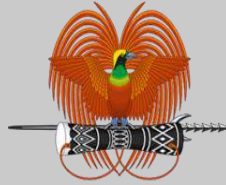


ROTARIANS AGAINST MALARIA
WESTERN PROVINCIAL AUTHORITY
NORTH FLY DISTRICT
TRAINING REPORT FOR COMMUNITY MALARIA VOLUNTEERS
RUMGINAE CATCHMENT BATCHES ONE & TWO
Q3-Q4- SEPTEMBER TO OCTOBER 2025



REPORT BY: JOYLEEN REKEN

*HOMEBASED MALARIA MANAGEMENT OFFICER
ROTARIANS AGAINST MALARIA
KIUNGA- NFD
WESTERN PROVINCE*



BASIC TRAINING INFORMATION

| | |
|------------------------------|--|
| PROVINCE | WESTERN |
| DISTRICT/ LLG | NORTH FLY |
| CATCHMENT | RUMGINAE & HAEWENAI |
| TRAINING DATES | 01 TO 09 October 2025 |
| NO.OF PARTICIPANTS(CMV) | 32 |
| FACILITATORS NAMES | Joyleen Reken & Lucy Temon |
| NO. OF HEALTH STAFF ATTENDED | 02 (John YAWA Senemrai AP & John Bibito Haewenai SC) |
| TRAINING BATCH NO. | Batch 1 & 2 |
| REPORTING HEALTH FACILITY | Rumginae Hospital and Haewenai SC |

INTRODUCTION

The Home-Based Management of Malaria (HMM) program has now been extended across all catchment areas under Rumginae Rural Hospital, a church -run health facility managed by Evangelical Church of PNG (ECPNG). The hospital oversees five reporting facilities: Rumginae itself, Senemrae Aid Post, Sonai Aid Post, Dahamo Aid Post and Haewenai Sub-Health Centre. Over a period of eight days the Community Malaria Volunteers training including Gender Based Violence training was held @ Senemrai Aid Post consisting of two batches of Community Malaria Volunteers(CMV's).

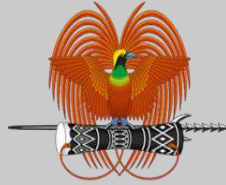
Malaria remains a significant health burden in the area. Rumginae Rural Hospital and its catchment facilities provide services to several villages. However, not only those villages that were rolled out by the recent social mobilization attended the training, we have interested volunteers coming all the way from Dahamo Aid Post nearing the border of Tari and Middle Fly. They travelled two days by motor canoe just to reach Kiunga; we also have two replacement CMVs from drimdamasuk under Kiunnga Hospital

Overview of Rumginae Rural Hospital and its catchment facilities:

| Catchment Facilities | Catchment villages |
|----------------------------|---|
| Rumginae Rural Hospital | Tope village, Ralengre |
| Senemrai Aid Post | Miamrae, Bige |
| Sonai Aid Post | Sonai, Miahore, Nonegire, Surine |
| Haewenai Sub Health Centre | Haewenai, Kymnai, Momtyenai, Runai, Lehoe, Tmoknai, |
| Dahamo AP | Dahamo, Deberbip, Gayabip |
| Kiunga Hospital | Drimdamasuk |

A total of 6 Health facilities and 18 Catchment villages.

Feedback from community leaders and members indicates strong appreciation and urgent need for this program. Many people face significant challenges accessing healthcare, often traveling long distances by foot or canoe. Malaria remains a high-burden disease in these areas.



BATCH # 1: 11 PARTICIPANTS

DATES: 01ST TO 4th OCTOBER 2025 (3DAYS)

FACILITATOR: JOYLEEN REKEN & LUCY TEMON

HEALTH STAFF: JOHN YAWA

| NUMBER | CMV NAMES | SEX (M/F) | VILLAGE |
|--------|-------------------|-----------|-------------|
| 1 | VELMA GILBERT | F | DRIMDAMASUK |
| 2 | ELIZABETH CLEMENT | F | MIAMRAI |
| 3 | TOPU GIAWAI | M | NONEGIRE |
| 4 | RANA TOE | M | SONAI |
| 5 | OLSEN KIMBRA | M | DRIMDAMASUK |
| 6 | HEDDIE STEVEN | M | NONEGIRE |
| 7 | JOCILLA DENGAN | F | TOPE |
| 8 | SAMSON TOPSON | M | SONAI |
| 9 | JOESTEVE KONGA | F | BIGE |
| 10 | NATASHA JIMMY | F | BIGE |
| 11 | NOSA BAMSON | M | SONAI |

BATCH #2: 21 PARTICIPANTS

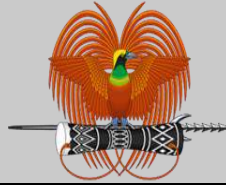
VENUE: SENEMRAI AID POST

DATES: 06 to 09 October 2025

FACILITATOR: JOYLEEN REKEN & LUCY TEMON

HEALTH STAFF: JOHN YAWA & JOHN BIBITO

| NUMBER | CMV Names | SEX (M/F) | VILLAGE |
|--------|----------------|-----------|-----------|
| 1 | DELTA WAIM | M | HAEWENAI |
| 2 | EXOWA REGA | M | LEHOE |
| 3 | KINOK JACOB | M | LEHOE |
| 4 | KEXCLY YERE | M | LEHOE |
| 5 | MOSCO ALOE | M | RUNAI |
| 6 | TERUS TERRY | M | MOMTYENAI |
| 7 | HAEROM KRAEKO | M | HAEWENAI |
| 8 | JENISA JOE | F | TMOKNAI |
| 9 | DORIS GILBERT | F | TMOKNAI |
| 10 | MARTIN KWANO | M | DAHAMO |
| 11 | SABALI MODIM | M | SURINE |
| 12 | JONATHAN TERIM | M | SURINE |
| 13 | KETGY MAKSY | M | RUNAI |



| | | | |
|----|----------------|---|-----------|
| 14 | BERENI TONNY | F | KYMINAI |
| 15 | HUPE ANIS | M | KYMNAI |
| 16 | SAMMY GUBE | M | GAYABI |
| 17 | EZEKIEL DANIEL | M | RALENGRE |
| 18 | MOSEN URA | M | MIAHORE |
| 18 | ABLE MOROBERT | M | DEBERBIP |
| 20 | WILLIE JAMES | M | DAHAMO |
| 21 | SAPEX JOHN | M | MOMTYENAI |

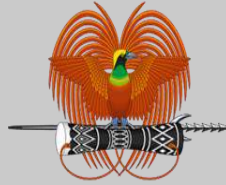
Opening of Training

We have the Health Facility staff to do the opening remarks on behalf of PHA. He acknowledged the program and wishes to work together with the CMVs to help reduce malaria in his catchment facilities. We have no support from PHA.

Closing of Training

Since no PHA staff at District level attended the training, we have the volunteers discussed why they think they should be paid, many have given some good reasons why they should be paid. Their reasons were acknowledged. We managed to explain to them what they should expect from PHA and the Community in terms of motivation and sustainability. Lucy Temon further gave examples on how other community leaders in other provinces had assisted and motivated their volunteers. In my general view both batches were ready to fight malaria in their communities. I am fully satisfied with the training and wished to do a supervisory visit soon to see how they are doing.

CMV feedback: they really appreciated the training even though, they came to the training hoping to receive monetary incentives.

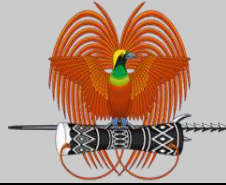


TRAINING SCHEDULE

DAY 01: CMV TRAINING

On day one, we officially began the Community Malaria Volunteer (CMV) training program. The session was structured to introduce participants to the core principles of their role and provide foundational knowledge about malaria.

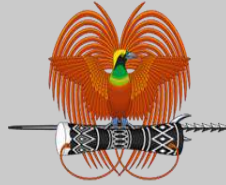
| <i>Training Sessions</i> | <i>Activities</i> |
|---|--|
| <i>1. Opening Session</i> | <i>The day began with an opening prayer, followed by warm welcome and introduction to the training by the HMM (Home-Based Malaria Management) Team.</i> |
| <i>1. Introduction to CMV Training and Objectives.</i> | <i>We presented the objectives of the CMVs, highlighting that the volunteers are expected to learn and achieve.</i> |
| <i>CMV Pre- Test</i> | <i>CMVs took a pre-test to help remember their baseline knowledge on malaria. This will be compared with their post-test result to measure progress</i> |
| <i>CMV Ethics and Roles</i> | <p><i>We conducted a session on CMV ethics, emphasizing the importance of:</i></p> <ul style="list-style-type: none"> <i>✓ Confidentiality</i> <i>✓ Respected for all individuals</i> <i>✓ Non- discrimination</i> <i>✓ Don't create enemies or make friends</i> <i>✓ Don't ask for favor from sick patients etc.</i> <i>✓ Professionally dealing with patients</i> <i>✓ We also discussed the roles and responsibilities of CMVs.</i> |
| <i>Understanding Malaria: Transmission and Prevention</i> | <p><i>Volunteers were taught about the transmission cycle of malaria, including:</i></p> <ul style="list-style-type: none"> <i>✓ How malaria is spread through the bite of an infected female Anopheles mosquito</i> <i>✓ The life cycle of the parasite inside both the mosquito and the human host</i> <p><i>We also discussed preventive methods, such as:</i></p> <ul style="list-style-type: none"> <i>✓ Sleeping under insecticide-treated nets (ITNs)</i> <i>✓ Eliminating stagnant water to reduce mosquito breeding</i> <i>✓ Early diagnosis and treatment</i> |
| <i>CMV Listening Skills</i> | <p><i>A session was dedicated to building effective communication and listening skills, especially when interacting with patients. Key points included:</i></p> <ul style="list-style-type: none"> <i>✓ Making the patient feel comfortable and respected</i> <i>✓ Listening actively without interrupting</i> |



| | |
|-----------|--|
| | <ul style="list-style-type: none">✓ Asking clear, open-ended questions to understand the patient's symptoms and concerns✓ Role-playing exercises were done to practice patient interviews and home visit conversations. |
| Exercises | <p>Throughout the day, volunteers participated in group exercises and discussions to reinforce learning. Activities included:</p> <ul style="list-style-type: none">✓ Identifying signs of malaria from case scenarios✓ Practicing how to talk to a patient during a home visit✓ Drawing the mosquito transmission cycle |

Image showing discussion on CMV Ethics and responsibility

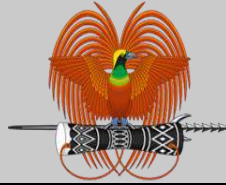




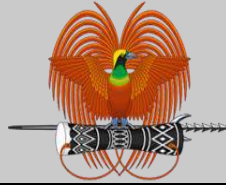
DAY 2: CMV TRAINING

On Day Two, the training continued with a focus on practical skills and clinical knowledge related to diagnosing and treating malaria. This was a hands-on day that built on the foundational concepts introduced on Day One.

| <u>Training Sessions</u> | <u>Activities</u> |
|--|---|
| <p><i>Opening prayer and recap</i></p> | <p><i>The day began with an opening prayer, followed by a recap of the previous day's sessions. Volunteers were encouraged to share key takeaways from Day One, reinforcing what they had learned about:</i></p> <ul style="list-style-type: none"> ✓ <i>CMV roles and ethics</i> ✓ <i>Malaria transmission and prevention</i> ✓ <i>Communication and listening skills</i> ✓ <i>Basic concepts of malaria</i> <p><i>This review helped ensure knowledge retention and provided an opportunity to clarify any misunderstanding</i></p> |
| <p><i>Details of RDT Diagnosis and malaria and treatment</i></p> | <p><i>We moved into detailed sessions on Rapid Diagnostic Testing (RDT) for malaria and proper treatment protocols. These sessions were led with the support of Health Facility (HF) staff, who brought real-world experience into the training.</i></p> <p><i>Topics covered included:</i></p> <ul style="list-style-type: none"> ✓ <i>When and how to use RDTs: Understanding that not every fever is malaria, so testing is necessary to confirm.</i> ✓ <i>Proper steps for conducting an RDT: From hand hygiene and using gloves, to collecting a blood sample, applying the buffer, and reading the result.</i> ✓ <i>Reading RDT results correctly: Explaining what positive, negative, and invalid results look like.</i> <p><i>Example: If only the control line appears, the result is negative. If both the control and test line appear, the result is positive. If no control line appears, the test is invalid and must be repeated.</i></p> <ul style="list-style-type: none"> ✓ <i>ACT treatment guidelines: How to treat uncomplicated malaria based on weight and not age, and ensuring adherence to the full course of medication.</i> |



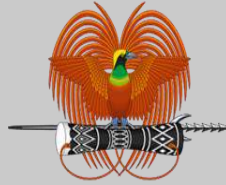
| | |
|---|--|
| | <p><i>Example: A child under 5 years who tests positive will be given the correct dosage of ACT based on their weight band, and the caregiver should be advised to complete all doses even if the child improves.</i></p> |
| <p><i>Assessment of sick patients for referral and practical RDT, Scale & Thermometer reading</i></p> | <p><i>This session focused on how CMVs should assess patients during home visits to determine if referral to a health facility is needed. Key signs and symptoms requiring referral included:</i></p> <ul style="list-style-type: none"> ✓ <i>High fever that does not improve</i> ✓ <i>Convulsions</i> ✓ <i>Inability to eat or drink</i> ✓ <i>Severe vomiting</i> ✓ <i>Difficulty breathing</i> ✓ <i>Symptoms in pregnant women or children under two months</i> <p><i>Example: If a child has a positive RDT but is vomiting everything, they should not be treated at home, this is a case for urgent referral.</i></p> <p><i>Volunteers learned to use simple checklists during patient visits and the importance of timely referral to prevent complications or death.</i></p> <p><i>4. Practical Sessions: RDTs, Scales, and Thermometer Use</i></p> <p><i>We conducted hands-on practice where volunteers learned and demonstrated:</i></p> <ul style="list-style-type: none"> ✓ <i>How to perform an RDT test step-by-step on a mock patient or dummy kit.</i> ✓ <i>Using a scale to measure patient weight accurately—important for ACT dosing.</i> ✓ <i>Reading a thermometer to identify fever (temperature above 37.5°C).</i> <p><i>These practical skills are critical for accurate diagnosis and treatment in the community.</i></p> |
| <p><i>ACT Exercises</i></p> | <ul style="list-style-type: none"> ✓ ✓ <i>To reinforce learning, we provided interactive exercises where volunteers:</i> ✓ <i>Practiced calculating ACT dosages based on weight</i> |



| | |
|--------------------------|---|
| | <ul style="list-style-type: none"> ✓ Identified case scenarios requiring ACT or referral ✓ Reviewed medicine packaging to familiarize themselves with common brands and doses <p><i>HF staff guided these sessions, helping clarify doubts and offering tips from their own clinical experience.</i></p> |
| <p><i>Conclusion</i></p> | <p><i>Day Two focused on building the technical and clinical capacity of CMVs. By the end of the day, volunteers had a better understanding of:</i></p> <ul style="list-style-type: none"> ✓ Proper malaria testing and diagnosis using RDTs ✓ How to administer treatment correctly and safely ✓ When and how to refer patients ✓ Practical skills necessary for field work <p><i>These sessions are crucial in ensuring that CMVs can serve their communities effectively and safely.</i></p> |



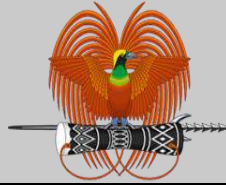
CMVS AND THE NURSING STUDENTS FROM RUMGINAE SCHOOL OF NURSING DOING PRACTICAL ON HOW TO WEIGH THE PATIENTS AND DO RDT. Batch 1. 02.10.25



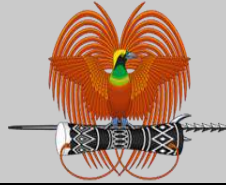
Day 3. CMV TRAINING

Day Three marked the final day of the Community Malaria Volunteer (CMV) training. The focus was on strengthening practical support systems, reporting responsibilities, and evaluating the overall training progress of the participants.

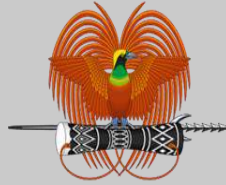
| <i>Training Sessions</i> | <i>Activities</i> |
|--|---|
| <p><i>Opening Prayer</i></p> <p><i>And</i></p> <p><i>Recap of the previous day</i></p> | <p><i>The day began with an opening prayer, followed by a recap of Day Two, where volunteers reflected on key lessons from:</i></p> <ul style="list-style-type: none"> ✓ <i>RDT diagnosis and malaria treatment</i> ✓ <i>ACT dosing</i> ✓ <i>Patient assessment and referrals</i> ✓ <i>Practical use of RDT kits, scales, and thermometers</i> <p><i>This helped to reinforce critical skills before moving on to new topics.</i></p> |
| <p><i>Supervision support</i></p> | <p><i>volunteers were introduced to the importance of ongoing supervision and mentorship. The session explained:</i></p> <ul style="list-style-type: none"> ✓ <i>How supervision helps ensure quality work, identify challenges early, and offer continuous learning</i> ✓ <i>Who their direct supervisors are (e.g., health facility staff or CHWs)</i> ✓ <i>What to expect during supervision visits</i> <p><i>Example: A supervisor may visit once a month to check records, provide feedback, and discuss any difficult cases the CMV has encountered.</i></p> |
| <p><i>Maintaining drug box</i></p> | <p><i>Volunteers were trained on how to properly manage their drug and supply box, including:</i></p> <ul style="list-style-type: none"> ✓ <i>Storing ACT medicines and RDT kits correctly (away from direct sunlight and moisture)</i> ✓ <i>Checking expiry dates regularly</i> ✓ <i>Keeping the box clean and organized</i> ✓ <i>Maintaining an inventory log to track stock levels</i> |



| | |
|--|---|
| | <p><i>Example: If a CMV sees 10 patients in a week and uses 8 ACT doses and 6 RDTs, they must update the log and inform the supervisor if stock is running low.</i></p> |
| <p><i>Reporting Malaria Register forms</i></p> | <p><i>The session also covered how to accurately complete malaria reporting forms, which are essential for monitoring community health trends. Volunteers learned:</i></p> <ul style="list-style-type: none"> ✓ <i>What data needs to be recorded (e.g., patient details, RDT results, treatment given)</i> ✓ <i>When and how to submit reports (e.g., weekly or monthly)</i> ✓ <i>The importance of neat, complete, and truthful reporting</i> <p><i>Example: If a CMV tests 5 patients and 2 are positive, they must clearly record this in the form and include age, gender, symptoms, and treatment given.</i></p> |
| <p><i>Take Home Message</i></p> | <p><i>Trainers shared key take-home messages summarizing the core values and responsibilities of CMVs, such as:</i></p> <ul style="list-style-type: none"> ✓ <i>Serve with honesty and confidentiality</i> ✓ <i>Always follow the malaria diagnosis and treatment guidelines</i> ✓ <i>Refer complicated and emergency signs immediately</i> ✓ <i>Keep learning and stay connected with your supervisor</i> <p><i>These messages reminded volunteers of the impact they can have in reducing malaria in their communities</i></p> |
| <p><i>Post Test & Evaluation of training</i></p> | <p><i>Volunteers completed a post-test to assess what they had learned during the training and compare it to the pre-test results. This helped measure knowledge gained.</i></p> <p><i>An evaluation of the training was also conducted, allowing participants to give feedback on:</i></p> <ul style="list-style-type: none"> ✓ <i>What they learned</i> ✓ <i>What they liked or would improve</i> |



| | |
|--------------------------|---|
| | <p>✓ <i>Whether they feel prepared for their role</i></p> <p><i>Example: Some volunteers shared that they felt more confident using RDTs after the practical sessions.</i></p> <p><i>Day Three closed the CMV training with a focus on sustainability and accountability. By the end of the day, volunteers were better prepared to:</i></p> <ul style="list-style-type: none"> ✓ <i>Manage supplies responsibly</i> ✓ <i>Report cases accurately</i> ✓ <i>Stay supported through supervision</i> ✓ <i>Begin their roles confidently in their communities</i> |
| <p><i>Conclusion</i></p> | <p><i>The training concluded with appreciation for the volunteers' commitment and encouragement as they begin their important work.</i></p> |



DAY 4: GENDER-BASED VIOLENCE TRAINING

On day 4, we conducted GBV training. This was a critical part of their training, as it is essential that our volunteers understand how to recognize, respond to and support survivors of GBV in a sensitive and informed manner. This session aimed to build awareness about the different forms of abuse that fall under GBV, including;

- ✓ *Physical abuse (e.g., hitting)*
- ✓ *Sexual abuse. E.g., rape*
- ✓ *Emotional or psychological abuse. e.g., controlling behavior*
- ✓ *Economic abuse. e.g., restricting access to money*
- ✓ *Verbal abuse. e.g., swearing.*

Volunteers participated in interactive exercises to help them identify the various types of abuse and understand the dynamics of GBV. These exercises encouraged discussion, reflection and built empathy.

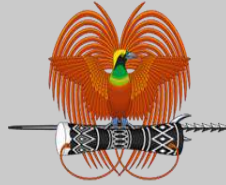
Importantly we also covered how volunteers should respond when they encounter GBV. This include:

- ✓ *Listening without judgement*
- ✓ *Ensuring the Survivors immediate safety*
- ✓ *Avoid victim blaming language*
- ✓ *Referring the survivor to appropriate services or professionals such as, health care providers.*

By the end of the session, CMVs had a clearer understanding of their role in providing initial support and making safe, informed referrals. (see attach image)



GROUP EXERCISES AND PRESENTATIONS ON GBV. Batch 2. 09.10.25



COMPARISON OF TEST RESULTS

Batch 1 =11 CMVs

Pre-Test

| Score | CMV Score |
|--------------|-----------|
| 0 | 0 |
| 1 | 0 |
| 2 | 0 |
| 3 | 0 |
| 4 | 0 |
| 5 | 0 |
| 6 | 1 |
| 7 | 0 |
| 8 | 0 |
| 9 | 0 |
| 10 | 0 |
| 11 | 1 |
| 12 | 1 |
| 13 | 1 |
| 14 | 3 |
| 15 | 2 |
| 16 | 1 |
| 17 | 0 |
| Total | |

Post Test

| Score | CMV Score |
|--------------|-----------|
| 0 | 0 |
| 1 | 0 |
| 2 | 0 |
| 3 | 0 |
| 4 | 0 |
| 5 | 0 |
| 6 | 0 |
| 7 | 0 |
| 8 | 1 |
| 9 | 0 |
| 10 | 0 |
| 11 | 0 |
| 12 | 0 |
| 13 | 1 |
| 14 | 0 |
| 15 | 4 |
| 16 | 3 |
| 17 | 2 |
| Total | |

In the pre- test on one scored 17, the highest was 16 but 10 of them scored between 11 to 16, only one CMV scored 6. In the post test, all of them did very well, two scored 17 which is a green flag but all the 10 of them scored between 13 to 17 except one who scored 6 in pre- test has improved by two points.

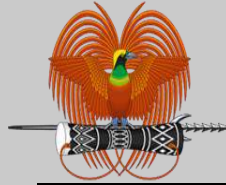
Batch 2= 21 CMVs

Pre-Test

| Score | CMV Score |
|-------|-----------|
| 0 | 0 |
| 1 | 0 |
| 2 | 0 |
| 3 | 0 |
| 4 | 0 |
| 5 | 1 |
| 6 | 0 |
| 7 | 1 |
| 8 | 0 |
| 9 | 3 |
| 10 | 5 |

Post Test

| Score | CMV Score |
|-------|-----------|
| 0 | 0 |
| 1 | 0 |
| 2 | 0 |
| 3 | 0 |
| 4 | 0 |
| 5 | 0 |
| 6 | 0 |
| 7 | 0 |
| 8 | 0 |
| 9 | 1 |
| 10 | 1 |



| | |
|--------------|---|
| 11 | 5 |
| 12 | 4 |
| 13 | 0 |
| 14 | 1 |
| 15 | 1 |
| 16 | 0 |
| 17 | 0 |
| Total | |

| | |
|--------------|---|
| 11 | 0 |
| 12 | 3 |
| 13 | 6 |
| 14 | 5 |
| 15 | 3 |
| 16 | 1 |
| 17 | 1 |
| Total | |

In the post test, none of them scored 17. but most of them are between the range of 10 and 15. 3 CMVs scored 9 and one scored lowest which is 5 points. In the post test most of them have improved. Their points ranged between 10 and 17. And the lowest point one cmv got was 9, however the CMV has improved from scoring 5 points in pre- test to scoring 9 points in post- test.

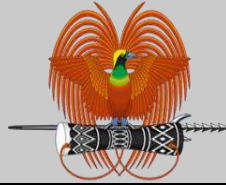
(Explain your general analysis of the pre-test and post test results here)

EVALUATION OF TRAINING- BATCH ONE; 11 PARTICIPANTS

| NO | questions | poor | good | Very Good |
|----|---|--------------|--------------|--------------|
| 1 | Is the training venue okay with you | | 3 | 8 |
| 2 | Did you understand well all the seasons explained by the facilitator? | | 2 | 9 |
| 3 | Did the trainer explained questions to your expectations? | | 3 | 8 |
| 4 | Is the number of training days good for you learning? | | 2 | 9 |
| 5 | Did you satisfy with the accommodation provided? | | 3 | 8 |
| 6 | Did you satisfy with the meals provided? | | 3 | 8 |
| 7 | Generally did you satisfy with the training conducted? | | 2 | 9 |
| | | Total | Total | total |

EVALUATION OF TRAINING- BATCH TWO; 21 PARTICIPANTS

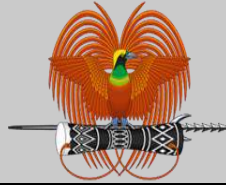
| NO | questions | poor | good | Very Good |
|----|-------------------------------------|------|------|-----------|
| 1 | Is the training venue okay with you | 7 | 4 | 10 |



| | | | | |
|---|---|-------|-------|-------|
| 2 | Did you understand well all the seasons explained by the facilitator? | 0 | 10 | 11 |
| 3 | Did the trainer explained questions to your expectations? | 3 | 4 | 14 |
| 4 | Is the number of training days good for you learning? | 1 | 5 | 15 |
| 5 | Did you satisfy with the accommodation provided? | 1 | 9 | 11 |
| 6 | Did you satisfy with the meals provided? | 0 | 11 | 10 |
| 7 | Generally did you satisfy with the training conducted? | 0 | 2 | 19 |
| | | Total | Total | total |

Most of them rated poor in question 1 because the venue is small and cannot cater for 21 participants. Compared to Batch 1, there were only 11 participants and the venue was okay for them. Compared to batch 1, none of the CMVs rated poor in all question. Therefore, the reasons being rated poor might be them not really understanding the question.

| CHALLENGES | WAY FORWARD |
|---|--|
| Training venue was too far | To conduct the training in a central location |
| Many participants is Batch 2 | To have maximum of 15 participants This make teaching and learning more enjoyable |
| CMV Training materials not arriving on time, especially the CMV hand books and RDT guide. HMMO not fully focused on training, because I had to travel to town to check for remaining training materials at the airport and had to do printing and photocopy the CMV hand book which was time consuming | Make sure every training materials arrive on time, do proper checklist before proceed on to training the volunteers |
| Logistics <ul style="list-style-type: none"> ✓ delay picking up CMVs late at the training site and water front ✓ discrepancy in recording Mileage ✓ Local hire car is not stationed at the training site to respond to needs(travelling from Kiunga up to training site to bring Officers back to Kiunga is fuel and time consuming | RAM to provide a program vehicle to minimize such inconvenience. PHA to assist with logistic |
| No support from PHA | HMMO to do initial plan and seek support from PHA, always do follow up RAM & NMCP- Involve Western PHA staff to attend L& R Meetings to fully understand the program and learn from other PHAs how they are |



| | |
|----------------------------------|---|
| | supporting the HMM program in their respective PHAs |
| CMVs still starving after Dinner | HMMO- Fully utilize the cash requested for CMV and purchase extra food. Change the meal time(dinner) |

RECOMMENDATIONS

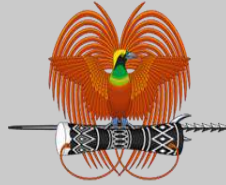
- ✓ *I Strongly suggest that PHA Must the Program in terms of funding, logistic and start regarding the CMVs as part of PHA and not RAM.*
- ✓ *NMCP and RAM MUST involve PHA staff, the Director Public Health to in L & R meetings. Since last year 2024, no one have attended.*
- ✓ *North Fly District MUST have a Program Vehicle*

ACKNOWLEDGEMENTS

First of all, I would like to thank our Good Lord for his never ending love, wisdom and continuous protection during the training

Secondly I would like to thank the following people:

- ✓ RAM/NMCP: For the funding
- ✓ SDP: The Donor for Western Province
- ✓ PHA/District Health: for supporting the program verbally and for allowing the program in Western Province and for the office space.
- ✓ Lucy Temon: For assisting with the training
- ✓ Florentaina Galungim (District Health Office Assistant): assisting in printing and photocopy of CMV hand books
- ✓ HF staff: for taking part in the training
- ✓ Logistics: motor operators and driver for bring staff and CMVs to and fro
- ✓ Host Facility Team- the accommodation, training venue, catering team
- ✓ Rumginae School of Nursing Students: for attending the training the training as Observers



PICTURES



First Batch of CMVs, after the 4days training @ Rumginae Aid Post.04/10/25



Second Batch of CMVs- 21 Participants after 4days training @ Senemrai Ap. 09/10/25