

Title: SUPERVISION REPORT FOR HOME-BASED MALARIA MANAGEMENT(HMM) *COMMUNITY MALARIA VOLUNTEERS (CMVs)* UP THE FLY RIVER & KIUNGA TABUBIL HIGH WAY CATCHMENT (BATCH #2)

Basic Supervision Information

PROVINCE	WESTERN
DISTRICT/ LLG	NORTH_FLY
CATCHMENT	CHURCH HEALTH SERVICES AND GOVERNMENT H/SERVICES
SUPERVISION DATES	12/02/2025 TO 18/02/2025
NO.OF PARTICIPANTS (CMV) SUPERVISED	8/30
SUPERVISORS NAMES	Joyleen Reken
ACCOMPANYING HEALTH STAFF	Samson Ubre CMV Supervisor, Drimgas AP
REPORTING HEALTH FACILITY	Gre AP, Senemrae AP, Drimgas AP, Gusiore AP Rumginae Rural Hospital, Kiunga DH

Introduction.

The Home-Based Management of Malaria (HMM) program is an initiative rolled out in 2020 by Rotarians Against Malaria (RAM), a non-profit organization. RAM collaborates with the National Malaria Control Program (NMCP) and the National Department of Health (NDoH) to reduce the burden of malaria in communities. While most provinces are funded by the Global Fund, Western Province is uniquely funded by the Papua New Guinea Sustainable Development Program (PNGSDP).

The HMM program was introduced in Western Province in 2021, where two batches of 62 village volunteers (CMVs), were trained to test and treat for malaria in their communities. The first batch of CMVs was trained in 2021 and the second batch which was recently supervised was trained in 2022 and comprises volunteers of Kiunga Rural LLG (**refer to Skeleton Structure of catchment areas in figure 2.1, and 2.2 in Annex 2.**)

Unfortunately, during the third quarter supervisory visit in 2024, all 14 CMVs from first batch trained in the Down Fly Catchment region (Membok & Bosset HC) were confirmed to have dropped out of the program due to rural- urban migration. Many of them moved internationally to Indonesia or relocated to Kiunga in search of employment opportunities. Recruitment of new volunteers has been challenging due to lack of Digicel network coverage in the area and limited access to the reporting Health Facility and lack of HF Staff participation. These factors make it difficult to collect monthly reports and maintain effective communication with potential CMVs.

Key Activities During Recent Supervision:

1) Verification of CMV Status:

- ❖ Total number of active, inactive, and dropped out CMVs were verified and confirmed.

2) Report Collection:

- ❖ All outstanding report were collected during the visit

3) Stock Management

- ❖ ACTs and RDTs were replenished after stock taking

4) Community Feedback

- ❖ Communities expressed appreciation for the program, acknowledging its accessibility and affordability. However, there was limited support for the welfare of the CMVs.

Supervision Coverage:

- ❖ Total CMVs to be supervised: 30
- ❖ CMVs Supervised: 8/30
- ❖ Dropped out: 3/30
- ❖ Not on site During Visit: 5/30
- ❖ Report Submitted Before Visit: 13/30
- ❖ Reports Submitted After Visit: 2/30
- ❖ Unsupervised CMV Site: 1

(refer to table 1.1 & 1.2 in Annex 1)

Community and CMV Feedback:

Communities and leaders expressed satisfaction with the program, highlighting its convenience and effectiveness in addressing malaria, a high-burden disease in the area.

Despite the appreciation, some communities were less supportive in addressing the welfare needs of the CMVs.

CMVs remain highly active in providing patient care, few have requested their certificates and their replenishment incentives.

Conclusion:

The supervisory visit confirmed the active participation of CMVs in delivering malaria services. While communities value the program, there is a need to improve support for CMV welfare. Additionally, efforts should be made to ensure all CMVs are regularly supervised and supported to maintain the program's effectiveness.

Trip Schedule

DATES	LOGISTIC	DESTINATION	ACTIVITIES
12/02/25	LOCAL HIRE CARE	From Kiunga to Hopanai, Kwepe to Tiomnai	<ul style="list-style-type: none"> + Visiting CMV + Logistics continue + Returning back to Kiunga
13/02/25	LOCAL HIRE CARE	From Kiunga to Sisu, Kmom, Drimgas	<ul style="list-style-type: none"> + Visiting CMV + Logistics continue + Returning back to Kiunga
15/02/24	LOCAL HIRE CARE	From Kiunga to Sisu, Kmom and Drimgas	<ul style="list-style-type: none"> + Visiting CMVs + Logistic continue + Dropped off and overnight at Drimgas
16/02/24	Dinghy 60hp 23ft	From Drimgas to Tupensomi, & Drimskaii,	<ul style="list-style-type: none"> + Visiting CMVs + Logistic continue + overnight at Drimgas
17/06/24	Dinghy 60hp 23ft	From Drimgas, to Drimskaii & Timingondok,	<ul style="list-style-type: none"> + visiting CMVs + Logistic continue + Overnight at Drimgas
18/06/24	Dinghy 60hp 23ft	From Drimgas, to Timingondok, Giponai, & Drimdamasuk	<ul style="list-style-type: none"> + Visiting CMVs + Logistics Continue + Returning back to Kiunga

See figure 2.3,2.4,2.5,2.6, 2.7 & 2.8 in Annex 2

This trip was specifically aimed at collecting outstanding CMV reports for 2024. During the visits, reports were collected from the CMVs, and stock counts were counted. ACTs and RDTs were resupplied to the CMVs. Three CMVs were confirmed to have dropped out of the program. Additionally, a few CMVs were not present during the visit but later submitted their reports to the office, where they were also provided with ACTs and RDTs while half of the CMVs brought their reports before the supervision.

General Stock Update

The CMV Original Stock Supply should be;

RDT= 4 Boxes

ACT 6=11

ACT 12=22

ACT18=5

ACT24=9

RDTs and ACTs					
Commodities	RDT (cassette)	ACT (blister) 6	ACT (blister) 12	ACT (blister) 18	ACT (blister) 24
Stock On Hand	0	0	0	0	0
Expiry Date					
Stock Supplied (if any)	8x100=800 cassette(x32 boxes)	11x8=88	22x8=176	5x8=40	8x8=64

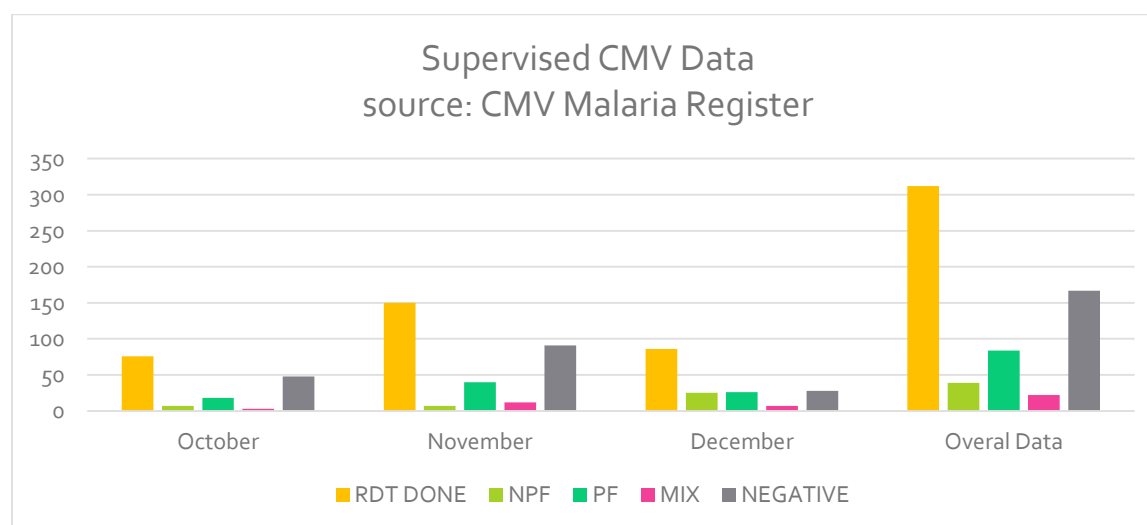
Stock supplied to eight CMVs during supervisory visit

Supervised CMVs Raw Data in Summary

RDT RESULTS FROM OCTOBER, NOVEMBER & DECEMBER 2024

MONTHS RESULTS	OCTOBER	NOVEMBER	DECEMBER	OVERAL TOTAL
RDT DONE	76	150	86	312
NPF	7	7	25	39
PF	18	40	26	84
MIX INFECTION	3	12	7	22
NEGATIVE	48	91	28	167

Outstanding reports collected from the eight (8) CMVs during supervision.



Findings

Home-Based Malaria Management_ North Fly_ Western Provincial Health Authority Supervision Report #2_ 2024 By: Joyleen_Reken

MAJOR FINDINGS	ACTIONS TAKEN TO ADDRESS THEM
1. NPF & MIX +Pos Patients Not referred for PQ- only few does refer	Explain the Consequences and advised to always play their part in doing referrals
2. RDT Result for NPF, PF & Mix Infection Not written in the referral forms	Explain further to the CMVs to always write the results before referring patients to the nearest Health Facility
3. Patients Not Bringing counter referral slip back	Advice CMVs to always do follow ups on Patients
4. CMVs name and village not written in the Malaria Register	Explain the importance of writing names and instructed them to write their names at the top end of malaria Register
5. Reporting Issue: No reports submitted in December, claiming ‘no patients were sick.’	Advise them to document “ No Patients Seen in December” in the register
6. Few CMVs seem to register Positive case only without indicating PF,NPF or Mix Infection	<ul style="list-style-type: none"> • Emphasize on the importance of accurate reporting; explaining to CMVs that recording the type of malaria infection (PF, NPF or MIX Infection) is critical for understanding the malaria burden in the community and guiding appropriate treatment protocols. • Go through with them on how to read the test and differentiate the results whether it’s positive PF, NPF or Mix Infection

Challenges	Recommendations
1. 3 Dropouts	<p>Strengthen CMV Retention and Support:</p> <ul style="list-style-type: none"> ➤ Recruit and Train Replacements Actively recruit and train new CMVs to fill the gaps of those who dropped out. ➤ Address Dropouts Investigate the reasons behind the CMVs dropping out (e.g., lack of incentives, workload, or personal issues) consider providing better support such as; <ul style="list-style-type: none"> ❖ recognition and appreciation- Publicly acknowledge CMVs’ contributions through certificates, awards so they can feel valued and boost their morale and commitment.

	<ul style="list-style-type: none"> ❖ Frequent supervisory visits- ❖ Provide financial incentives/business ideas- reach out to PHA or other partners to ensure CMVs receive regular payment for their work. ❖ Offer Business Trainings- Reach out to BSP to integrate financial Literacy during refresher training ❖ Reach out to other Partners to provide Grants- <ol style="list-style-type: none"> 1) Initial Capital; Offer small grants to help CMVs start their trade stores or 2) Revolving Funds; Create a revolving fund where CMVs can borrow money to start their business and repay it in small installments overtime. The repaid funds can then be used to support other CMVs.
<p>2. Lack of reliable transportation</p>	<ul style="list-style-type: none"> ❖ Given the transportation challenges faced by the program, its crucial to acquire a dedicated program vehicle to ensure smooth implementations of activities.
<p>3. Fuel Contaminated with water causing Motor failure, forced floating return to Drimgas, indicating logistical risks</p>	<p>Mitigate Transportation Risks</p> <ul style="list-style-type: none"> ❖ HMMO; ensure boats/ motors are serviced pre-visits. ❖ Ensure safe storage of fuel drum ❖ DINGHY OWNER; Carry backup tools ❖ RAM; strengthens emergency Protocol; Equip Teams with Life jackets and satellite phones.
<p>4. Reporting Health Facilities failed to bring the facility copies to HIO</p>	<ul style="list-style-type: none"> ❖ Work closely with health facility staff to ensure staff consistently bring facility copies of malaria reports to Health Information Officer (HIO).
<p>5. Delay of advancement payment for field trips</p>	<ul style="list-style-type: none"> ❖ Funds should be approved in a timely manner to minimize field trip delays

Acknowledgements

1. Almighty God for his countless blessing's guidance and protection throughout the entire trip.
2. RAM/SDP admin and Finance team for funding the program
3. Western PHA & District Health Team- Assisting in whatever little ways possible
4. Samson Ubre & Dinghy Crew- for the Dinghy hire and accommodation
5. Starlen Tari- Local Hire Car

Annex 1. Table 1.1: Name list of the CMVs supervised during my supervisory visit.

CMV Names	CMV Village	Catchment	Supervised Date	Comments
1) Rita Waire	Hopanai	Senemrae Aid Post	12/02/25	<ul style="list-style-type: none"> ✓ Doing very well, ✓ Active and reporting ✓ Doing referrals ✓ Did build her own 'Haus Marasin' almost completed ✓ Complains a little about lack of community participation ✓ Requested for her certificate
2) Rose Jeng		Senemrae AP/ Rumginai RH	12/02/25	<ul style="list-style-type: none"> ✓ Stop seeing patients due to no ACTs and RDTs ✓ Needs refresher training ✓ Active and not reporting ✓ Requested for their certificate
3) Waiti Steven	Drimgas	Drimgas AP	13/02/25	<ul style="list-style-type: none"> ✓ Actively seeing the patients and doing referrals
4) Albert Hudsuma	Kmom	Drimgas AP	15/02/25	<ul style="list-style-type: none"> ✓ Not seeing the patient due to Expired RDTs ✓ His reports were collected ✓ Very eager to continue seeing the patients
5) Basil Hawek	Drimskai i	Drimgas AP	16/02/25	<ul style="list-style-type: none"> ✓ Actively seeing the patients. ✓ No patients seen in December almost everyone in the community was healthy during Christmas period.
6) Justin Haru	Drimskai	Drimgas AP	16/02/25	<ul style="list-style-type: none"> ✓ Outstanding reports collected
7) Samson Wangu	Drimskai	Drimgas AP	17/02/25	<ul style="list-style-type: none"> ✓ actively seeing the patients

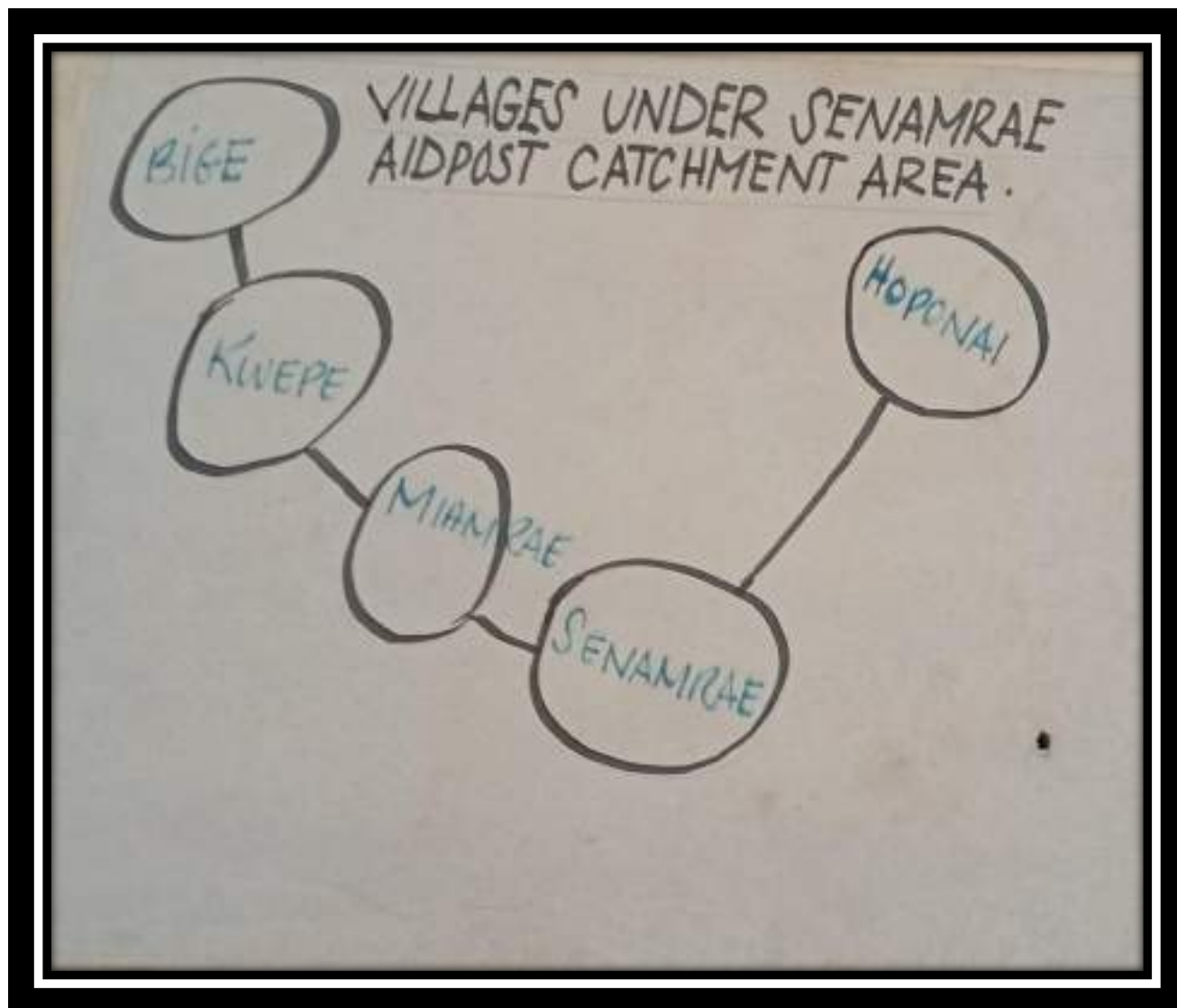
				<ul style="list-style-type: none"> ✓ No patients seen in December (almost everyone in the community was healthy during Christmas period.
8) Waimo Sokram	Dabike	Drimgas AP	17/02/25	<ul style="list-style-type: none"> ✓ Seen at Drimgas ✓ Actively seeing the patients despite other workloads

Table 1.2: Showing CMVs that Dropped out, Not On Site, Site Not Reached, and those that Brought their Reports before and After the Supervision.

Dropped Out CMVs	<ol style="list-style-type: none"> 1) Lyn Felix (Tiomnai) 2) Tumba Worin (Miamrae) 3) Babra Aseki (Miamrae)
CMVs Not on Site During the Supervision	<ol style="list-style-type: none"> 1) Titus Bamsi (Tiomnai) 2) Esther Degewa(Kwepe) 3) Daniel Arron (Sisu) 4) Olsen Nason (Timingondok) 5) Brain Imo (Giponai)
CMV Site Not Reached	<ol style="list-style-type: none"> 1) Ambum Sarum (Tmansawenai)
Brought Reports After Supervision	<ol style="list-style-type: none"> 1) Titus Bamsi 2) Olsen Nason
Brought Their Reports Before The Supervision	<ol style="list-style-type: none"> 1) Augustine Minai (Smifen) 2) Simon Timothy (Smifen) 3) Sei Ubre (Temifen) 4) Slom Jacky (Timinsrap) 5) Peter Ude (Tupensomi) 6) Watson Henson (Timingondok) 7) Willie Gwebren (Giponai) 8) Yuas Asam (Gibaretmin) 9) Yatap Bale (Gibaretmin) 10) Regina Otu (Drimdamasuk) 11) Isno Tokwen (Gii) 12) Rita Aaron (Sisu) 13) Brandon Daniel (Sisu)

Annex 2: CMV Supervision Photos

Figure 2.1: Sketch Map Showing all the CMV sites that were visited



- ✓ Three CMV sites, Kwepe, Miamrae and Hopanai report to Senemrai Aid Post
- ✓ Two CMVs from Miamrae dropped out of the program
- ✓ Senemrai Aid Post is under ECPNG Christian Health Services and is reporting to Runginae Rural Hospital
- ✓ The 3 villages have an estimated population of more than 1500. Some residing in town areas

Figure 2.2: Catchment villages under Dringgas and Gre Aidpost



Figure 2.3a: DAY 1 of CMV Supervision. _12th of February 2025:



During that day’s visit to three CMV sites, the following updates were noted:

- 1) **CMV Lyn Felix (pictured above):**
 - Regrettably, Ms Felix has withdrawn from the program due to serious illness (this information is confidential and shared for internal awareness only.)
- 2) **CMV Rita Waire (pictured top left):**
 - Her ‘Haus Marasin’ construction is nearing completion
 - Ms. Waire remains one of our most active CMVs, consistently submitting monthly reports to the facility. Her dedication and reliability make her an invaluable asset to the program
- 3) **Rose. Jeng (pictured top right):**
 - Ms. Jeng continues to perform exceptionally well

Figure 2.3b: Image showing 'CMV Haus Marasin built at Hopanai Village



- ❖ A newly constructed 'Haus Marasin' initiated by CMV, Rita Waire and her husband from Hopanai village, still awaiting completion. Despite their efforts, the project faces challenges due to a lack of community support.
- ❖ I was overwhelmed seeing their efforts.

Figure 2.4. Day 2 of CMV Supervision @ Drimgas _ 13th of February 2025



During the visit to three CMV sites that day, the following observations were recorded;

1) Sisu & Kmom CMVs:

- Both CMVs were unavailable and not present on site during the visit
- Scheduled to revisit

2) CMV Waiti Steven from Drimgas (pictured):

- Mr Steven was the sole CMV supervised during the visit
- He demonstrated strong dedication to his role while remaining humble.

Figure 2. 5: DAY 3 OF CMV SUPERVISION @ Kmom- DATE: 15th of February 2025



During our journey to Drimgas AP, I conducted a supervision visit with CMV Albert Hudsuma from Kmom, who had been missed during previous site visit.

Key Observations:

- Collected pending reports and restock his supplies.
- During supervision it was noted that Mr Hudsuma had responsibly retained expired RDTs without use, awaiting resupply. His honesty and commitment to protocol are praiseworthy.

Figure 2.6. DAY 4 OF CMV SUPERVISION @ DRIMSKAII: DATE: 16th of February 2025



Key Observations:

Three CMVs to be supervised;

- 1) **Absent CMV Samson Wangu;**
 - CMV was not on- site during the visit
 - Plan: revisit the next day
- 2) **CMV Justin Haru & Basil Hawek (Pictured);**
 - Continue fulfilling their duties despite gaps in reporting.

Figure 2.7: DAY 5 OF CMV SUPERVISION @ Drimgas & Drimskai- DATE: 17th of February 2025



Key Observations

- 1) **Revisiting CMV Samson Wangu @ Drimskaii**
 - CMV perform extremely well despite reporting gaps
- 2) **CMV Waimo Sokram from Dabike:**
 - Seen @ Drimgas, remaining committed despite Balancing other works
- 3) **Transport challenge**
 - Fuel Contaminated with water noted during travel
 - Motor failure, forced floating return to Drimgas, indicating logistical risks

Figure 2.8: DAY 6 OF CMV SUPERVISION- DATE; 18th of February 2025



- ❖ Travelling back to Kiunga
- ❖ Pictured top left is Samson Ubre Dinghy Owner (CMV Supervisor) & Crew draining out contaminated fuel from the fuel filter.
- ❖ During our travel, we discovered that 50 Liters of what we had assumed was fuel turned out to be water. This error caused significant delays, as we were forced to halt operations, locate alternative fuel sources, and recalibrate our schedule.

'END OF REPORT'

DONE BY: JOYLEEN REKEN

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