



HMM MASTER TRAINERS TRAINING REPORT HMM PROGRAM

ABSTRACT

HMM Master Trainers Training is a training conducted for new personnel who join HMM Program or work along with the HMM team. The skills attained in the three-day long training equips them to implement the program in their respective provinces. The purpose of the program is to reach the unreached though testing all suspected malaria cases and treating simple malaria cases with first line antimalarial as per the national treatment guidelines for malaria in PNG.

NMCP/RAM

HMM Master Training

Table of Contents

Introduction.....	2
Inauguration of Master HMM Training	3
Global Fund Indicators	3
Master HMM Trainers Training Participants.....	3
Training Schedule	4
Day 1.....	4
Training Schedule	4
Day 2.....	4
Training Schedule	5
Day 3.....	5
Pre-Test and Post Test Result Analysis.....	6
Evaluation of Training.....	7
Finance Procedures and Human Resource	8
Closing Remarks.....	9
Acknowledgements.....	10
Annex: 01. Training Pictures.....	12
Annex: 02. Pre-Test Sample Questionnaires.....	13
PRE-TEST	13
Annex: 03. Post-Test Sample Questionnaires.....	14
POST-TEST.....	14
Annex: 04. Training Evaluation Questionnaires	15

Introduction

Home-based Malaria Management Master Trainer's Training is an integral part of HMM implementation. Since the inception of HMM program with RAM as an organization in 2020, the HMM Officers undergo this training to prepare them to be trainers of their own program volunteers (CMVs) in their respective provinces. Overtime, the program has grown and is currently implemented in twelve provinces after the rejuvenation of HMM program by RAM through the Global Fund (GF) Grant.

The program is an approach initiated by the National Department of Health under the National Malaria Control Program. Thus individuals from the community level are selected by the community through an independent selection criterion and are trained on a three-day intensive course outline. The Participants are then certified as Community Malaria Volunteers (CMV) who then treat uncomplicated malaria cases by diagnosing with mRDT and treating with Artemether Lumerfantrine (Mala 1) as per the standard malaria treatment guidelines in PNG.

As such, HMM Master Trainers training is the platform to acquire such knowledge and skills thus the training was conducted from the 28th February – 01st of March, 2024 at RAM Office #2 Conference Room in Port Moresby. The participants attended the training were from provinces who had replacements, PHA staffs, RMCs and few PMS's. A total of ten people attended the training inclusive of participants from POM RAM office.

The training was facilitated by National HMM Coordinator and who has more than 7 years of experience in leading national level HMM program assisted by the Assistant HMM Coordinator. The national HMM training manuals were used to conduct the training, thus all participants had at least Community Health Worker level training background.

The training was successfully completed with certification done by Mr. Rio Fiocco (Chairman RAMPNG Board) and officially closed by Mr. Leo Makita (NMCP Manager-NDoH).

Inauguration of Master HMM Training



Picture 01: Mr. Leo Makita giving his opening remarks and officially opening the HMM Master Trainers Training.

Welcomed all participants and congratulated those who have been recruited based on merit to join the HMM team and work together to fight malaria with NMCP, RAM, Partner Organizations and the respective PHA's they come from.

He added that HMM program was initiated basically for remote places where there are no medical services and entirely is a PHA led model unlike the previous implementations by PSI. He stated the 'malaria is a preventable and curable disease thus as a program, we have to implement strategies to meet our goal of eliminating malaria in PNG and HMM is one of them'. However due to financial constrains and other social determinants; not most people do not reach health services on timely manner. Hence, through HMM, we will reach the unreached and try to prevent community level transmission by testing and treating simple malaria by trained CMVs.

The training is very important because it prepares individuals to equip themselves with the necessary knowledge and skills to roll out the HMM program. It looks small but it is very important to learn how to implement HMM in provinces.

In addition, he stated that; HMM is gaining a lot of recognition from NDoH, GF, PHA's and communities. Some parts of the country have done it already and others are willing to take it on board. However, above every program implementation, success rates are the most important focus in measuring the outcome of the program.

The government is already in the process of rolling out Village Health Assistant (VHA) program in the country. Thus it is an opportunity as frontline HMM Officers on the ground, integrate the existing CMVs in the VHA program.

He further elaborated that serving communities with passion and commitment is a unique way to give back to the marginalized population. The training equips all aspects of HMM and other related programmatic areas. He encouraged the participants to learn as much as they can within the three-day long period.

Global Fund Indicators

HMM funding is a donor funded through Global Fund (GF) grant for a period of three-year term. The implementation of the program requires specific targets to be achieved per the set indicators by Global fund (GF) as mentioned below;

- a) Proportion of suspected malaria cases that receive a parasitological test in the community (Target: 99% for 2023) and
- b) Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community (Target: 99% for 2023).

Master HMM Trainers Training Participants

The participants who attended the Master HMM Trainers Training where from provinces whom were chosen by the NMCP TWG. However, there were also replacements of staff especially for Central and Gulf Provinces who were part of the training. In addition, we also had participants from RAM Office. The table below shows the names of the participants who attended the HMM Master Trainers Training.

Table 1.1. Staff who attended the HMM Master Trainers Training

Name	Sex	Province of Duty	Designation
WINNIE RAMBAYIPMA	F	MADANG	PMS
ROSE AISUK	F	MOROBE	ASSISTANT PMS
NOEL WAUSEP	M	SANDAUN	HMMO-AITAPE
JOYLEEN REKEN	F	WESTERN	HMMO-NORTH FLY
MISEK MELKIO	M	MOROBE	HMMO
SALOME YAOT	F	CENTRAL	HMMO
ERICA NAWARA	F	NIP & ENB	RMC
FABIAN WORR	M	ESP & WSP	RMC
AILEEN WATAKAPURA	F	GULF & ORO	RMC
EUSTINE TOROT	M	WNB & MANUS	RMC

Training Schedule

Day 1

Day/Date	Training Topics	Outcomes
Wednesday 28.02.24	<ul style="list-style-type: none"> • Ground Rules • HMM Background • Goal and Objectives of HMM • Pre-Test • CMV Roles and Ethics • Malaria Overview • Selection Criteria 	<ul style="list-style-type: none"> ○ Rules that were set by the participants for the smooth flow of the training. ○ A brief background of HMM was given by Richard basically for the participants to understand the concept. ○ It is important for the participants to know the goal and objectives of HMM. This were well outlined and understood by the participants. ○ The test illustrates how much the participant's knowledge of malaria. Overall it was good because most participants were health workers. ○ The topic was covered and understood by the participants well. ○ The general view of malaria situation was highlighted. The views of the presentation were for them to know that giving evidence based statistics is important for the participants' knowledge and understanding. ○ The session covered aspects of selecting CMVs. Thus it helped the participants to select their CMVs well based on the selection criteria. It was thoroughly covered with question and mini discussions.

Training Schedule

Day 2

Day/Date	Training Topics	Outcomes
Thursday	<ul style="list-style-type: none"> • HMM Supervision • Transmission Cycle 	<ul style="list-style-type: none"> ○ The session was covered and explained the importance of supervision after training. Also emphasizes on factors that can eventuate if not much supervision done and obviously the common one is dropout rate can be high though. ○ Continued the session on general information of how the malaria parasite spreads from one person to another. The session was bit easy because many

29.02.24	<ul style="list-style-type: none"> ● Sign and Symptoms of Malaria ● Types of Malaria ● Prevention of Malaria ● Listening Skills ● Concepts of Malaria Diagnosis with temperature reading ● Concepts of Malaria Treatment with scale reading 	<p>participants were all health workers. Played a video of the transmission of the malaria parasite.</p> <ul style="list-style-type: none"> ○ The session was a reminder to all participants that malaria signs are common in any other sicknesses so they need to teach the CMVs well because they are non-clinicians. ○ The session covered the different types of malaria so that the trainers teach their CMVs on whom to refer for Primaquine dosages. ○ The session covered ways for the trainers to teach their CMVs on how to teach their communities prevent themselves from malaria. The use of LLIN is a major concern in many communities, in the session the participants were encouraged more on the use of LLIN. ○ The participants were asked to train on how the CMVs can communicate with their patients. Good communication and listening is vital between patient and care-giver. ○ The sole training is purposely to do testing at the community level on day one of fever. Participants were trained on RDT testing and covered all SOP for the RDTs. In the session, covered the RDT interpretations, timing and buffer drops. Did couple of practical sessions which all mastered the testing SOP. Also informed the participants that PNG has 6 RDTs circulating but the difference is buffer drops and timing. ○ Treatment is the important component of the training as well because when the test is done, all positive cases has to be treated with first line anti-malarial. The session was basically emphasizing on weight bands, dosages, timing, treatment compliance and importance, follow up and referrals. All weight bands were displayed as well and advised the participants that tablet sizes can be increased or decreased when one band is not available. The important message was that ACT is weight based and CMVs must be informed well to weight before prescribing the drug.
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Training Schedule

Day 3

Day/Date	Training Topics	Outcome
Friday 01.03.24	<ul style="list-style-type: none"> ● Danger Signs and Referrals ● Recap of Malaria Diagnosis and Treatment ● Supervisory support, maintaining drug box, drug box & contents, Malaria register ● CMV Community Awareness 	<ul style="list-style-type: none"> ○ The session was covered describing different types of danger signs for both adult and children so that the trainers identify them well to the CMVs when doing their training. ○ The session was undertaken as a recap of the previous day session so that the participants understand the dosages and RDT testing. Obviously the outcome was excellent after giving them random questions on ACT and RDT usage. ○ Generally, the session covers care of the equipment's given to CMVs for their work purposes. The session also covers how well to fill up the malaria register when registering patients. ○ In the session, it covers how well as trainer to equip CMV with basic knowledge of malaria

	<ul style="list-style-type: none"> • Finance Team Presentation • Human Resource Presentation • Take home messages • Post Test • Training Evaluation 	<p>and do their own community awareness. Presented the BCC importance and how CMVs can change their communities' mindsets and behaviours.</p> <ul style="list-style-type: none"> ○ A presentation was delivered by Kenneth and Benjamin especially of RAM procedures and protocols pertaining to financing. The staffs understood the session and asked questions and were answered accordingly. <p>RAM HR also delivered a presentation on policies and procedures in place in the organization. It was an interactive one as well whereby participants asked questions and were answered accordingly.</p> <ul style="list-style-type: none"> ○ This are the key messages from all the topics covered in the three day trainings. The session reminds them of what have been covered and discussed. Further elaborated on the specific key areas especially the three 'T'. Test, Treat and Track slogan. ○ The test is the output of the whole three-day training. It is compared with the pre-test results to see the impact of the knowledge gained. ○ This is a generally evaluation of the training for future improvement's.
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Picture 02: Participants performing RDT practical session during the HMM Master Trainers Training

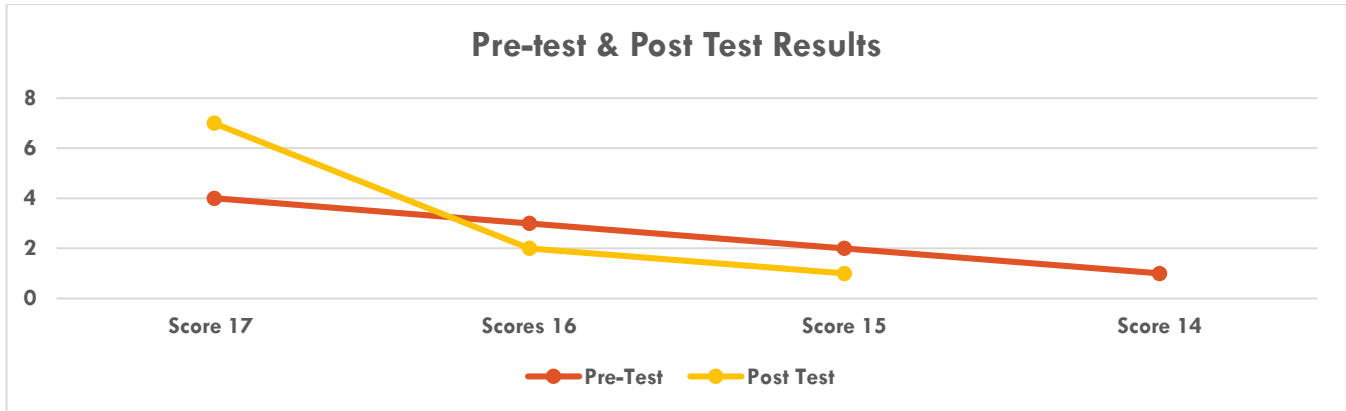
Pre-Test and Post Test Result Analysis

Knowing the level of participant's capacity on the type of training delivered is very important. It allows the facilitators to deliver the sessions in a mode that suits the interest of the participants. In this year's Master HMM Training, the training was conducted in visual art, practical sessions, discussions, mini lectures and video clips (Malaria life cycle).

Based on the pre-test results, **90%** of the participants scored 15 and above while the post-test **100%** scored 15 and above.

All in all, the training was a success thus the participants had improved knowledge of malaria both during pre and post-tests of the training. Hence, they also understood well the scope of work they will be implementing based on the module they will teach as trainers' for the CMVs in their respective province's. Refer to the annex for the pre-test and post-test questionnaires.

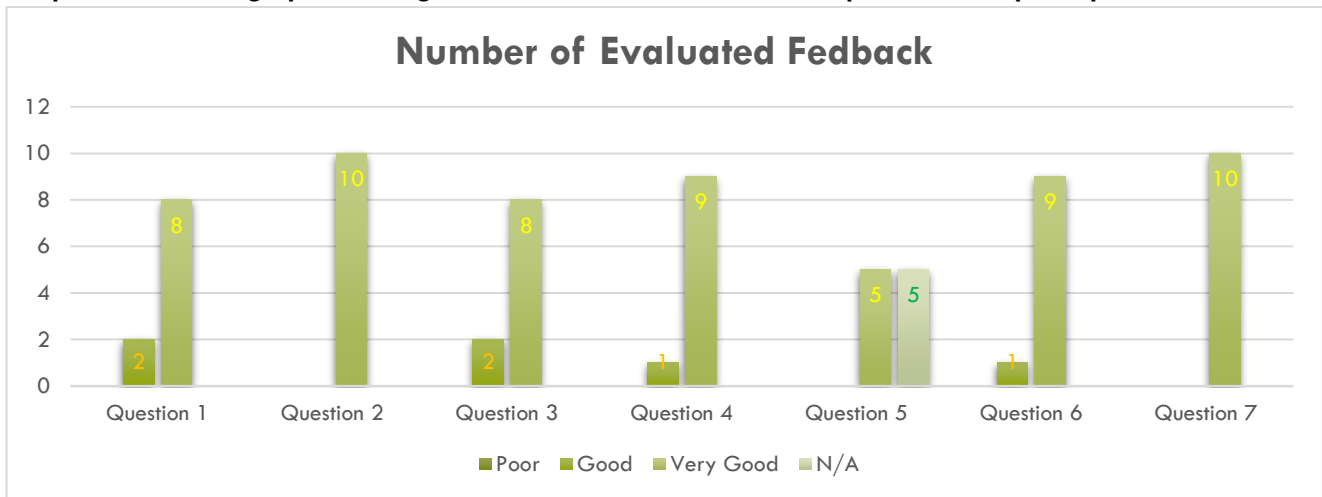
Table 1.2. Showing Pre-test and Post-test results done by participants during HMM Mater Trainers Training



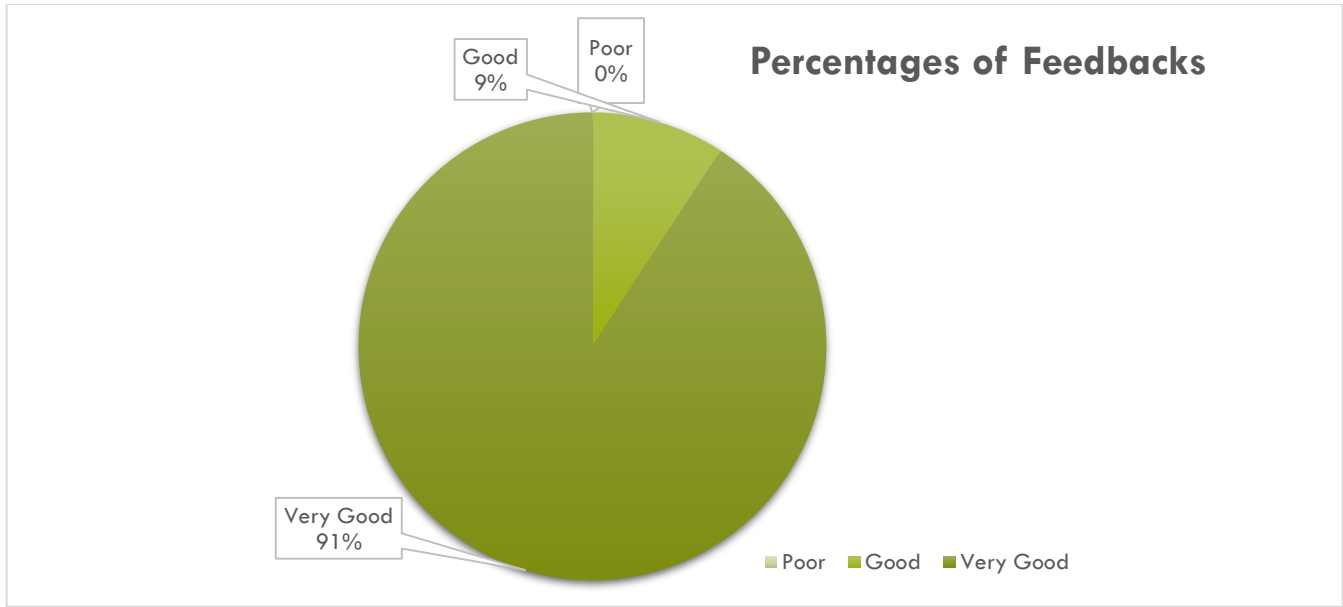
Evaluation of Training

Training evaluation is a key component of any training delivered. It is vital for all trainers to evaluate their trainings for all aspects of the type of training conducted. As such, a total of seven questions were formulated to get feedback on the general impressions of the training conducted which included; venue, accommodation, meals, and facilitator's level of knowledge of the topics delivered. Refer to the annex of the evaluation questionnaire.

Graph 1.1. Column graph showing the feedback for each evaluated question from participants



Graph 1.2. Pie chart showing the feedback in percentages



From the evaluation outcomes, 0% scored under criteria “Poor” while 9% scored “Good”. However, 91% of the participants scored “Very Good” for all evaluation questionnaires’. Hence, question five was based on accommodation whereby half of the participants were not accommodated at the venue because they were Port Moresby based residents.

Finance Procedures and Human Resource

It is a requirement that new and old RAM staff have to abide with the financial procedures for the organization. A finance representative presented a brief presentation of the processes, rates, acquittals and penalties associated should any of the guidelines are bridged. On the other hand, Human resource team presented on organizational guidelines and policies in place for the employees to abide to at all times. It was fitting this vital information’s to be disseminated since a handful of the participants who attended the Master HMM Training were new to the organization. More programmatic information dissemination sessions will be an advantage in future should there be room for such initiatives for program improvements.



Picture 03: Left above; Mr. Kenneth Konga, Senior Finance Officer presenting on RAM financial processes and procedures involved when dealing with project funds. Left below; Ms. Sapuri and Ms. Taukarai presenting on RAM HR Policies and Guidelines in place.



Closing Remarks



Mr. Rio Fiocco

It was fortunate to have Mr. Fiocco (RAM Chairman) at the presentation of the certificates to the participants. He congratulated the participants for attending the HMM Master Training. He added, that it is an honor to have more staff to roll out programs and work together as a team. He then bid safe travel to those travelling back to their respective provinces and ensure to work extra hard in whatever work you do.

Picture 04: Mr. Fiocco presenting HMM Master Trainers Certificate to one of the participant (Fabian Worr-RMC ESP & WSP)

Mr. Leo Makita

In his closing remarks, acknowledged the participants for successfully completing the Master HMM Training. He also acknowledged WHO and RAM for the partnership with NMCP in rolling HMM program in the country. Mr. Makita added that as a program, we have to reach far and wide. They are populations out there who are unable to reach health facilities when they are ill on timely manner. HMM is an economic benefit because it reduces a lot of hindrances that determine the reluctance of health facility daily attendances.

The program is more designed for community orientated thus all need to be mindful and ensure to be for the people. Hence, there will be a lot of challenges and we need to be mindful of those challenges. In addition, he added that be content of what you do in HMM because you are saving many lives unlike before.

However, he added that when there is opportunity to visit any of the provinces, we shall do so to see how you are doing and how we can help while being in your province.

Finally, wished the participants all the best in their return trips back home and officially closed the training at 4pm.



Picture 05: Mr. Leo Makita giving his closing remarks at the closing of the HMM Master Trainers Training.

Acknowledgements

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- **Mr.Leo. Makita: National Malaria Programme Manager, NDoH:** Officially opening and closing the HMM Master Trainer's Training.
 - **Mr. Rio Fiocco:** RAM Chairman, Presenting certificates to the participants.
 - **Dr.Munir.Ahmed: Partners Manager at Rotary Against Malaria:** Providing technical support in the entire Training period.
 - **Dr. Rashid: WHO,** Being present during the training to answer and technical questions
 - **Provincial Participants :** For attending and completing the three day training in Port Moresby.
 - **HMM Admin Staff:** For the support and advance preparation for the event to eventuate without any major problems during the course of training.

Annex: 01. Training Pictures



Annex: 02. Pre-Test Sample Questionnaires

PRE-TEST

A short pre-test will be done to make the training plan more useful for you all. Don't worry if you can't answer most or all questions. (15 minutes' time limit)

Multiple-Choice Questions (Circle the correct answer)

1. What causes malaria?

- A: Female Anopheles mosquito bite
- B: By sleeping up late at night
- C: By not sleeping under LLIN
- D: None of the above

2. How is malaria parasite transmitted?

- A: Malaria parasite is transmitted by female anopheles' mosquito from one human to another
- B: Through physical contacts between humans
- C: By living in the same house
- D: None of the above

3. How would you prevent malaria?

- A: By picking and burying cans from the yard
- B: By cutting the tall grasses and nearby bushes
- C: By sleeping under the insecticide treated nets every night
- D: All of the above

4. Which is/are the vulnerable group (s) for malaria in the community?

- A: Children under five age group
- B: All pregnant women
- C: Highlanders without previous exposure to malaria
- D: All of the above

5. Which is the principal symptom of malaria?

- A: Fever
- B: Cough
- C: Diarrhea
- D: Headache

6. Why is malaria disease important to fight in our communities?

- A: Because it affects corporate sector resulting in low production
- B: Because it is one of the leading causes of deaths among under 5 years' children
- C: Because it is preventable and curable
- D: All of the above

Annex: 03. Post-Test Sample Questionnaires

POST-TEST

A short post-test is done to generally get an outcome of the training undertaken. Try as much as possible to answer all questions. (15 minutes' time limit)

Multiple-Choice Questions (Circle the correct answer)

1. What is the main cause of malaria?

- A: Female Anopheles mosquito bite
- B: By sleeping up late at night
- C: By not sleeping under LLIN
- D: None of the above

2. When does the female anopheles mosquito bite to pass malaria parasite?

- A: When the sun sets to the till the sun rises
- B: During the day
- C: At 12mid night
- D: None of the above

3. How would you prevent malaria?

- A: By picking and burying cans from the yard
- B: By cutting the tall grasses and nearby bushes
- C: By sleeping under the insecticide treated nets every night
- D: All of the above

4. Who are the high risk groups of malaria?

- A: Children under five age group
- B: All pregnant women
- C: Highlanders without previous exposure to malaria
- D: All of the above

5. What is the name of the tool used to detect fever?

- A: Scale
- B: Thermometer
- C: RDT
- D: None of the above

6. What does a CMV does when a patient has danger sign?

- A: Keep them for observation
- B: Treat them with Mala 1
- C: Refer them immediately to the nearest health facility
- D: Tell them to come back the next day

Annex: 04. Training Evaluation Questionnaires

HMM TRAINING EVALUATION					
No	Questions	Poor	Good	Very Good	Explain why if Poor?
1	Is the training venue ok with you?				
2	Did you understand well all the sessions explained by the facilitator?				
3	Did the trainer explained questions to your expectations?				
4	Is the number of training days good for your learning?				
5	Did you satisfy with the accommodation provided?				
6	Did you satisfy with the meals provided?				
7	Generally did you satisfy with the training conducted?				

END OF REPORT