 - Salaries and Allowances	38,317,200	**38,317,200**	**100**		**32,845,639**	**K5,471,561**	Controlled by DOF/DPM
212000 - Wages	1,260,000	**1,260,000**	**100**	**1,260,000**	**3,391,849**	**-K2,131,849**	NCD PHA has 184 Positions vacant across our facilities that has forced NCDPHA to recruit CTC (Both admin & Securities Guards. We have just finalized our recruitment process in January 2026
213000 - Overtime	379,000	**379,000**	**100**	**-**	182,881	**-K182,881**	Though we have funding allocation. warrant was not release for this item.
214000 - Leave Fares	3,095,000	**3,095,000**	**100**	**3,095,000**	**1,802,753**	**K1,292,247**	warrant was released late so the balance was brought forward to 2026
215000 - Retirement Benefits, Pensions, Gratuities and Retrenchment	1,074,000	**1,074,000**	**100**		**-**	**K0**	Controlled by DOF
Total PE	**44,125,200**	**44,125,200**	**100**	**4,355,000**	**5,377,483**	**-K1,022,483**	
Goods and Services (G&S)							
222000 - Travel and Subsistence	500,000.00	**500,000**	**100**	**500,000**	**67,599**	**K432,401**	

223000 - Office Materials and Supplies	329,900.00	**329,900**	**100**	**329,900**	**289,356**	**K40,544**	
224000 - Operational Materials and Supplies	1,213,700.00	**1,213,700**	**100**	**1,213,700**	**984,511**	**K229,189**	
225000 - Transport and Fuel	866,000.00	**866,000**	**100**	**866,000**	**401,738**	**K464,262**	
226000 - Administrative Consultancy Fees	-	**-**		**-**	**187,931**	**-K187,931**	
227000 - Other Operational Expenses	5,053,900.00	**5,053,900**	**100**	**5,053,900**	**4,020,053**	**K1,033,847**	
228000 - Training	-	**-**		**-**	**55,305**	**-K55,305**	
232000 - Rentals of Property	1,829,900.00	**1,829,900**	**100**	**1,829,900**	**3,368,064**	**-K1,538,164**	Our Actual Rentals Cost is around K5M + Annually: current Appropriation cant cater for all the Sem, Doctors and Line Managers Rentals
233000 - Routine Maintenance	506,900.00	**506,900**	**100**	**506,900**	**120,962**	**K385,938**	
251000 - Membership Fees and Contributions	-	**-**		**-**	**20,250**	**-K20,250**	
271000- Office Equipment & Furniture	11,600.00	**11,600**	**100**	**11,600**	**95,189**	**-K83,589**	
276000- Construction, Renov & Imp	11,600.00	**11,600**	**100**	**11,600**	**827,357**	**-K815,757**	All our facilities have been built during NCD Health Devices and are in detorating stage and needs Major Renovation

Total Goods and Services	**10,323,500.00**	**10,323,500**	**900**	**10,323,500**	**10,438,315**	**-K114,815**	
Grand Total (PE + GS)	**44,125,200.00**	**44,125,200**	**100**	**14,678,500**	**15,815,798.10**	**-K1,137,298**	

Key Achievements for 2025

- Despite only 3 months warrants received, we have maintained a healthy account. This is against a backdrop of expansion of services (6 Mile Polyclinic and Metoreai HC)
- All STC salary is up to date
- 80% of outstanding recreation leave warrants paid
- 70% of out standing staff accommodation rentals paid
- Up to date Credit accounts with Borneo Pharm, CPL and Sesago Pharmacy
- Consistent supply of operational items (fuel, drugs, stationaries, etc…)
- Funding given to Public Health and Corporate Services
- 6 Mile 24 HR Poly Clinic
- Opening of New Transit House at 6 Mile Clinic
- Commissioning Of New Genset for 6 Mile clinic
- Infrastructure Rehabilitation of 6 Mile Clinic to commence within a few weeks.
- Launching of NCDPHA Audit Committee by DoF
- Launching of NCDPHA Website.

CEO'S OFFICE REPORT

STRATEGIC PLANNING & CORDINATION UNIT

During the 2025 reporting period, the Strategic Planning and Coordination Unit continued to play a central role in driving the Authority's planning, coordination, and performance management functions.

A key focus of the Unit during the year was the development of the NCDPHA Health Service Development Plan 2026–2035**,** which is intended to serve as the Authority's overarching strategic framework for the next ten years. The development process was undertaken in a structured and inclusive manner, with a series of consultative workshops conducted progressively throughout the year. These workshops involved internal staff across all divisions, as well as key external stakeholders and development partners. This approach ensured that the Plan reflects practical service delivery needs, stakeholder expectations, and alignment with national health priorities.

Following these consultations, the Unit has progressed the Plan into its final stages of formulation. The document is currently undergoing consolidation and internal review to ensure clarity, coherence, and strategic alignment. It is anticipated that the Health Service Development Plan 2026–2035 will be finalized and officially launched within the 2026 calendar year, after which full implementation will commence.

In parallel to the sector planning process, the Unit also coordinated the development of the NCDPHA Corporate Services Plan, which focuses on strengthening internal systems, governance structures, and service delivery support functions. The Corporate Plan was developed in close collaboration with the Senior Executive Management Team and with the assistance of a technical consultant engaged specifically to support this process. The Plan is now in the implementation phase and is designed to complement the broader Health Service Development Plan by ensuring that internal operational capacity effectively supports strategic service delivery objectives.

In addition, the Unit has supported the development and implementation of various operational plans across directorates, which remain ongoing and in progress. These operational plans are aligned with the Authority's strategic priorities and are critical in translating high-level strategies into actionable activities at the divisional and facility levels.

In terms of performance against the Unit's Key Performance Indicators (KPIs) for 2025, all indicators remain in progress and are being actively pursued in line with set targets. This includes the ongoing facilitation of coordination meetings, development and review of strategic documents, and strengthening of planning processes across directorates.

In conclusion, the Strategic Planning and Coordination Unit has made substantial progress throughout 2025 in strengthening strategic planning systems, enhancing coordination across the Authority, and advancing key strategic frameworks. With all KPIs progressing as planned and the Health Service Development Plan 2026–2035 nearing completion, the Unit is well-positioned to support improved organizational performance and health service delivery outcomes in the coming years.

PROJECT & PERFORMANCE UNIT

Introduction

This report provides an overview of the key achievements, challenges, and proposed way forward for the Planning, Project and Performance Unit of the National Capital District Provincial Health Authority (NCDPHA) for the year 2025.

The Unit plays a critical role in coordinating performance monitoring, strengthening planning systems, and supporting evidence-based decision-making across the Authority.

Key Achievements for 2025

During the reporting period from August to December 2025**,** the Unit recorded two major achievements:

Mid-Year Performance Review

- The Unit successfully conducted the Mid-Year Performance Review**,** which provided an opportunity to assess progress against planned activities and performance targets across the Authority. This review enabled management to identify gaps, track implementation progress, and guide corrective actions where necessary.

Development of KPI Dashboard Monitoring Tool

- The Unit developed and implemented the NCDPHA Key Performance Indicators (KPIs) Dashboard Monitoring Tool. This tool serves as a centralized mechanism for tracking and monitoring performance indicators across directorates, improving visibility, accountability, and data-driven decision-making within the Authority.

Challenges

Despite these achievements, the Unit encountered several key challenges:

- The use of a uniform KPI weighting approach has limited strategic clarity in performance assessment. High-impact and mission-critical indicators are given the same weighting as lower-risk or administrative indicators, which may distort the overall performance results.
- A review of the KPI framework identified that some indicators lack sufficient context and clearly defined performance standards. This affects the accuracy, consistency, and interpretation of performance data.
- The absence of a standardized template for Quarterly Performance Reviews has resulted in inconsistencies in reporting formats and presentations across directorates, making it difficult to consolidate and compare performance data effectively.

2. Way Forward

- There is a need to refine and strengthen the design of KPIs by incorporating clear benchmarks and performance standards. This will ensure that indicators measure actual performance outcomes rather than activities alone, and provide a more accurate reflection of organizational performance.
- Quarterly Performance Reviews should be conducted consistently four (4) times per year, supported by a standardized reporting template. This will improve reporting consistency,

enhance accountability, and support more effective performance monitoring across the Authority.

Conclusion

The Project and Performance Unit has made important progress in strengthening performance monitoring through the Mid-Year Review and the development of the KPI Dashboard Monitoring Tool. However, addressing the identified challenges in KPI design and reporting systems will be critical in improving the overall effectiveness of performance management within the NCDPHA.

GENDER EQUALITY AND SOCIAL INCLUSION

Major Achievements

- **Inclusive Workplace Training**: Refresher GESI training was successfully rolled out to all staff at the clinics, strengthening awareness of unconscious bias, respectful communication, and safeguarding vulnerable populations. The trainings were conducted for the staff to know and understand GESI and their reporting channel if they face any GESI related issues at their workplace.

- **Safe Reporting Channels Established**: Confidential reporting mechanisms for harassment and discrimination or any issues related to GESI, with oversight by the GESI Help Desk, leading to increased trust and reporting of issues.

- **GESI Internal Policies**: GESI policy draft developed, ready to be disseminated for review.

Key Challenges

- **Cultural Resistance:** Some staff and community members struggled to adapt to new norms around gender equity and inclusion, requiring ongoing sensitization and mainstreaming.

- **Strengthen Leadership Accountability:** Integrate GESI indicators into senior management performance reviews, ensuring leadership is directly responsible for equity and inclusion outcomes.

Way Forward

- **Funding** for more staff to under-go sensitization and mainstreaming training for the staff and Policy Implementation Planning Session for the Senior Executive Management by the Department of Personnel Management GESI Team.

- **Gender-Balanced Workforce Growth Recruitment** and promotion processes should involve GESI to represent women and persons with disabilities across clinical and administrative roles.

INTERNAL AUDIT

Key Priorities

Strengthen Management capabilities at the National, Provincial, District and Health Facility in terms of;

- Risks and Governance
- Internal Controls
- Risks Management
- Audit Visitations M&E Follow-up
- Contracts
- Training and workshops
- Procurement of Medical equipment's/consumables
- Special Investigations/ Audit Meetings

Funding:

a) Recurrent (estimated K7, 000)

b) HSIP (NA)

c) Expenditures (Estimated K7, 000)

Key Achievements

Launching and the successful hosting of the first NCDPHA Audit Committee Meeting on 30th October, 2025 at Citi-Boutique Hotel. Attendance was good with the chairman of the PSAP AC Mr. Wemin present with Department of Finance, Auditor General's Office team and host agency NCDPHA CEO and IAU.

Challenges

- Manpower is the real challenges that needs immediate attention
- Need to recruit two more auditors to ensure all activities are achieved

Conclusion & Priorities

- Need the corporations of the finance and HR to ensure IAU achieved its goals and plans accordingly.
- Information's or data's that needs to be provided on timely manners to complete audit work on time