NEW IRELAND PROVINCIAL HEALTH AUTHORITY

HOMEBASE MALARIA MANAGEMENT PROGRAM

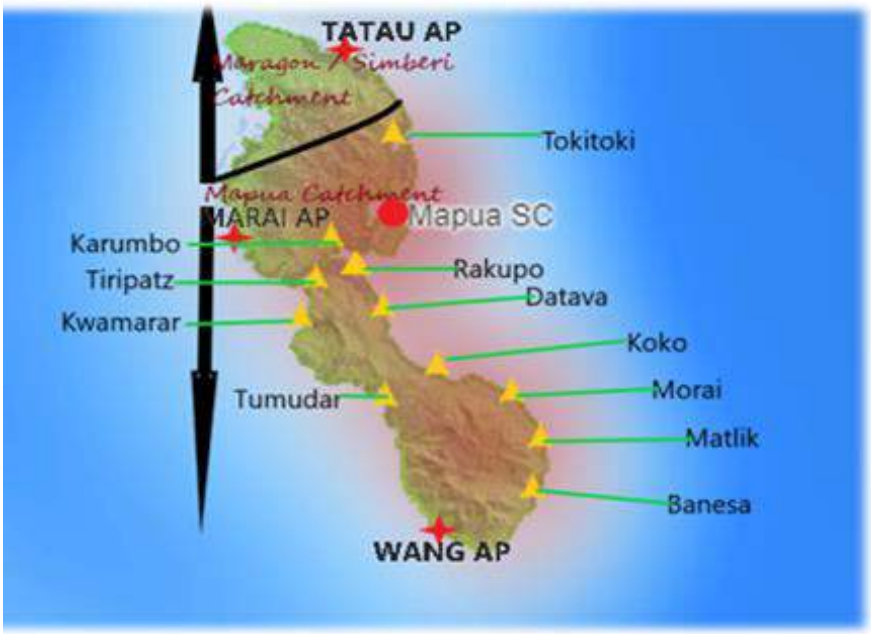
CMV REFRESHER TRAINING REPORT

MAPUA HEALTH FACILTY CATCHMENT

11TH TO 13TH APRIL 2023

KONOS GUEST HAUS

SENTRAL NIU AILAN, NAMATANAI DISTRICT



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Acronyms

Abbreviations	Descriptions
ACT	Artemether Combination Therapy
RDT	Rapid Diagnostic Test
CMV	Community Malaria Volunteer
NIPHA	New Ireland Provincial Health Authority
NHIS	National health Information System
PHIO	Provincial health Information Office
HF	Health facility
PQ	Primaquine
RAM	Rotarians Against Malaria
NMCP	National malaria Control Plan
PDCO	Provincial Disease Control Officer
HMM	Homebase Malaria management

1.0. Purpose

1.1. Ensure CMVs are up dated with the current HMM Program Statues and the anticipated program sustainability plan at NIPHA & NIPA Levels respectively.
1.2. Ensure CMVs are well vested to administer stat Doze Primaquine at their level and are prepared to administer 14 days Primaquine should a working mechanism is in place in the near future.
1.3. Ensure CMVs are reporting Quality Data & Timely to respective Health Facility.
1.4. Ensure CMVs and Health Facilities understand their responsibilities at respective levels for a smooth Program progress.
1.5. Ensure CMVs and Health Facility Staff understand the significance of Treatment Compliance.
1.6. Ensure HMMO takes stock of Existing and Exited CMVs
1.7. Ensure CMVs agree to continue serving and are binded with a 3-year MOU with NIPHA/NIPA/RAM/Supervisory Facility.

2.0: Objective

2.1. Program Continuity & Sustainability in preparedness or going closer to Malaria Elimination

3.0. Brief Introduction.

The Homebased Malaria Management Program in New Ireland has been a success and continues to expand in a snail phase induced by many unprecedented challenges. Malaria data collected and reported by Community Malaria Volunteers speaks volumes for one to clearly understand the **fabrics of an Art of Service delivery empowered by someone with a Heart to serve** inconsiderate of monitory value for the service rendered at each communities they represent. At the most, someone cannot be denied recognition for this vital health program service delivered at the door steps and saving lives for a better future for a Health Community cost effectively.

Figure 1 left: Group Photo taken after training for Mapua Health facility catchment CMVs.

The refresher training was timely to address some burning issues that would enable fine tuning of the Program at all levels. It was also an avenue to update the statues of the program to the volunteers and health facilities as to see how well the CMVs are performing and

the ***Impact*** the program is injecting at all levels of governance. Added to the Simple Malaria Treatment Protocol was the Stat dose of Primaquine administration for Plasmodium Falciparum *(PF)* Cases at the CMV. Mapua Health facility catchment had 22 CMVs trained in July 2022, however, 6 CMVs have officially exited the program leaving with 16 who attended the training. The Training
Refresher was completed successfully on a high note with limited set becks.

4.0. Program Update.

It is and was very significant to update the statues of the HMM program to the actual Implementers (CMVs) and the Health Facility Staff. The program updates included;

- NIPHA HMM Program Statues at National, Regional & Provincial Levels respectively.
- Proportion of Data reported by CMVs at each Health Facility Catchment
- Proportion of Individual Data reported by each CMVs
- New Ireland Provincial Administration/NIPHA Contributions & Plan for CMVs & program sustainability
- Program Achievements for the last 3 years
- Program Outcomes for the Last Three Years
- Addition in Treatment Protocol
- Other Added responsibilities for CMVs, CMV Supervisors & Health Facilities
- Program weakness & Strength.

The above Program Update Topics were discussed during the Training that paved way for CMVs & health facility Staff to see their work, the success of the program and what needs to be done for sustainability going into the future. What amazed the CMVs most was the proportion of RDTs reported by CMVs and Health facilities into the ENHIS. Example, some facilities reported less RDTs than the CMVs, some reporting almost half or even 90% of the total data reported to eNHIS. More so, each CMV was shown the data for the last two years that is assumed to be a ***push factor*** for those CMVs who were not committed into their work to improve or would be asked to quit.

5.0: Primaquine Administration

The Current practice by CMVs is only to treat Simple Malaria Case with the use of Artemether Lumefantrine by weight band and referring for Primaquine Administration to the nearest health facility.
This treatment protocol has changed and CMVs will now allowed to Treat Patients with Malaria patients present with the presence of Plasmodium Falciparum with a single dose of Primaquine by weight band and refer to health facility with other parasite (Mix Infection, Non Plasmodium Falciparum) presence for the 14 days Treatment.

To protect the Program and CMVs to comply to this arrangement, a Statutory Declaration was signed by each CMV to administer a single dose of Primaquine for Plasmodium Falciparum (PF) cases until they are allowed to administer for 14 days in the future.

6.0. Quality & Timely Data Recording & Reporting

Quality date recording and Timely reporting to health facility by CMV have been a huge challenge. This has cause allot of data reported late to health facility and are not entered into the eNHIS. Discussions and resolute for Health facilities to consider as a routine activity each month. Again it's an expensive exercise especially for an Island facility. CMVs should also make efforts to submit reports timely should there be any possibilities.

7.0. Level responsibilities for Program Continuity and Sustainability

There is still so much confusion as to who is responsible for certain tasks at each level for smooth running of the Program at each facility catchments and communities and CMVs. Hence, nothing much can be achieved when we have the culture of finger pointing.

Table 1. Below clarifies what is expected at each levels for a smooth program running and continuity.

There may be many other responsibilities at each level, below are the ones we thought is more significant and was embassised during the refresher trainings for everyone to take heed of.

CMVs responsibilities	Community/Ward Responsibility	Health facilities responsibilities	NIPHA/RAM
➢ Report to Health facility when running out of stock ➢ CMVs to advocate to treatment seekers to comply to Treatment and adhere to referrals. ➢ CMVs to aggressively Advocate for LLIN usage at their communities ➢ CMVs must seek financial assistance and support from	➢ Build Haus Marasin ➢ Support/ Assist CMVs with Transportation for reporting and restocking as and when required ➢ Ward Members to advocate to Local MPS for funding assistance for program continuity.	➢ Health Facilities must make it a monthly routine Task to collect CMVs Data and enter them into the eNHIS Tablets or Forms. ➢ Health Facilities must do Quality Check of Data before entry into the eNHIS.	➢ Make sure supplies and always there at the health facility level ➢ Make sure CMVs be Incentivized as per NIPG decision. ➢ General monitoring of the Program ➢ Replacements and Training of Volunteers

the communities specially to submit reports in the event that Health facilities don't attend on time. ➢ CMVs must report any issues weather personal or work related to the Health facility staff and not directly to the HMMO. ➢ CMVs to be committed to serve with fear and favor as per the MOUs		➢ Health facilities must always utilize the CMVs for other Public Health Programs. ➢ Health facilities must make sure CMVs are complying to Health Standards and rules. ➢ OICs must collect and send hard copies of CMV data to the HMMO monthly and Timely.	➢ Continuous emphasis on timely Data recording & reporting by Health facilities.

8.0. Significance of Compliance to Treatment & LLIN usage

CMVs were refreshed on the Vector Control aspect especially the use of LLINs likewise compliance to ACT (Mala 1) Treatment. They were encouraged to do more advocacy seen the large number of LLINs distributed with a low usage rate and relapse cases seen at their level

9.0. Stock Take of CMVs

This Training was also an avenue that confirmed Exited and Active CMVs. It was also an avenue to have CMVs speak of the realities faced on the ground that had an impact in the exits of many CMVs. Nil participation of community members to sustain the program has had a major impact on CMVs exit.

10.0. MOU between CMV & NIPHA/RAM.

MOUs are an important part of any programs to progress so one can feel responsible of what is assigned at their disposal. HMM Program being a monetary less program, MOUs are signed to binds the actual volunteer to be responsible. The 2023 MOUs that were signed by CMVs during

the Training is valid for 3 years that will expire in December 2026. The CMVs were briefed and were asked to resign or can quit volunteerism as it is a monetary less work and gave the CMVs to decide whether they wanted to continue at will without being forced. Apparently, none of the existing volunteers quitted but were all happy to ***Re Sign*** the MOU and continue providing this vital service in their communities.

11.0. Incentivization of Community Malaria Volunteers

It is believed and is also experienced that no one wants to work for free at this time and age. With that in mind in our program circles and a possible reason for CMVs exiting, NIPHA HMM Program did a proposal through the NIPA Health Directorate to New Ireland Provincial Government for CMVs Incentives late last year. Fortunate enough, the Proposal was approved in March 2023 as the Program was seen as a driver of one of the Policies of NIPG that talks about Free Primary Health Care to the Communities. Sadly, that is yet to become a reality. Whilst waiting, two different submissions were made to the Namatanai and Kavieng District Member of Parliament through the District Health Managers in February this year. Hence, CMVs were advised to provide their Banks account Details for the Incentives to be payed directly to their accounts.

A Total of 16 Active Volunteers and 1 facility staff attended the training. ***See Annex 1 for Volunteers Names in detail.*** They were given the Statuary Declaration Forms to sign to administer only single dose of Primaquine for PF cases and refer the 14 days' treatment to the HFs or Aid Posts. Renewal of MOUs were also done by individual CMVs to continue practicing as monetary less volunteers for the next 3 years (. MOUs signed by active CMVs have been fully received for filing at NIPHA Malaria Program Office.

12.0. Summary

- Refresher Training for CMVs have given confidence to CMVs that they are well recognized at all levels through their work.
- Weakness & Strengths of each Health Facilities were highlighted that should enable continuity of the program progress.
- Incentivizing of CMVs is the way forward for program Sustainability going closer to Elimination.
- Single Doze Primaquine administration by CMVs for Plasmodium Falciparum should pave way for a dramatic reduction of PF Cases.
- Health facility must prioritize CMVs data collection as a routine monthly task.
- Primaquine administration at the CMV level is the way forward to reduce malaria prevalence in the communities.
- Timely reporting into eNHIS is the key to supply sustainability at the national level for drug procumbent.

- Declining of LLIN usage & Treatment noncompliance is increasing at an alarming rate especially for both Namatanai and Kavieng district that needs an attention for an aggressive advocacy.

13.0. Issues raised by facility Staff and CMVs

- Timely Reporting Lacking
- Nil Community Support given to the Program
- CMVs exiting a huge loss
- Damaged Scales unable to be replaced quickly
- Limited Supply received from the Program level
- Health facility unable to collect CMV data around the Island due to no supply of Fuel/Zoom
- Noncompliance of treatment by patients

14.0. Recommendations

- CMV refresher to be strictly conducted beginning of each year.
- Next Refresher Training to be scheduled for 2 full days
- NIPA, NIPHA & NIPG to fast track CMVs Incentives
- Healthy facilities to Schedule monthly Routine CMV data collection and entry to eNHIS
- NIPHA/NIPG to assist with Fuel for CMV and Aid Post Data collection by Health Facility Staff
- Ward Members to seek Political Intervention for Program Support &Continuity
- RAM/NIPHA to ensure extra foot scales are in stock.

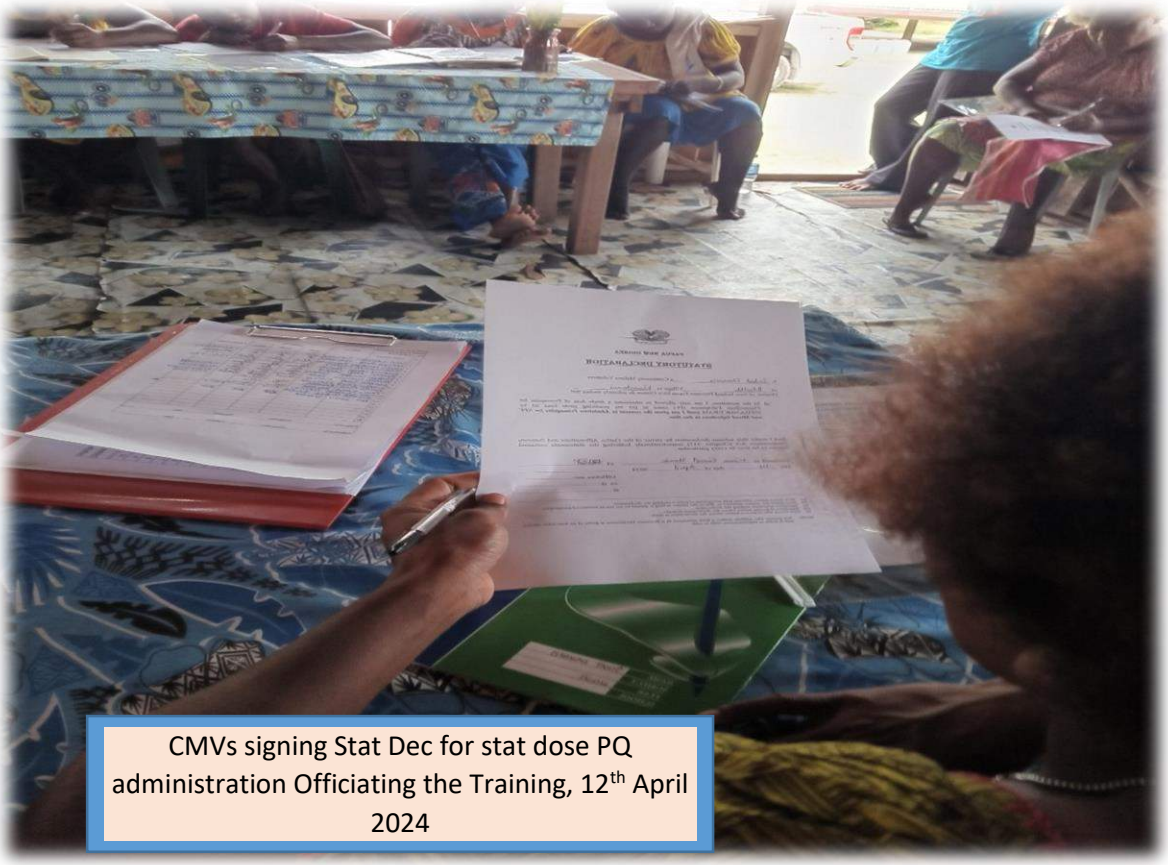
15.0. Acknowledgements

- NIPHA Staff and Management
- PDCO Maria Sabok
- Health facility OIC & CMV Supervisors
- RAM Officer Pom
- Program Staff
- Konos Guest House Staff & management

16.0 Annex Training Photos

PDCO Maria Sabok Officiating the Training, 12th April 2024

CMV Supervisor for Mapua HF Sr Agesta attending refresher training at Konos guest house, 12th April 2024,



CMVs signing Stat Dec for stat dose PQ administration Officiating the Training, 12th April 2024

Group Photo taken with CMVs after the Training, 12th April 2024

CMVs Training & and Meal Attendance Lists as per facility Catchments

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