



## 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

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## 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 details are outlined below:

Date conducted: From the 4<sup>th</sup> March – 6<sup>th</sup> of March, 2025;

Venue: RAM Office #2 Conference Room in Port Moresby

The participants attended the training were from provinces who had HMMO replacements, PHA staffs, RMC, partner organization representatives (SDP) and few PMS's. A total of seven people attended the training inclusive of participants from POM RAM office.

The training was facilitated by National HMM Coordinator who has more than 8 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 via mini power point lectures, group discussions, practical's, and printed modules methodology. Hence, all participants had at least a Health Worker level training background.

The training was successfully completed with opening remarks done by Mr. John Deli (M&E Officer-NMCP/NDoH) and was officially closed by Mr. Rio Fiocco (Chairman RAMPNG Board)

## Inauguration of Master HMM Training



*Picture 1: Dr. Munir speaking with the participants in one of his review sessions between the training sessions.*

Dr. Munir, welcomed all participants and congratulated two HMM Officers for ESP and Oro for their newly appointment as HMMO for the respective provinces. He also acknowledged PNGSDP for a representative to be participating in the training alongside with PHA PMS and a grant PMS as well.

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 other partner organizations. He congratulated everyone and asked all to participate meaningfully in the three-day training.

Dr. Rashid also added that HMM is implemented globally in many African and Asian countries. It is good for many people to be exposed to the idea and hope for all to learn as much as you can in the training.

Finally, Mr. Deli added that HMM program is to 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. He wished everyone the best in the three-day training.

## 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: 100% for 2025) and
- b) Proportion of confirmed malaria cases that received first-line antimalarial treatment in the community (Target: 100% for 2025).

## Master HMM Trainers Training Participants

The participants who attended the Master HMM Trainers Training where from provinces whom were chosen by the Sub-HMM TWG. However, they were replacements of HMM staff especially for Oro and East Sepik Provinces who were part of the training. Sustainable Development Program is a donor to RAM to fight malaria in Western Province through all implementations provided under the NMCP. A representative from SDP was vital because they reach the remote areas of the province and HMM is an ideal program for them to venture in to help in the fight against malaria. In addition, we also had participants from PHAs and 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
Isaac Kindiwa	M	Western/Middle Fly	Team Leader-SDP
Agatha Gola	F	Shimbu, Jiwaka, WHP	RMC
Patrick Vuravura	M	ENB	PMS
Henry Saofe	M	Oro	PMS
Immaculate Warkue	F	ESP	HMMO
Mou Basa	M	Oro	HMMO
Lucy Temon	F	NCD	HMM M&E

## Training Schedule

### Day 1

Day/Date	Training Topics	Outcomes
Tuesday 04.03.25	<ul style="list-style-type: none"> <li>• Ground Rules</li> <li>• Global &amp; National Level Malaria Statistics</li> <li>• HMM Background</li> <li>• Goal and Objectives of HMM</li> </ul>	<ul style="list-style-type: none"> <li>○ Rules that were set by the participants for the smooth flow of the training.</li> <li>○ Dr Rashid gave an overview of malaria situation globally and Nationally. His presentation was basically a general knowledge for all to understand malaria situation in the region.</li> <li>○ A brief background of HMM was given by Mr. John Deli basically for the participants to understand the concept. Richard also added on the HMM background afterwards.</li> <li>○ It is important for the participants to know the goal and objectives of HMM. This were well outlined and understood by the participants.</li> </ul>

	<ul style="list-style-type: none"> <li>• Pre-Test</li> <li>• CMV Roles and Ethics</li> <li>• Malaria Overview</li> <li>• Selection Criteria</li> </ul>	<ul style="list-style-type: none"> <li>○ The test illustrates how much the participant's knowledge of malaria. Overall it was good because most participants were health workers.</li> <li>○ The topic was covered and understood by the participants well.</li> <li>○ 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.</li> <li>○ 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.</li> </ul>
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## Training Schedule

### Day 2

Day/Date	Training Topics	Outcomes
Wednesday 05.03.25	<ul style="list-style-type: none"> <li>• Treatment protocol</li> <li>• HMM Supervision</li> <li>• Transmission Cycle</li> <li>• Sign and Symptoms of Malaria</li> <li>• Types of Malaria</li> <li>• Prevention of Malaria</li> <li>• Listening Skills</li> <li>• Concepts of Malaria Diagnosis with temperature reading</li> <li>• Concepts of Malaria Treatment with scale reading</li> </ul>	<ul style="list-style-type: none"> <li>○ Mr. John Deli presented on the malaria treatment protocol in PNG. It covered the entire treatment for all types of malaria both complicated and uncomplicated.</li> <li>○ 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.</li> <li>○ Continued the session on general information of how the malaria parasite spreads from one person to another. The session was bit easy because many participants were all health workers. Played a video of the transmission of the malaria parasite.</li> <li>○ 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.</li> <li>○ The session covered the different types of malaria so that the trainers teach their CMVs on whom to refer for Primaquine dosages.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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</li> </ul>

		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
Thursday 06.03.25	<ul style="list-style-type: none"> <li>• Danger Signs and Referrals</li> <li>• Recap of Malaria Diagnosis and Treatment</li> <li>• Supervisory support, maintaining drug box, drug box &amp; contents, Malaria register</li> <li>• CMV Community Awareness</li> <li>• Take home messages</li> <li>• Post Test</li> <li>• Training Evaluation</li> <li>• GBV, Gender &amp; Diversity Induction Presentation</li> </ul>	<ul style="list-style-type: none"> <li>○ 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.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ In the session, it covers how well as trainer to equip CMV with basic knowledge of malaria and do their own community awareness. Presented the BCC importance and how CMVs can change their communities' mindsets and behaviours.</li> <li>○ 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.</li> <li>○ 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.</li> <li>○ This is a generally evaluation of the training for future improvement's.</li> <li>○ A presentation was done by Rebecca to induct the participants on how to conduct trainings on gender and diversity while conducting HMM trainings or refresher trainings. The objective of the gender and diversity session was not to discriminate anyone irrespective of gender, race or stature in our communities while seeking malaria service.</li> </ul>



Picture 2: Participant's taking a post-test during training



Picture 3: Participant's doing corrections of post-test

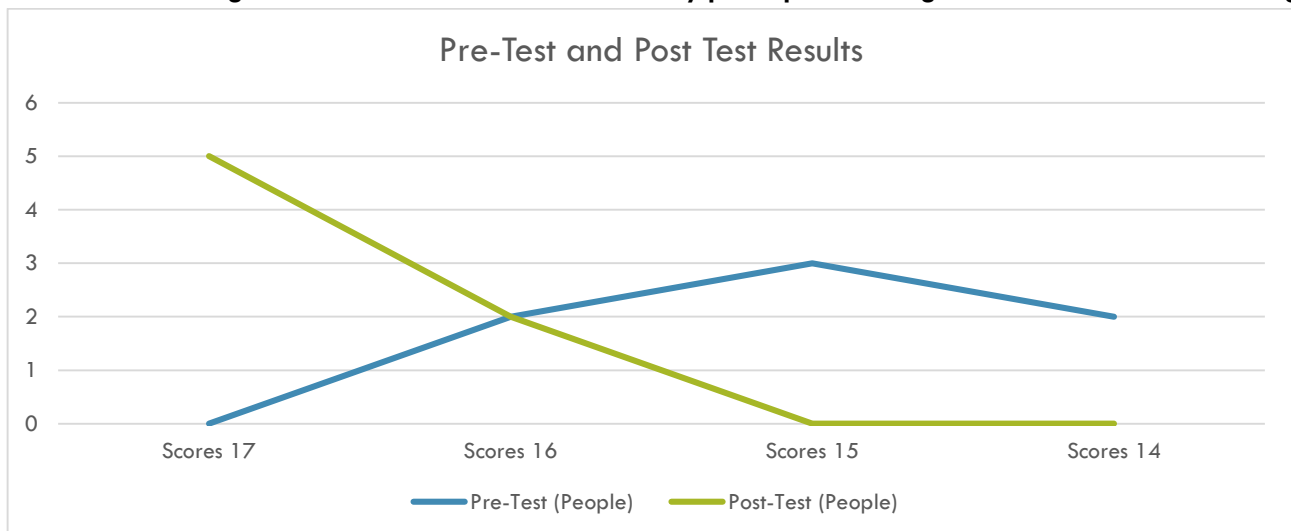
## Pre-Test and Post Test Result Analysis

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, **71%** 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.

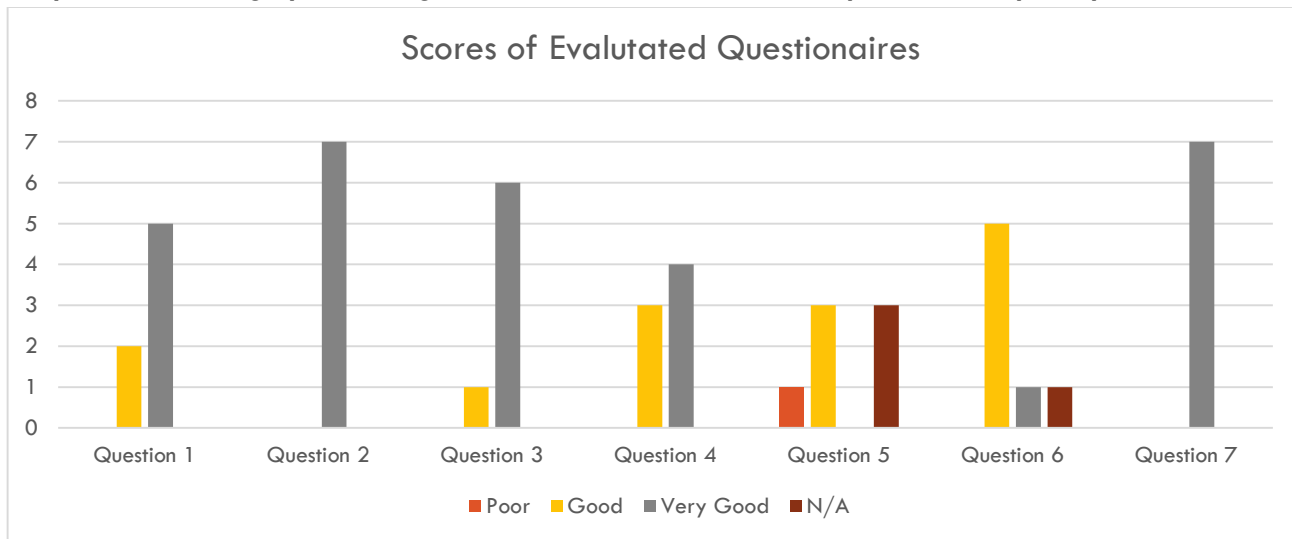
**Table 1.2. Showing Pre-test and Post-test results done by participants during HMM Mater Trainers Training**



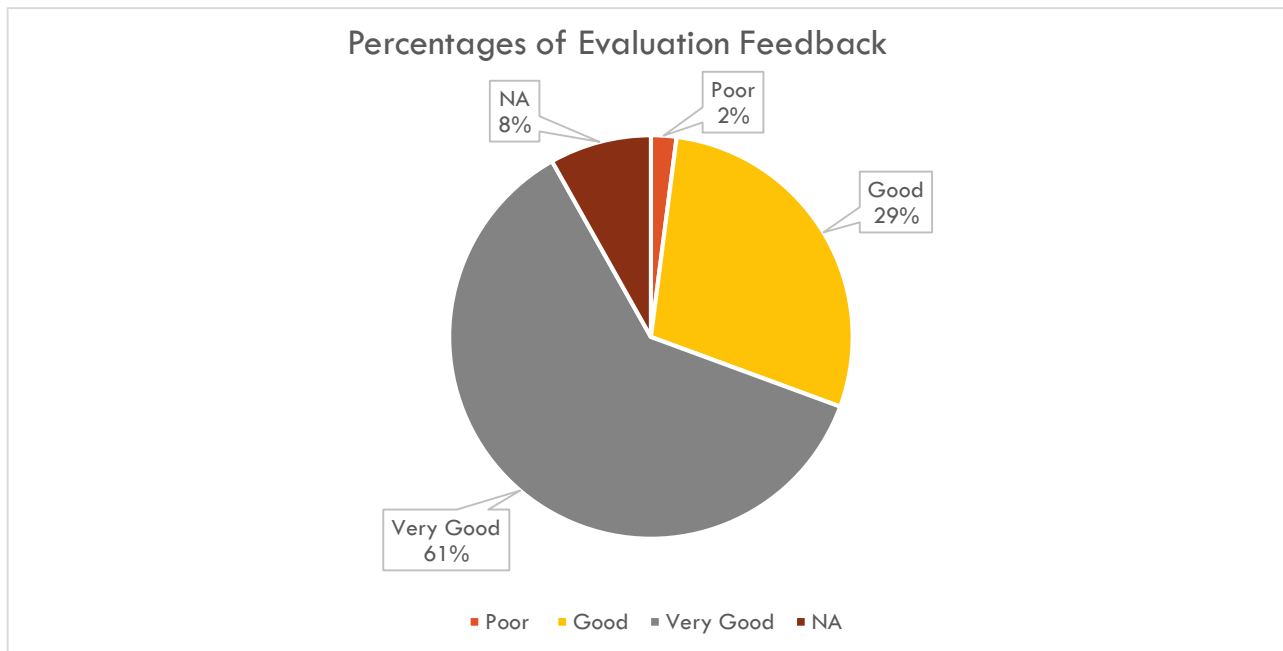
## Evaluation of Training

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, 2% scored under criteria “Poor” while 29% scored “Good”. However, 61% of the participants scored “Very Good” for all evaluation questionnaires’. Hence, question five was based on accommodation whereby three quarters of the participants were not accommodated because

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they were Port Moresby based residents thus made up the 8%. Generally, the evaluation of the training was good thus needed slight adjustments based on feedbacks received for future trainings.

## Closing Remarks

In closing, the three day HMM Master Training ended with appreciation from all participants and the facilitators. The RAM Chairman, officially closed the training in the midst of the training whilst having the time to come around to the office. He was enthusiastic to see malaria front line personnel to be trained on HMM thus acknowledging the participants for successfully completing the Master HMM Training. He also acknowledged RAM and partners for working with NMCP in rolling HMM program in the country. Mr. Fiocco added that as a program, we have to work hard to try to reach our regional goal by eliminating malaria in PNG by 2030. He wished all participants a safe journey back for those who came from outer provinces.

In addition, Dr. Munir added that we have a lot to do this year in the malaria program. He advised the participants that their efforts of whatever learnt will be of benefit by making a difference in their respective PHAs. He then asked few individual participants of what they have learnt as a matter of check and balance and how they will use the knowledge and skills attained from the training.

All in all, the training ended on a high note with everyone generally satisfied of the three days training.

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## Acknowledgements

- **Mr. John Deli: National Malaria Programme Technical M&E Officer, NDoH:** Official opening remarks for HMM Master Trainer's Training.
- **Mr. Rio Fiocco: RAM Chairman:** Official closing remarks of the HMM Master Training
- **Dr. Munir. Ahmed: General Manager of Rotary Against Malaria:** Providing technical support in the entire Training period.
- **Dr. Rashid: WHO,** Being present during the training to answer any technical questions
- **Provincial Participants :** For attending and completing the three day training in Port Moresby.
- **PNGSDP Management:** Providing a candidate to participate in the HMM Master Training
- **HMM Admin Staff:** For the support and advance preparation for the event to eventuate without any major problems during the course of training.

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## Annex: 01. Training Pictures



# Annex 02: Attendance Sheet

HMM MATTERS TRAINING _ 2025						
ATTENDANCE SHEET						
DATE	18 March, 2025	Day #1	Venue: IAM Core 2 Conference Room		Time: 8am-4pm	Signature
No	Participant	Designation	Province	Contact Number	Email	
1	Mr. Rio Fajoco	Team Chairman	PCN		rfajoco@gmail.com	
2	Dr. Heryadi	Team Manager	PCN		heryadi@iam.com	
3	Dr. Heryadi	Programs Progress Manager	PCN	71812884	heryadi@iam.com	
4	Dr. Richard	Coordinator	PCN	71327700	richard@iam.com	
5	Mr. Richard Pilo	National HMM Coordinator	PCN	70842917	richard.pilo@iam.com	
6	Ms. Patricia Galsong	National HMM Coordinator	PCN	71292018	patricia.galsong@iam.com	
7	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
8	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
9	Ms. Lucy Pantoja	Team Leader (BOP)	PCN	71327700	lucy.pantoja@iam.com	
10	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	
11	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
12	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	
13	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
14	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	
15	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	
16	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	
17	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	
18	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	

18 March 2025 TO HMM PCN 71359357 heryadi@iam.com

HMM MATTERS TRAINING _ 2025						
ATTENDANCE SHEET						
DATE	19 March, 2025	Day #2	Venue: IAM Core 2 Conference Room		Time: 8am-4pm	Signature
No	Participant	Designation	Province	Contact Number	Email	
1	Mr. Rio Fajoco	Team Chairman	PCN		rfajoco@gmail.com	
2	Dr. Heryadi	Team Manager	PCN		heryadi@iam.com	
3	Dr. Heryadi	Programs Progress Manager	PCN	71812884	heryadi@iam.com	
4	Mr. John Del	MBE Officer/BOP	PCN	70842917	john.del@iam.com	
5	Dr. Richard	Coordinator	PCN	71327700	richard@iam.com	
6	Mr. Richard Pilo	National HMM Coordinator	PCN	70842917	richard.pilo@iam.com	
7	Ms. Patricia Galsong	National HMM Coordinator	PCN	71292018	patricia.galsong@iam.com	
8	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
9	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
10	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
11	Ms. Lucy Pantoja	Team Leader (BOP)	PCN	71327700	lucy.pantoja@iam.com	
12	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	

HMM MATTERS TRAINING _ 2025						
ATTENDANCE SHEET						
DATE	20 March, 2025	Day #3	Venue: IAM Core 2 Conference Room		Time: 8am-4pm	Signature
No	Participant	Designation	Province	Contact Number	Email	
1	Mr. Rio Fajoco	Team Chairman	PCN		rfajoco@gmail.com	
2	Dr. Heryadi	Team Manager	PCN		heryadi@iam.com	
3	Dr. Heryadi	Programs Progress Manager	PCN	71812884	heryadi@iam.com	
4	Mr. John Del	MBE Officer/BOP	PCN	70842917	john.del@iam.com	
5	Dr. Richard	Coordinator	PCN	71327700	richard@iam.com	
6	Mr. Richard Pilo	National HMM Coordinator	PCN	70842917	richard.pilo@iam.com	
7	Ms. Patricia Galsong	National HMM Coordinator	PCN	71292018	patricia.galsong@iam.com	
8	Mr. Heryadi	Team Leader (BOP)	PCN	71327700	heryadi@iam.com	
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20	Ms. Patricia Galsong	Team Leader (BOP)	PCN	71292018	patricia.galsong@iam.com	

19 March 2025 HMM PCN 71359357 heryadi@iam.com

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## Annex: 03. 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: Infected 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 infected 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

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## Annex: 04. 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: 05. 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