



Reflection and Learning (R&L) Meeting Report

Home Management of Malaria (HMM) Program

Location: City Boutique Hotel, Port Moresby (NCD)

Dates: 25–27 November 2025

Facilitated by: Rotarians Against Malaria (RAM) / Home Management of Malaria team

Participants: HMM Officers, Regional Malaria Coordinators (RMCs), Provincial Malaria Supervisors (PMSs), NMCP representatives, RAM program staff

Report compiled by: Lucy Temon, HMM M&E Desk

1. Introduction

HMM Learning and Reflection Meeting is a budgeted bi-annual event thus eventuate in June and November each year. In June the event didn't happened due to Global Fund budget constraints which affected a handful of other programmatic implementations. The three-day long Reflection and Learning (R&L) Meeting was convened to review implementation progress of the Home Management of Malaria (HMM) program across 12 implementing provinces. The meeting brought together provincial and national HMM stakeholders to reflect on program performance, share lessons from the field, identify operational challenges, and agree on priority actions to strengthen community malaria case management, data quality, supervision, and sustainability.

Day 1 focused on national updates from the National Malaria Control Program (NMCP) and Regional Malaria Coordinators program components. However, days 2 and 3 were centered on HMM program implementation, data, supervision, partnerships, and transition planning. This report specifically consolidates key outcomes from Days 2 and 3 sessions.

2. Objectives and Participants

Objectives

- Review program targets against achievements across RMC, PMS, and HMM implementation.
- Reflect on HMM performance, lessons learned, and challenges across provinces.
- Strengthen capacity in data analysis, reporting, and use of eNHIS.
- Improve commodity accountability for RDTs and ACTs.
- Develop strategies to transition HMM into Provincial Health Authority (PHA) Annual Implementation Plans (AIPs) and budgets.
- Agree on priority actions and targets for the next implementation cycle.

Participants for day 2 & 3

- **Total:** 52
- **Composition:** 15 provincial HMM Officers; 5 national HMM officers; 8 RMCs; 7 PMSs; 2 NMCP reps; 15 RAM staff.

3. Methodology

The meeting used participatory and peer-learning approaches, including:

- Provincial and national presentations on HMM implementation.
- Data review and discussion of the HMM Data Improvement Plan.
- Peer learning and reflective group exercise.
- Development of provincial and district-level action plans.

4. Summary of HMM Presentations

4.1 HMM Program Performance

The HMM program continues to play a critical role in increasing access to early malaria diagnosis and treatment at community level. From January to September 2025:

- Community malaria testing targets were achieved (100%).
- Community treatment targets reached 97–98%.
- Since 2020, over 608,000 RDTs were conducted, with more than 368,000 malaria cases treated using ACTs.

Key challenges affecting performance included reduced donor funding, staff turnover, CMV attrition, data quality gaps, logistical constraints in remote areas, and intermittent commodity stock-outs.

4.2 Community Malaria Volunteers (CMVs)

Presentations highlighted the importance of quality social mobilization, transparent CMV selection, and strong community engagement. Best practices included:

- Community-led CMV selection with signed agreements.
- Regular supervision and refresher training.
- Clear role expectations and non-monetary incentives.

Literacy barriers, dropouts, and inconsistent supervision were identified as major risks to sustainability.

4.3 Training and Supervision

CMV training approaches remain aligned with national guidelines and emphasize practical, hands-on learning. However, challenges include variable literacy, limited supervision coverage, and logistical constraints. Integrated supervisory visits combining mentoring, data verification, and community engagement were identified as effective, though resource-intensive.

4.4 Data Management and Reporting

Data quality and timeliness remain key concerns. Challenges included incomplete registers, late reporting from remote areas, parallel reporting systems, and limited local data use. The HMM Data Improvement Plan prioritizes:

- Routine data quality audits.
- Targeted capacity building.
- Expansion of digital reporting tools.
- Simplified dashboards to support data-to-action at district and provincial levels.

4.5 Partnerships and Sustainability

Strengthening partnerships with District Health Offices, PHAs, and local stakeholders is essential for sustainability. Presenters emphasized the need to:

- Integrate HMM activities into district and provincial AIPs.
- Advocate for local budget allocations.
- Strengthen supervision, commodity supply, and reporting systems through shared ownership.

5. Key Achievements and Data Highlights

- **Service delivery:** 608,212 RDTs performed (2020–Q2 2025); 380,307 positives; 368,652 ACT treatments.
- **2025 performance (Jan–Sep):** Community testing 100%; community treatment 97–98%.
- **Capacity building:** 5 new HMM officers, 1 data officer recruited; 178 CMVs trained (2025 cohort); eNHIS tablet rollout initiated
- HMM implementation progress and challenges reviewed across all provinces.
- Cross-province peer learning and experience sharing strengthened.
- District and provincial action plans developed.
- Improved understanding of data quality, supervision, and sustainability requirements.

6. Key Challenges Identified

- **Funding and HR:** Global Fund reductions forcing downscaling; staff turnover (6 resignations in 2025) and vacancies; ~20% CMV dropout. CMV attrition and limited retention mechanisms
- **Data quality and systems:** Completeness 79% and timeliness 77%; duplication between eNHIS and Access DBs; paper processes causing late/missing entries. Gaps in timely and complete – level reporting
- **Supply chain and logistics:** RDT/ACT stockouts in hard to reach areas; distribution delays to remote areas; limited transport for supervision.
- **Governance and clinical gaps:** Reports of CMVs charging clients; limited QA; vivax management at community level constrained by Primaquine policy and referral gaps.
- **Training and supervision constraints:** Varied CMV literacy, limited refresher opportunities, and inconsistent supervisory visits due to funding and transport

7. Key Recommendations

- Accelerate digitization of CMV reporting and supervision tools.
- Strengthen coordination with NMCP and supply chain partners to reduce stock-outs.
- Integrate HMM priorities into PHA Annual Implementation Plans and budgets.
- Enhance supportive supervision, refresher training, and non-monetary incentives for CMVs.
- Implement the HMM Data Improvement Plan to strengthen data quality and data use.

8. Action plan and next steps

- **Digital & data:** Complete eNHIS tablet rollout and Kobo pilot; deploy dashboard and DQA within 6 months.
- **Supervision & logistics:** Develop quarterly supervisory schedules, secure transport solutions, and pilot cluster visits.

- **Training & GBV integration:** Deliver targeted refresher trainings and scale GBV/diversity sensitization to reach targets.
- **Budgeting:** Support provinces to include HMM activities in AIPs for the 2026 budget cycle.

9. Conclusion

The meeting validated HMM achievements and exposed operational gaps that are addressable through focused investments in digital systems, supervision, supply continuity, and provincial ownership. Implementing the actions will be critical to sustain community malaria case management, improve data quality, and secure HMM integration into provincial plans and budgets. The Reflection and Learning Meeting reaffirmed the value of the HMM program in expanding access to malaria services in hard-to-reach communities. Addressing data quality, supervision, logistics, and provincial ownership will be critical to sustaining impact and ensuring a successful transition of the HMM program into routine provincial health systems beyond 2026.

10. Annexes

- Annex 1: Agenda

Day 2 & 3: 26th - 27th November, 2025

Agenda item	Presenter / Facilitator
Registration	Joan Kaios/Sylvia Joel
Grant Update	Dr. Munir Ahmed
HMM Program Update	Rebecca Gabong
Stock Management (CMV Merchandise)	Sylvia Joel
Social Mobilisation (Presentation / Q&A Session)	Joel Yalbom
CMV Training (Presentation / Q&A Session)	Salome Yaot
CMV Supervision (Presentation / Q&A Session)	Joyleen Reken
CMV Data entry and reporting (Presentation / Q&A Session)	Tina Siweoya
District Support (Presentation / Q&A Session)	Mou Basa
Provincial Support (Presentation / Q&A Session)	Thomas Kapu
Impromptu Exercise	Richard Piko
AIP Presentation	Joseph Kuadima
Group Activity (AIP)	Rebecca Gabong
Group Activity (AIP)	Rebecca Gabong
HMM Program Targets-2026	Richard Piko
HMM Data Improvement Plan	Lucy/
Closing Remarks	Dr. Jacob Kisomb / Dr.Munir Ahmed
Motorcycle Session	All

- Annex 2: List of Participants



R&L Attendance Form_25-27.11.2025.pdf

- Annex 3: Photos



Opening Remarks by Dr Kisomb -NMCP Program Manager



Group Photo – End of R&L Meeting



Motorcycle Session