

TRIP REPORT – Home Management of Malaria (HMM) East New Britain province CMV Visit Q1 2025

LOCATION	East New Britain Province
Date of Visit	30/01/2025 - 13/02/2024
Traveling Officer(s)	1. Miss. Bernedyn Neil (HMM M&E Officer - RAM)
	2. Mr. Richard Piko (HMM Coordinator – RAM)
Officers Met	1. Miss. Erica Nawara (RAM/NMCP RMC – ENB & NIP)
	2. Ms. Irene Stanley (HMM officer – ENB PHA)
	3. Mr. Joachim Kais (Provincial Disease Control Officer – ENB PHA)
	4. Mr. Norman Vakore (Public Health Director – ENB PHA)
	5. Mr. George Luga (Driver – ENB PHA)
	6. Mr. Patrick Vuravura (Provincial Malaria Supervisor – ENB PHA)
	7. Mr. George Malingo (CMV Supervisor – Mougou HC)
	8. Mr. Cletus Wume (Pharmacy Assistant – Warangoi Rural Hospital)
	9. Mrs. Jessica Bavai (CMV Supervisor/HEO – Warangoi Rural Hospital)
	10. Ms. Flora Lonaneso (OIC – Marunga SC)
	11. Ms. Ashwin Lau (Partners Coordinator – ENB PHA)

**Visit Purpose**

1. Home Management of Malaria (HMM) Community Malaria Volunteer (CMV) Data Collection and Supervisory Visit to all CMVs
2. Health Facility (HF) Visit on HMM Reporting and Supply Management
3. Malaria Commodities Supply Q1 RMC Visit

**INTRODUCTION**

HMM Program in East New Britain covers Pomio district only and as yet to expand to the other 3 districts. The program started in 2021 and currently covers 6 reporting Health Facilities in the province. The reporting facilities are: Mungou HC, Warangoi Rural Hospital, Hoiya HC, Marunga HC, Guma HC and Uvol HC.

The visit was planned for two officers which is myself and the HMM national coordinator Mr. Richard Piko to cover the province doing data collection at the CMV level for our Global Fund program reporting, as the newly recruited HMM officer Ms. Irene Stanley was about to go on maternity leave.

I arrived in the province on Thursday 30/01/2025 where I met Irene and the PMS Mr. Patrick Vuravura at ENB PHA office in Butuwin. From 31/01-01/02/2025 we started with the visit to Warangoi Rural Hospital visit. We also covered logistics runs, checking on the Program vehicle on the service completion and also payment for safety ticker. For the HMM Coordinator Mr. Richard Piko, as planned he was to travel to Pomio on Tuesday

04/01/2025 with Mr. Vuravuar, to do visits to Pomio HF with Q1 RMC visit and CMV visit to Uvol HC catchment CMVs.

On Sunday 03/02/2025 Mr. Piko and Miss. Nawara (RMC) flew in from POM to Kokopo. The Malaria team did a courtesy visit to ENB PHA to share our program plan in the province for the next 2 weeks. On Wednesday 05/02/2025 we met with the PDCO Mr. Joachim Kais and Mr. Vakore the Public Health Director at Butuwin, in Mr. Vakore's office. Our planned trip was for the team to split into 2, where the first team will cover facilities covering Kokopo district and part of Pomio district which are accessible through Kokopo and the second would cover Pomio district accessible through Palmalmal. With the sharing of our plan trip for Q1, we also had other discussion in the space of Malaria.

For HMM program, Mr. Piko advised the PHA on the renewal of the MOU with the PHA, for the new grand cycle (GC7). Also with the new HMM officer going for maternity leave, the PHA asked what plans does RAM as in place for an officer covering for the HMM program temporarily. Mr. Piko answered saying RAM as no plans for another officer temporarily covering and advised if the PHA insist than he can bring it up to RAM management and see. As planned our trip was supposed to cover the Q1 supervisory visit, hence it should be enough before Ms. Irene Stanley resumes after her 6-8weeks leave. In the meantime, the PMS can oversee the program at the provincial level. For the RMCs routine quarterly visit, no changes where done and all will go as planned. As highlighted by the RMC in 2024 there was no major stock out in the province.

From our updates the Mr. Vakore acknowledge the work and partnership in the province, however he raised concerns on not much improvement and poses the question on what is the issue? Are the reports right, as supply as to correspond to the consumption? Highlighting the need to improve eNHIS reporting at the health facility and PHIO level. Additionally, Mr. Kais (PDCO) mentioned that there is report on which CMVs are said to be selling ACTs, which we could not confirm, he also raised concerns on data accessibility by partners (RAM) and the misuse on LLINs and noncompliant to full treatment by patients when treated by CMVs. With the concerns raised, the Malaria team said to work closely with the HF staff, CMVs and other partners to improve where possible.

We also met with Ms. Lau the Partners Coordinator who also emphasized the need to involve CMVs with other organizations already in the province. This is to upskill our CMVs with other health promoting programs and making them first line health people in their communities.

Apart from supply distribution and visits, we also did payment for the expired safety sticker for the new BT-50 (REX-588) and also took the 10 seater Toyota Land Cruiser (RAW-379) out from service. For the Motor cycle, it is functioning well. With the program vehicles, Mr. Vakore requested if the keys could be left with the PHA, like other partner program vehicles.

#### Province CMV update:

##### East New Britain Province

1. CMVs Trained 2021 – 2023
  - Total – 142 CMVs
  - Active & Reporting – 98 CMVs
  - Non Active & Not Reporting – 44 CMVs
  - Total Active HMM Reporting HFs – 6 HFs

CMV status will be confirmed once a thorough supervisory visit is done in Q2 by HMM officer.

### Health Facility Visit

Agenda	Discussions	ACTION TO BE TAKEN / COMMENTS
<p>HMM Health Facility Visit (Data Management &amp; Malaria Supply)</p>	<ul style="list-style-type: none"> <li>❖ All yellow copies of the CMV registers collected where given to the reporting HFs for HF data entry.</li> <li>❖ For Mungou HF, we did CMV visit with the CMV supervisor Mr. George Malingo</li> <li>❖ . Malaria Commodities Supply               <ul style="list-style-type: none"> <li>• HF resupply the CMVs as per the reports received taking into account the consumption and also the stock availability of the HF itself.</li> <li>• We did CMV resupply during our visits. The supplies were taken from respective catchment facilities.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>❖ Before supply were taken from HFs, all stock cards were updated as CMV supply.</li> <li>❖ Resupply to CMVs were done through each CMV monthly consumption per data received. Hence HFs were encourage to supply per consumption, this is to avoid over supplying CMVs which may lead to having expired ACTs at the CMVs level. Also to avoid under supplying CMVs, were they may need to go back and forth 2-3 times in a month.</li> </ul>
<p>eNHIS and NHIS Reporting</p>	<ul style="list-style-type: none"> <li>❖ All CMV data are still being entered under the health facility as the tablets are not the updated once.</li> <li>❖ CMV late reporting is an ongoing issue, as some CMVs drop off reports at their own time and some do monthly submissions.</li> <li>❖ CMV reports are to be verified and checked once received, to avoid having any missing information on the malaria register. Corrections are to be made upon receiving the reports either by CMV supervisors/HF staff and or HMM officers.</li> </ul>	<ul style="list-style-type: none"> <li>❖ All OICs and CMV supervisors were encouraged to capture CMV data that were received. Hence CMVs were advised to bring their reports 3-5 days before every month end. This will give the OIC/CMV supervisor enough time to enter the data received. For the patients seen that same month after CMV submitted his/her report, those data are captured under the next month.</li> <li>❖ For data coming in months late to the HFs, officers (OIC/CMV supervisor) were ask to still capture this data's in the eNHIS and do note on the comments sections, the specific data for Malaria Volunteers came in late for past months were added.</li> <li>❖ For Supervisory visits HMM officers have to thoroughly go</li> </ul>

		<p>through all CMV registers to see that all required data is captured by the volunteers. Whether it be the Patients name/age/date etc. Everything as to be checked and confirmed at the CMV level before data is brought back for entering by the HMM Officer and the facility staff of supervising HF.</p>
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### Challenges

- ❖ Bad weather (rough seas and wind) making it difficult to move around, some travels are done with great risk. We could not visit Hoiya and Guma catchment CMVs due to rough sea
- ❖ Lack of combined supervisory visits done by HMM officer with reporting HF supervisors to the CMVs. Some HFs do not know their catchment CMVs, which creates a gap between the HF and CMVs. The gap is widens when there is no HMM officer, leaving CMVs to drop out.
- ❖ All reporting HFs supervisors differ, as some are helpfully and work well with CMVs however some are unsupportive which demotivates CMVs from submitting reports and going for stock replenishment.
- ❖ The ongoing late and inconsistent reporting from CMVs. Since not all reporting facilities have the luxury of doing report collection for all their CMVs, reporting delay is inevitable. Having increases costs for Transportation having a good number of CMVs accessing reporting HFs through sea.
- ❖ Communication issues, with most villages being out of network areas and some do not have phones, hence they cannot be reached.
- ❖ Treatment completion is still an issue, where most patients who are referred for PQ to their nearest HF turn to not go for their PQ supply. This is due to the distance and also most patients just don't think they need to complete treatment (PQ) after taking ACT and feeling better. Hence most patients do not come back with the counter referral slip making it difficult for the CMV to know whether the patient went to get PQ or not.
- ❖ Selling of ACT at the CMV level, is becoming an ongoing issue for not only ENB but other HMM provinces also.
- ❖ Delay in recruitment process as affected program progress, in terms of CMV supervision. Some CMVs have requested replacement of their incentives (i.e. weight scales, referral books, thermometers and uniforms) through their HF supervisors.
- ❖ Program coordination at the PHA level is important in recognizing other partners doing similar community programs.

## Way forward/ Suggestions

- ❖ Consistent and combined supervisory visit by HF staff and HMM officer is vital for smooth flow of work from supply to reporting.
- ❖ HMM officer as to do a thorough supervisory visit to all CMVs to confirm their status and also to resupply ACT/RDT and other working tools (weight scales, Thermometers, referral books etc.) that may need replacement.
- ❖ East New Britain (ENB) HMM subcommittee as to be reignited and active.
- ❖ Community awareness as to be done, to inform the public again on the importance of treatment compliance, use of LLINs and the work of CMVs in the communities. This will give recognition to the CMVs as first line health professionals in their communities.
- ❖ HMM officer to use the WhatsApp group created by RMC to advise HMM reporting HFs to share copies of CMV reports on the platform.
- ❖ With the reported selling of ACT by CMVs in the community, this as to be looked into by the HMM officer so she can address the issue when visiting the individual CMVs. Also this can be put as a discussion point when doing refresher training so it can be discussed as a team and get be corrected again.
- ❖ HMM officer to work closely with the Partners Coordinator to identify other organization working within the PHA who also involve community volunteers. Hence HMM officer can share CMV information and background of HMM program to other partners.

## Conclusion

- ❖ Like all HMM provinces, HFs visited shared their great appreciation to the program and the CMVs on what they are doing at the HF catchments. Having CMVs has reduced the number of outpatients they see on a daily basis as most or all suspected malaria cases are seen at the village by the CMVs. For CMVs trained in 2021 being active in reporting, despite not being paid or for most have not much support from the community and still working is a great achievement.
- ❖ Constant communication is vital for any program to succeed. All partners (CMVs/HF/HMMo) working in alignment from Diagnosis, Treatment to Data recording and reporting.
- ❖ Again sustainability of HMM program within ENB PHA is still in working progress, with not much visible support coming from the PHA.

## Acknowledgments

- ❖ Thank you to East New Britain PHA for the partnership with the National Malaria Control Program (NMCP)
- ❖ Also a great appreciation to all Health Facility staff we have visited, who took time out to sit with us during our visit.
- ❖ To all committed CMVs in the province for their heart and willingness to serve their people in their respective villages.
- ❖ Finally, thank you to NMCP/RAM/HMM team in Port Moresby for a successful program rollout in East New Britain Province.

## CMVs Visited

No	CMV Name	Village	Reporting HF	Comments
1	Aloisia Nick	Induna	Mungou HC	Active – 70157381
2	Jacklyn Munas	Merai	Mungou HC	Active – 70137558
3	Argatha Ludwick	Merai	Mungou HC	Active – 70157543
4	Stanley Jeffery	Urai	Mungou HC	Left program-Inactive
5	Carolyn Arson	Urai	Mungou HC	Active – No phone
6	Clemencia Semetep	Mak	Mungou HC	Active – No phone
7	Leonie Abel	Mak	Mungou HC	Active – 70151580
8	Michaelyn Kul	Gar	Mungou HC	Inactive
9	Monica Ossa	Gar	Mungou HC	Inactive
10	Peter Philip	Karong	Mungou HC	Active - 70157372
11	Elayne kanari	Bunugit	Warangoi RH	Active - 79219948
12	Susan Mondo	Bungbung	Warangoi RH	Active - 70145707
13	Getruth Bun	Delroy	Warangoi RH	Active - 73361632
14	Rose Rodney	Delroy	Warangoi RH	Active - 70145694
15	Fredah Simon	Illugi Plantation	Warangoi RH	Active – Need new phone
16	Tarsisius Sinup	Arabam	Warangoi RH	Active – Need new weight scale
17	Albert Kaiska	Arabam	Warangoi RH	Non Active
18	Evelyn Malawa	Laup	Warangoi RH	Active - 70928006
19	Jocabeth Kevin	Mu	Hoiya HC	Active - 70151171
20	Carol Pianga	Putput	Mungou HC	Active - 70157036
21	Doreen Rikis Nelson	Marambu	Mungou HC	Active - 70145882
22	Beningna Ragal	Minsual	Marunga HC	Active - 70145609
23	Philip Kamai	Illagi Plantation	Warangoi RH	Active – No phone

### Note

- ❖ For CMVs with no weight scales, they were told to refer their patients to the neighboring CMVs to do testing and treatment until they get their replacement of weight scales.
- ❖ A weight scales box was consigned for HMM officer to distribute once she resumes work, for other items they will be resupplied on case by case per CMV.
- ❖ All reports collected from CMVs, yellow copies were given to the HF CMV supervisor for its monthly report while white copies were brought back to POM for entries and later will be consigned back to the province for HMM officer's filling.

Photos of East New Britain Province Visit Q1 2025



**Photo 1-3:** Photos 1&2 shows the Malaria Team doing packing of Q1 supplies at Butuwin transit store and Photo 3 shows the consignment of ANC nets at RAMs shipping for Pomio HFs.



Photo 4-5: Shows the visit to CMVs where reports were collected and supplies were given.





**Photo 6-7:** Q1 RMC visit to HFs, where correct and timeliness of eNHIS reporting were greatly emphasized to HF staff



**Photo 8:** Malaria Team briefing with Public Health Director and PDCO of ENB PHA.