

**QUARTER THREE FIELD TRIP REPORT**

**Name of Officer:** Brenda Fisaura  
**Destination:** AROB  
**Date travelled to AROB:** July 11th 2024  
**Date visit ended:** August 2<sup>nd</sup> 2024  
**Date returned to POM** 5<sup>th</sup> August 2024 (on sick leave and returned on this date)  
**Nights away from the office:** 22 nights

**Type of documents attached:** Air tickets/ boarding passes and Acquittals

**PHA Assisting Officers:** Mr. Absalom Masono (Malaria Program Officer)  
**RAM Assisting Officer:** Ms. Racheal Puton (HMMO)

**Purpose of Travel:** Q3 Supervisory Visits to facilities and distribution of Malaria testing kits, Mala1 drugs and Primaquine as well Antenatal nets for the facilities



Q3 facility visit to Piano HC. House Household Malaria Management Officer Ms. Puton showing staffs at Piano HC how to correctly fill out the stock card. Stock card maintenance is very important to monitor commodities in each facility pharmacy

## **OBJECTIVE:**

This is the 3rd quarter trip of 2024, to carry out the routine Malaria Health Facilities Supervisory visits and Drug Distribution in the Autonomous Region of Bougainville.

The main objectives;

- Visit all accessible HFs and ensure that there is adequate supply and **NO STOCK OUT** of Malaria Rapid Diagnostic Test (mRDT) kits, Artemisinin-based Combination Therapy (ACT), Primaquine (PQs) and other malaria commodities including Antenatal Care (ANC) nets in all HFs,
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and complete treatment is given to those positive confirmed cases as per National Malaria Treatment Protocol. And that all data is recorded and Reported timely on the National Health Information System (NHIS),
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs despite not been visited,
- Strengthen Continuous Quality Improvement (CQI) activities in the region.

## **PEOPLE MET WITH DURING Q3 VISIT**

- Lawrencia Kumis – a/Executive Director Public, ABG Health Department
- Buka Hospital Pharmacy OIC Mr. Edward Nanatsi
- Buin Health Centre Pharmacist Mr. Isaiah Norg
- Regional Pharmacist Ms. Gwendoline Kolonga
- Catholic Church Health Service Monitoring & Evaluation Officer – Mr. Fabian Sembi
- Catholic Church Health Service Manageress, Ms. Michaeline Pau
- House Hold Malaria Management Officer Ms. Racheal Puton
- All officers in charge and staffs on duty of facilities visited in Q1

## **1. BACKGROUND INFORMATION OF AUTONOMOUS REGION OF BOUGAINVILLE**

Historically the region was known as the North Solomon's Province. Conflict over the Panguna Mine became the primary trigger for the Bougainville Civil War (1988- 1998), which resulted in the deaths of up to 20,000 people. A peace agreement however was developed and resulted in the creation of the Autonomous Bougainville Government.

AROB is located 1,000 kilometres east of the mainland national capital of Port Moresby. It is the most remote of Papua New Guinea's 21 provinces with Buka Town as its current capital after the civil war. It consists of two large islands, Bougainville (8,646 square kilometres) and Buka (598 square kilometres), separated by a narrow passage, as well as many small islands. The Emperor Range, with its highest peaks at Balbi (9,000 feet [2,743 metres] and Bagana, both active volcanoes, occupies the northern half of the island, and the crown prince range occupies the southern half. Coral reefs fringe the shore. The region has an estimated population of 249,358 people (2011 national census).

AROB is divided into three main districts (North Bougainville, Central Bougainville and South Bougainville) which accommodates a total of currently forty functional health facilities which provides health services to the entire population. There are also aid posts, clinics and community health posts located in the catchments which operate directly under the main health centres. The health care service delivery is provided by a combination of government, private facilities, church facilities and Non-Government Organisations (NGO).

Most of the health facilities are accessible by road with only 10% of it being accessed by dingy and can only be so depending on the weather conditions. Few difficulties include poor road infrastructure especially in the inlands of South Bougainville district during wet season often makes it difficult to travel through and reach the facilities. Refer to map of AROB below.

**Figure 1. Map of Autonomous Region of Bougainville**



## **2. DISCRPTIONS OF FACILITIES IN EACH DISTRICTS (REGIONS)**

### **Buka Region**

Buka Region has a total of **14 functional reporting facilities**. Five facilities; **Nissan HC, Caterets SC, Skotolan SC, Sipai SC and Kuraio SC** are sea accessed. Nissan and Caterets takes 4 to 5 hours to reach as they are located on the outer islands and is excessed when the weather and the sea is fine. The other three sea accessed facilities takes less than 2 hours to reach from Buka Town. The remaining 9 facilities; **Buka Hospital, Buka Urban Clinic, Gagan SC, Hanahan SC and Lemanmanu SC** are accessed via road on Buka Island and **Hantoa SC, Kunua HC, Tearouki HC and Kekesu SC** are reached by road on main Bougainville Island. This quarter the team visited all facilities except Nissan HC and Caterets SC only.

### **Central Region**

Central region has a total of **10 reporting facilities**. These facilities are **Wakunai HC, Ruruvu SC, Manetai SC, Arawa HC, Koromira SC, Kodora CHP, Kakusida CHP, Panguna SC, Orami CHP and Paruparu SC**. All these facilities are accessed by vehicle except for Paruparu SC, as it will take to travel by vehicle and then tracking for 2-3 hours and **that is why our team has not yet visited this particular facility**. Ruruvu SC is also visited if the road condition is good. This quarter all facilities were visited except for Paruparu SC.

### **South Region**

This region has a total of **16 reporting facilities**. 14 of these facilities (**Oria SC, Tabago SC, Turiboiru SC, Buin HC, Lenoke SC, Piano SC, Katuhkuh SC, Konga SC, Monoitu SC, Tonu SC, Boku SC, Morotona HC, Sovele SC and Singkodo SC**) are accessed through road but during wet seasons they are almost impossible to reach as the roads leading to most of these facilities in the south deteriorates too quickly during the raining season. The remaining two facilities which are **Piva HC and Karato CHP** are accessed by boat from Buka Island. Piva HC takes almost 3 to 4 hours by dingy from Buka town to reach Torokina beach front then travel by vehicle for less than 30mins to finally reach the facility. Karato SC is also the same but instead of vehicle, one has to track again for another hour or so to reach the facility and that is why our team has not yet visited this particular facility. This quarter visit the team could not reach 2 facilities. Singkodo SC due to deteriorated road condition the team turned back. Staff were reached over the phone and advised that they have sufficient stock on hand. Karato due to inaccessibility the team could not reach.

Boku SC however was reached by the team but the only officer attached at the facility was not around. The team waited for an hour until we left.

### **3. SUMMARY OF SUPERVISORY 2024 Q3 HEALTH FACILITY VISIT**

*Table1. Distribution of Health Facilities in the Province, their accessibility and the dates the team visited.*

DISTRICT	HEALTH FACILITY	AGENCY	ACCESSIBILITY STATUS	ACCESSIBILITY	DATE OF VISIT
NORTH	Buka UC	Government	Accessible	Road	12/07/24
NORTH	Gagan SC	Catholic	Accessible	Road	13/07/24
NORTH	Hanahan SC	Government	Accessible	Road	13/07/24
NORTH	Kekesu SC	United Church	Accessible	Road	16/07/24
NORTH	Kunua HC	Government	Inaccessible	Road	15/07/24
NORTH	Kuraio SC	Catholic	Accessible	Sea	30/07/24
NORTH	Lemanmanu SC	Government	Accessible	Road	13/07/24
NORTH	Nissan HC	Government	Inaccessible	Sea	Not visited
NORTH	Selau (Hantoa) SC	Government	Accessible	Road	16/07/24
NORTH	Sipai SC	Catholic	Accessible	Sea	30/07/24
NORTH	Skotolan SC	United Church	Accessible	Sea	29/07/24
NORTH	Buka HO	Government	Accessible	Road	12/07/24
NORTH	Tearouki HC	Catholic	Accessible	Road	16/07/24
NORTH	Carterets SC	Government	Inaccessible	Sea	Not visited
CENTRAL	Arawa DH	Government	Accessible	Road	17/07/24
CENTRAL	Manetai HC	Catholic	Accessible	Road	17/07/24
CENTRAL	Panguna HC	Government	Accessible	Road	19/07/24
CENTRAL	Ruruvu SC	United Church	Inaccessible	Road	Not visited
CENTRAL	Wakunai HC	Government	Accessible	Road	17/07/24
CENTRAL	Paruparu SC	Government	Inaccessible	Road	Not visited
CENTRAL	Koromira HC	Catholic	Accessible	Road	18/07/24
CENTRAL	Kakusida CHP	Government	Accessible	Road	18/07/24
CENTRAL	Orami CHP	Government	Accessible	Road	18/07/24
CENTRAL	Kodora CHP	Government	Accessible	Road	18/07/24
CENTRAL	Buin HC	Government	Accessible	Road	22/07/24
CENTRAL	Katuhkuh SC	Government	Accessible	Road	21/07/24
CENTRAL	Konga SC	Government	Accessible	Road	21/07/24
CENTRAL	Lenoke SC	Government	Accessible	Road	22/07/24
CENTRAL	Monoitu SC	Catholic	Accessible	Road	21/07/24
CENTRAL	Morotona HC	Catholic	Accessible	Road	19/07/24
CENTRAL	Piano SC	Catholic	Accessible	Road	22/07/24
CENTRAL	Piva (Torokina) SC	Government	Inaccessible	Sea then road	30/07/24
CENTRAL	Sovele SC	Catholic	Accessible	Road	20/07/24
CENTRAL	Tabago SC	Catholic	Accessible	Road	Not visited
CENTRAL	Tonu SC	United Church	Accessible	Road	20/07/24
CENTRAL	Turiboiru SC	Catholic	Accessible	Road	22/07/24
CENTRAL	Oria SC	Government	Accessible	Road	Not visited

CENTRAL	Boku HC	Government	Accessible	Road	20/07/24
CENTRAL	Singkodo SC	Government	Accessible	Road	20/07/24
CENTRAL	Karato CHP	Government	Inaccessible	Sea then track	Not visited

**Table 2. Shows the coverage rate for both accessible and overall facilities in Autonomous Region of Bougainville.**

	Quarter 1
<b>Total number of HFs</b>	40
Total Accessible Facilities	32
Total Inaccessible Facilities	8
Total Accessible Facilities Visited	31
Total Facilities Visited	33
% Coverage (Accessible)	97%
% Coverage (Total Facilities)	82.5%

As per the summarized table above, the target for this quarter was to visit all 32 accessible facilities and 4 inaccessible facilities. The team managed to reach 31 accessible facilities and only 2 inaccessible facilities. This gave an overall coverage rate of 82.5% of total facilities visited and 97% coverage rate for accessible facilities in the region visited.

**Table 3: Plan for hard to reach facilities not visited**

No.	Health Facility	Q3 supplies status	Reasons for not conducting a single facility visit
1.	Nissan HC	SIC notified to pick up supplies whenever she travels into town	Due to health staffs gone missing on the trip to Nissan Island, the Health Secretary has banned all facility visits by partners and PHA staffs to the island
2.	Karato CHP	OIC/SIC will have to be notified to pick up Q3 supplies whenever traveling into town.	Inaccessible facility. Travel by boat from Buka about 3 hours and then track Otherwise positivity rate is low so staff should notify once current stock on hand is running low
3.	Paruparu SC	SIC signed off GDNS in Arawa town. Once EPI team travels over to deliver vaccines then the ACTs supply will be loaded as well so the carriers can carry everything at once	Inaccessible facility. Travel by vehicle from Arawa Town for 1 – 2 hours and then track
4.	Tabago SC	Advice staffs to get supplies at Buin HC	Several killings in the area facility is located in therefore team did not travel to the facility.

#### **4. RDTS AND ACT SUPPLIES PROCURED REPORT**

This quarter, no supplies were received as yet. However, there were sufficient stock available from quarter 2 supplies which the team used and distributed during the quarter 3 visit. The 4-month quarter 2 GF supplies for AROB were consigned into the region right after the AROB Health Department did their own routine quarter 2 facility visit. Total of 16 cartons of ACTs and RDTs were received by the Malaria team on the ground.

Table 4: Provided below was the receiving quantity for quarter 2 of which its buffer stock was utilized in quarter 3 distribution.

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON (box)	TOTAL QUANTITY	TOTAL IN BASIC UNITS (blisters)	BATCH #	SOURCE	EXPIRY DATE
1 to 13	13	RDT	40	520	15,600	3E02047	GF	Dec-25
14	1	ACT 24	24	24	720	7254203	GF	Dec-25
15	1	RDT	35	35	1050	7254203	GF	Dec-25

16	1	ACT 18	7	7	210		GF	Dec-25
		ACT 24	8	8	240		GF	Dec-25

Table 5: Quantity distributed per facility during quarter 3 visit. Quantity supplied according to the current stock available at the facility using the quarter 2 remaining buffer stock.

DATES	FACILITY	RDT ISSUED	ACT 6 ISSUED	ACT 12 ISSUED	ACT 18 ISSUED	ACT 24 ISSUED	PQ ISSUED
12/07/2024	Buka Urban Clinic	20	0	0	0	3	0
13/07/2024	HANAHAH SC	9	0	0	0	6	0
13/07/2024	LEMANMANU HC	6	0	0	0	0	0
15/07/2024	KUNUA HC	20	0	0	0	3	0
16/07/2024	HANTOA SC	40	0	4	0	4	0
16/07/2024	TEAROUKI HC	11	0	5	0	5	0
17/07/2024	MANETAH SC	13	0	0	0	0	0
17/07/2024	WAKUNAI HC	10	0	3	0	3	0
17/07/2024	ARAWA HOSPITAL	80	0	5		7	0
18/07/2024	KOROMIRA SC	20	0	6	0	10	0
18/07/2024	KAKUSIDA CHP	7	0	0	0	5	0
19/07/2024	PANGUNA SC	0	0	0	0	1	0
19/07/2024	MOROTONA HC	5	0	2	0	2	0
20/07/2024	SOVELE HC	10	0	1	0	3	0
22/07/2024	TURIBOIRU SC	5	0	0	0	0	0
22/07/2024	PIANO SC	5	0	2	0	2	0
23/07/2024	PARUPARU SHC	15	0	3	0	4	0
29/07/2024	SKOTLAN SC	19	0	3	1	2	0
30/007/24	PIVA HC	20	0	4	0	3	0
02/08/2024	SIPAI SC	20	0	1	0	4	0

Throughout the visit all facilities did not have any stock out of ACTs/RDTs for more than 2 weeks. All had sufficient stock on hand during the visit. Only Koromira HC had the last RDT box and last ACT24 blister packet used at the Outpatient during the visit. All facilities were supplied with 4 months' supply of stock. No facilities had nil stock of ACTs when the team arrived.

## 5. SUMMARY OF FINDINGS

### a) Stock Situation

#### • Stock Management

Most of the facilities visited are not up to date in keeping stock cards maintained despite continuous emphasis on the importance of keeping track of commodities. Updating stock cards are often seen as an extra work load to maintain. Only a few facilities such as Gagan SC, Hantoa SC, Ruruvu SC, Wakunai HC, Arawa Dist. Hospital, Koromira SC, Kodora CHP, Kuraio SC, Skotolan SC and Buin HC are constantly maintaining stock cards. Although it is not on a weekly basis but when stock at each section at the facilities run out and new stock is issued out then that is when the stock card is updated.

Almost all facilities have received 2 orders from the AMS in the past 6 months and there was no major stock out of RDTs, ACTs but definitely nil stock of Primaquine found at few facilities visited.

- **Antenatal Care Nets**

The distribution of LLINs to all antenatal clinics in AROB is ongoing and the team ensures that each distribution is consistent without disruption. Facilities are starting to improve on the accountability of nets. Accountability of the nets distributed to pregnant ladies at the facility level is still an issue. The team have since taken a step in ensuring that facilities requesting for new bales of nets should do so with submission of the antenatal registers to confirm and account for previous nets issued out before any new stock of bales can be supplied.

The current stock on hand at the end of RMC Q3 visit is **2,300 nets (46 bales of 50 nets each)**. All nets are expected to be distributed to all facilities providing ANC service by the end of this year. There are six (6) bales which are stored in the container on Buka Island at the Medical Transit store and the remaining 40 bales are stored in the container at Arawa District Hospital.

**b) Intermittent Preventative Treatment in Pregnancy (IPTp)**

Intermittent Preventative Treatment of malaria in pregnancy with Sulfadoxine-pyrimethamine (Fansidar) is the current ongoing prophylaxis as per World Health Organization (WHO) guidelines. All facilities providing antenatal care are supplying pregnant woman with a total of 3 doses of Fansidar during antenatal care, spaced one month apart after 16 weeks of being pregnant till delivery. Currently in all facilities visited, there is sufficient stock of Fansidar still available.

All facilities visited, the team have noted that the record for first doses supplied to pregnant ladies are captured in the Antenatal Care Register Book while the 2<sup>nd</sup> and the 3<sup>rd</sup> dose as observed in few facilities have it written in the client's health record book instead and not in the ANC register book. However, there are quite a number of facilities who are keeping all records in the ANC registers for both the 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> doses. These facilities include Buka Urban Clinic, Kunua HC, Tearouki HC, Ruruvu SC, Wakunai HC, Manetai SC, Arawa District Hospital, Kakusida CHP, Orami CHP, Morotona HC, Sovele SC, Tonu SC, Monoitu SC, Piano SC, Lenoke SC, Buin HC and Turiboiru SC. The rest of the other facilities have been advised to do the same. Throughout all visits the team will continue to monitor and emphasis on the importance of this record keeping.

**c) Malaria Microscopy**

There are only 4 reporting facilities; Buka Hospital, Arawa District Hospital, Buin HC and Sovele SC whom are performing Malaria Parasite Slides Examination in the Region. The distribution of Malaria Microscopy in the Region is uneven and also there is no trained malaria microscopist at this registered facilities performing MPS. North District has 1 facility only, Central District has only 1 and South District with 2 facilities. There is still a challenge for cases which needs confirmation with MPS. There is an absolute decline in Malaria Parasite Slides (MPS) performance due several reasons

- Buka Hospital Laboratory: There is definitely man power issue thus no MPS are usually done
- Arawa District Hospital Laboratory: MPS is done but not captured in the monthly NHIS reports despite countless emphasis. Also it has been noticed that when the RDT results at OPD is negative and the patients are sent to the lab for MPS confirmation, the lab staffs usually do RDT again and not MPS.
- Buin HC Laboratory: No power connection to the Lab thus no MPS done

Currently Sovele HC is the only facility doing MPS amongst the 4 mentioned facilities and is up to date in entering datas and submitting through the NHIS.

All microscope at each of the facility are in good condition and there are sufficient reagents and slides available during our visit at the rest of the other 3 facilities. All staffs performing MPS at these mentioned facilities do take part in the External Quality Assurance (EQA) program except for Buka General Hospital in which they are expected to send required number of slides every quarter to Central Public Health Laboratory (CPHL). There is however poor feedback response from CPHL to provide timely competency rate of each staff performance thus few staffs competency is always questioned.

## **6. HOME BASED MANAGEMENT OF MALARIA (HMM)**

This year, Ms. Puton is yet to train 64 new volunteers. All these volunteers to be trained will be under Hantoa SC catchment. So far this year

- Current existing and active CMVs total is 53.
- Throughout quarter three, there were no CMV supervisory visit conducted but
- There was only an advocacy done at Hantoa HC catchment which thereafter a total of 74 volunteers were nominated to undergo the CMV training.

- The new CMV training is schedule for early October 2024

Although HMM program has had a tremendous effect on the disease burden in the catchment areas that this program has been rolled out, it is the tracking of HMM datas in the NHIS that is seen to be an issue. Most particularly;

- Individual CMV datas that are submitted late to facility OICs long after the facility submits its monthly NHIS report is often not monitored/ included and in most cases the datas are not captured eventually.
- There is no field in the NHIS specifically for CMV datas thus we cannot see the actual data from CMVs alone and from facility itself as well.

## **7.HOSPITAL VISIT**

Buka General hospital also has its fair share of issues in maintain consistency in timeliness and completeness of monthly NHIS reporting. This quarter the team did the usual routine visit to all wards to check up on malaria reporting tools and assess datas collected

- Medical Records

The in-charge of Medical records with her team are always on their toes every end of the month to collect all reports from each sectional heads to compile overall NHIS report however there is still issues as most sectional heads do not submit report on time thus it contributes to the delay in submission of Monthly reports to the PHIO. The required date of NHIS submission is every 7<sup>th</sup> of the new month, however there is always a delay. There is no missing report from the month of January to July.

- Laboratory

The laboratory is not performing MPS at all. This was the result as stated by the Laboratory Officer in charge, “No man power or specialised malaria microscopist to perform the MPS”. Malaria Laboratory Register book was available but with no data entry. All reagents as well as slides are available for testing and there was no major stock out. RDTs are repeated again in the lab when the results at OPD is negative and the patients are sent to the lab for Microscopy confirmation.

- Pharmacy

The pharmacy is connected to the Provincial Medical Transit Store with easy access on both sides. Stock take is done and drugs are kept in order. The only issue noted is excess RDTs and ACT 6 was supplied from AMS Kokopo. This push factor used will cause commodities to be supplied in large quantity and will result in drugs expiring without being used because of overstocked. The monthly reports to Medical Records is always on time

- Wards

All wards visited that perform RDT in their unit includes, Paediatric Ward, General Out Patient, Gynaecology & Obstetric Ward and Medical Ward.

## **8. CONTINUOUS QUALITY INITIATIVE (CQI) TRAINING**

This quarter, the team conducted 3 sets of CQI. One was done at Arawa town during the Public Health Review meeting where almost all Officers in Charge attended. The second one was done with the staffs of Buka Hospital whereby unit managers of each wards attended as well as several Community Health Workers and Nursing Officers. The third one was with the staffs of Catholic Church Health Services. The Health Manager of the Catholic Church Health services requested for a CQI because she had several of her field staffs attending a meeting in town and wanted them to be updated as well on the treatment protocol as well as common issues identified throughout regular visits.

<b>Institution</b>	<b># of Staffs Attended</b>
AROB Public Health Review Meeting – OICs attended	34
Buka Hospital	18
Catholic Church Health Service	12

Apart from CQIs facility staffs are regularly provided with up dated treatment protocol as well as identifying discrepancies with NHIS malaria data reporting and discussing those with the appropriate staffs during the routine visits to the facilities. Most often issues discussed are on

- Importance of stock card maintenance and how to fill it up
- Updating ANC LLIN registers and account for nets provided to the clinics

- Up to date with the updated treatment protocol
- Monthly NHIS reporting discrepancies noted.



1) CQI- Public Health Review Meeting

(2) CQI with Catholic Health staffs

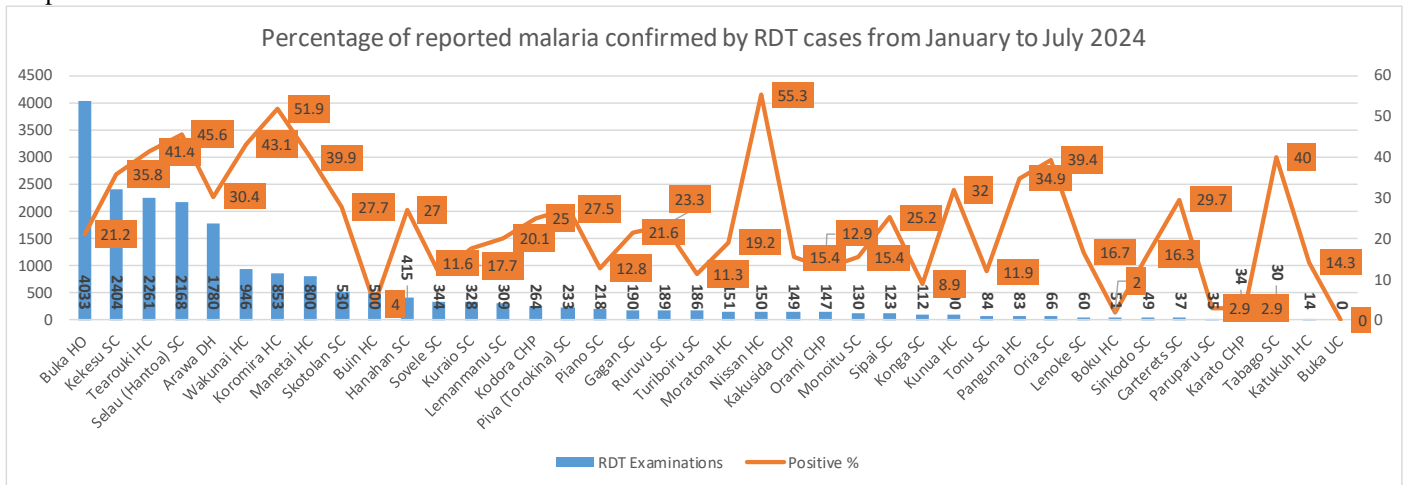
(3) CQI with Buka Hospital Staffs

### 9.MALARIA BURDAN OVERVIEW (NHIS DATA)

AROB is one of the Provinces with lesser malaria burden compared to other Provinces. Malaria cases in AROB is mostly common in both North and Central Bougainville whereas the southern part of the region has almost zero cases of malaria. Few cases are seen but most often this are imported cases.

The graphs below show the trend of Malaria situation in the Province over the first 7 months of this year 2024 as per NHIS reports. *Source; ENHIS 10/09/2024 12:58:28*

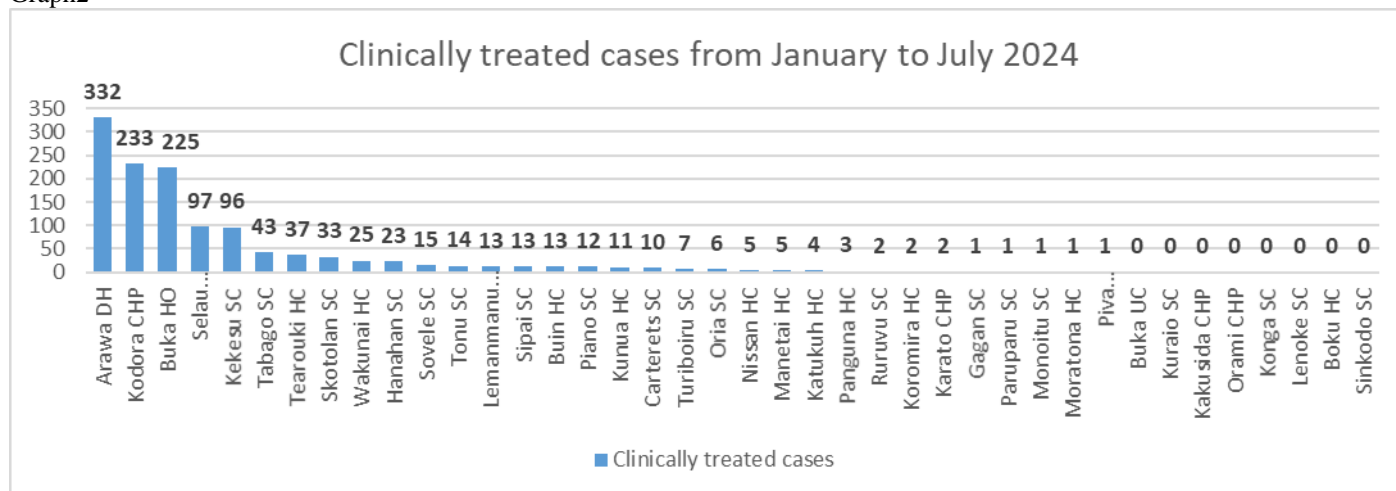
Graph 1



The graph above shows that

- The column graph illustrates the facilities performing most RDT testing from highest performing facilities to the least. Buka Urban Clinic does not conduct any outpatient screening thus no zero result available.
- From the line graph, it is projecting the total RDT confirmed malaria cases in percentage. Most cases from the past 7 months have been detected from Hantoa HC (45.6% of 2168 tested), Tearouki HC (41.4% of 2261 tested), Kekesu SC (35.8% of 2404 tested), Buka Hospital (21.2% of 4033 tested), Arawa District Hospital (30.4% of 1780 tested), Koromira HC (51.9% of 853 tested) and Wakunai HC (43.1% of 946 tested).

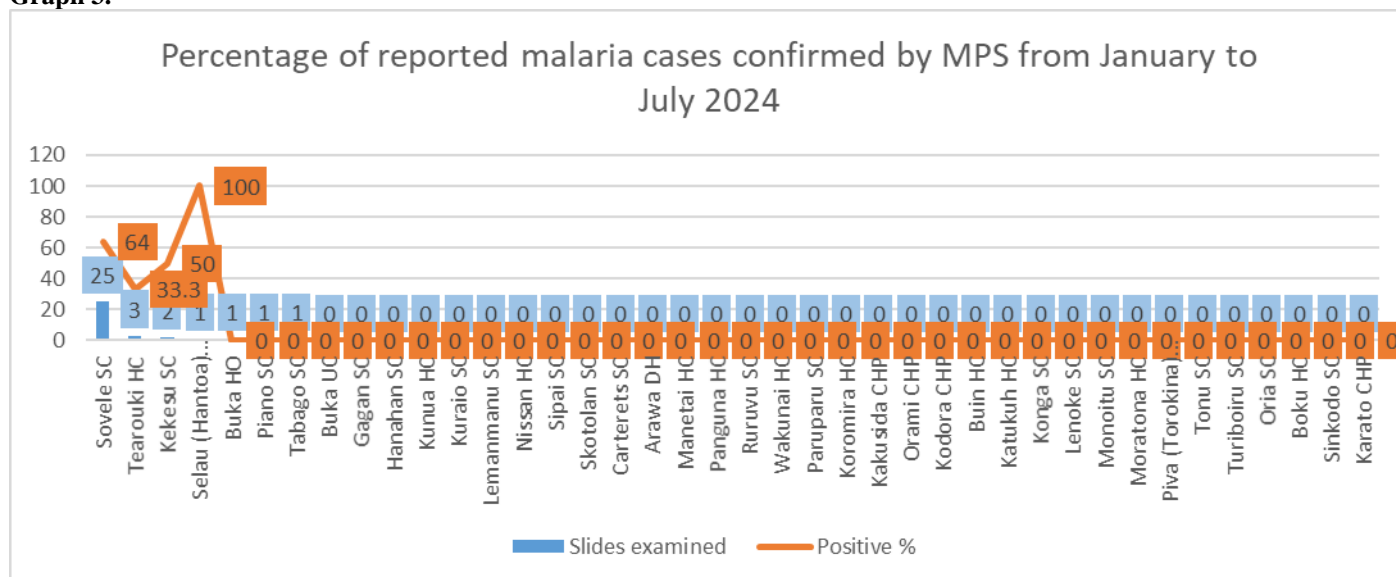
Graph2



Graph2 shows that there are still facilities treating patients clinically despite following the correct treatment guidelines.

- The graph illustrates highest number of clinically treated cases by facilities with Arawa District Hospital leading despite sufficient RDTs always available together with a functional laboratory that can perform MPS to confirm negative results
- Kuraio SC, Kakusida CHP, Orami CHP, Konga SC, Lenoke SC, Boku HC and Singkodo obviously have performed well and treating cases following the correct and right treatment according to the results

Graph 3.



Graph 3 illustrates the MPS performed by facilities

- There are only 4 functional labs that performed MPS in AROB. The facilities that have these labs include Buka Hospital, Arawa District Hospital, Buin HC and Sovele HC only
- The graph shows data from Tearouki HC, Kekesu SC, Hantoa HC, Piano SC and Tabago SC. Obviously these is misreporting. OICs need to correctly fill out the monthly NHIS reports every end of the month to avoid such errors
- From the data, only Sovele HC is using MPS to confirm suspected RDT negative results but unfortunately Buka Hospital, Arawa District Hospital and Buin HC are not performing any MPS at all despite having reagents, slides and microscopes available. These 3 facilities also are performing highest number of clinical diagnosis.

## 10. NHIS REPORTS

Projected below is the NHIS data quality report from January to July 2024.

### Data Quality Report January to July 2024

Health Facility	Health Facility Code	Num. Health Facilities Open	Num. Months	Avg. Days OIC	Avg. Days PHIO	Num. Reports Submitted	Num. Reports signedoff	Completeness OIC (%)	Completeness PHIO (%)
Arawa DH	200101	7	7	16	23	7	7	100	100
Kakusida CHP	200109	7	7	19	6	7	7	100	100
Kodora CHP	200111	7	7	18	6	7	7	100	100
Koromira HC	200102	7	7	12	13	7	6	100	86
Manetai HC	200103	7	7	16	2	7	7	100	100
Orami CHP	200110	7	7	9	6	7	7	100	100
Panguna HC	200104	7	7	3	11	7	7	100	100
Paruparu SC	200108	7	7	15	2	7	7	100	100
Ruruvu SC	200105	7	7	3	9	7	7	100	100
Wakunai HC	200107	7	7	27	4	7	7	100	100
Buka HO	200212	7	7	21	28	7	7	100	100
Buka UC	200201	7	7	3	15	7	7	100	100
Carterets SC	200214	7	7	25	9	6	6	86	86
Gagan SC	200202	7	7	7	10	7	7	100	100
Hanahan SC	200203	7	7	13	26	7	7	100	100
Kekesu SC	200204	7	7	14	12	7	7	100	100
Kunua HC	200205	7	7	15	15	7	7	100	100
Kuralo SC	200206	7	7	18	10	7	7	100	100
Lemanmanu SC	200207	7	7	11	8	7	7	100	100
Nissan HC	200208	7	7	30	3	5	5	71	71
Selau (Hantoa) SC	200209	7	7	7	13	7	7	100	100
Sipai SC	200210	7	7	13	9	7	7	100	100
Skotolan SC	200211	7	7	9	15	7	7	100	100
Tearouki HC	200213	7	7	4	18	7	7	100	100
Boku HC	200315	7	7	36	1	7	7	100	100
Buin HC	200301	7	7	4	23	7	7	100	100
Karato CHP	200318	7	7	29	6	7	7	100	100
Katukuh HC	200302	7	7	8	13	7	7	100	100
Konga SC	200303	7	7	2	17	7	7	100	100
Lenoke SC	200305	7	7	15	8	7	7	100	100
Monoitu SC	200306	7	7	11	14	7	7	100	100
Moratona HC	200307	7	7	14	6	7	7	100	100
Onia SC	200314	7	7	3	17	7	7	100	100
Piano SC	200308	7	7	3	14	7	7	100	100
Piva (Torokina) SC	200309	7	7	8	13	7	7	100	100

Sinkodo SC	200317	7	7	6	14	7	7	100	100
Sovele SC	200310	7	7	13	8	7	7	100	100
Tabago SC	200311	7	7	27	9	6	6	86	86
Tonu SC	200312	7	7	10	15	7	7	100	100
Turiboiru SC	200313	7	7	23	5	7	7	100	100

1. It is expected that every month a total of 40 monthly NHIS reports should be submitted to PHIO. From January to July, a total of 280 NHIS monthly reports were expected to have been submitted. However, from the ENHIS data projected above only 275 monthly NHIS reports were submitted to PHIO and was approved and uploaded.
2. For the past 7 months, January to July;

- 11 facilities only have been submitting their monthly NHIS reports on time (i.e. between 1<sup>st</sup> to 7<sup>th</sup> of the new reporting month) These facilities include Panguna HC, Ruruvu SC, Buka UC, Gagan SC, Hantoa SC, Tearouki HC, Buin HC, Konga SC, Oriá SC, Piano SC and Singkodo SC
- Missing monthly NHIS reports not projected through the ENHIS by facilities from January to July include
  - June: Nissan HC
  - July: Nissan HC, Carterets, Koromira HC and Tabago SC

## **11. PROGRAM VEHICLE**

Currently there is no assigned Program vehicle in the Region. All facility visits conducted are with the aid of local hire cars. Most of the budget is used up for vehicle hire as well as dingy hire for sea accessible facilities. It is very expensive to continue to hire.

This quarter 3 visit, Karanas local hire car was used to visit facilities on Mainland AROB and Extreme Grafix Hire car was engaged on Buka Island. A local dingy was engaged throughout the visit to sea accessible facilities.

## **12. ACHIEVEMENTS**

- Successfully visited 31 out of the 32 accessible facilities and distributed the quarter 3 RDTs/ACTs together with the Antenatal Care Nets on time
- 2 inaccessible facilities (Kunua HC and Piva HC) were successfully visited as well this quarter and malaria commodities were supplied to them on time.
- Managed to rotate soon to expire RDTs, ACTs as well as sufficient Primaquine from over stocked facilities to Arawa District Hospital as well as Tearouki HC to be used up without wastage.
- Distributed sufficient ACTs/RDTs from remaining Quarter 2 supplies to facilities. Although Q3 supplies have not yet arrived.
- Successfully conducted 3 x Continuous Quality Initiative (CQI). During the Public Health Review Meeting at Arawa on 18<sup>th</sup> of July, then with staffs of Buka Hospital on the 4<sup>3rd</sup> of August and with Catholic Church Health staffs on the 2nd of August at Catholic Diocese Centre in Buka.
- Lemanmanu HC has now been entering malaria data onto the NHIS report unlike in 2023.

## **13. CHALLENGES / ISSUES**

- Clinical diagnosis is still being done by many health care staffs in the facilities despite emphasis and continuous refresher training provided to officers on duty during quarterly visit.
- Poor monitoring of clinical cases performed in facilities by Malaria team in the Region. There shouldn't be any clinical cases as RDTs are always supplied without any delay. The malaria team in the region should be on their toes to monitor this and advocate to all facility staffs to put a stop to clinical diagnosis as continuous clinical diagnosis will definitely lead to drug resistance.
- Microscopy performance is poor in all four MPS Microscopy laboratory.
- Continuous rain has caused multiple river banks to flood which continue to affect the traveling schedule. Road deterioration as well is a major issue imposing greater repair and maintenance challenge for local vehicles used during facility visits.
- Poor storage of RDT/ACTs at the Area Medical Store as well as poor maintenance of stock take and Goods Delivery Note recording when commodities are distributed out to staffs from the Medical Transit Store

## **14. RECOMMENDATIONS**

- Provincial Malaria Team to closely monitor clinical cases reported every month through NHIS and raise it up with responsible OICs.
- Malaria team in the Region to take the lead to focus on improving Malaria Microscopy reporting and data quality of facilities who are performing MPS (Buka Hospital, Arawa District Hospital, Buin HC and Sovele HC).
- Malaria team to improve on stock management as well as accounting for commodities distributed to staffs at the Medical transit store by updating the stock sheet with every distribution done on the same exact date of distribution as well as filling out correctly the Goods Delivery Note (GDN).

## **10. ACKNOWLEDGEMENT**

This 3rd quarter supervisory visit to AROB has been great. Although there were issues beyond our control which prevented the team to visit other planned facilities, the team continued on and ensured that all reporting facilities receive their quarterly supplies. Your support in one way or the other and practical advice have been greatly acknowledged for the successful completion of this visit. Many thanks to;

- The Health Department Health Secretary, Mr. Clement Totavun and his staffs for their continuous support in both logistics and technical advice to ensure the program continues to run in the region.
- Many thanks to AROB Malaria Program Officer Mr. Masono for his continuous support in ensuring the malaria program in the region continues to run smoothly and providing technical advice to facility staffs when needed.
- Thankful also to HMMO Ms. Racheal Puton for always assisting facilities with stock replenishment and attending to their requests whenever they are in town and both the PMS and RMC cannot be reached.
- And to All hard working OICs and staffs of district health facilities in the region, thank you for always working together to control malaria in the region.

Thank you



RMC with OIC of Manetai SC – discussing data recording



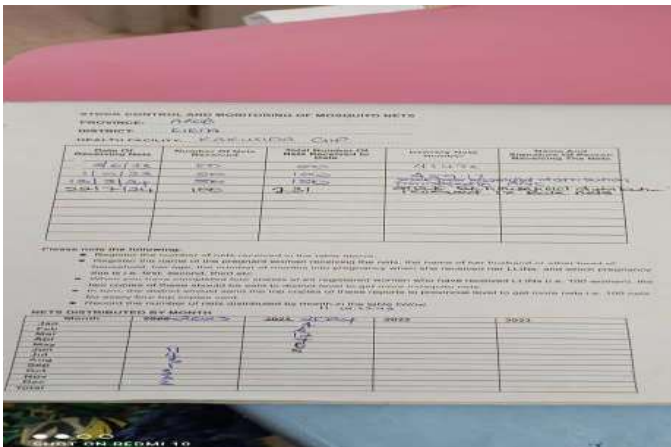
HMMO doing stock take with facility staffs- Lenoke SC



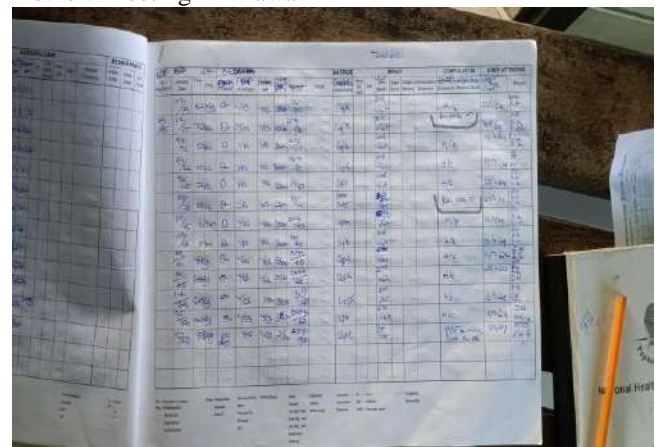
RMC check stock card with facility staff - Panguna HC



HMMO, RMC & PMS attend the Public Health Mid-Year Review Meeting in Arawa



ANC LLIN register book for Kodora CHP – well maintained



IPTP 2<sup>nd</sup>&3<sup>rd</sup> dose record kept in ANC register- Tearouki HC



Deteriorated road conditions on mainland AROB

ANNEX: CQI Training List

MID TERM PUBLIC HEALTH REVIEW

PARTICIPANTS REGISTRATION

DAY/DATE: 18/07/2024

No	NAME OF PARTICIPANT	DESIGNATION	FACILITY	Contacts/Email	Signature
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6	STERMANTIE IROA	NIO	HANETAH HSC	71543817	[Signature]
7	MARY NIMIRA	NIO-MIDWIFE	ADIT MCH	70101837	[Signature]
8	ROSEY ROMALUS	NO-MIDWIFE	ORANI CHP	72295965	[Signature]
9	QUEENETH AMEAU	RNO	PARUPARU HSC	73118393	[Signature]
10	RENITHA KCSI	NO	KAKUSIDA CHP	74399984	[Signature]
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15	RACHAEL PUTON	HED/HMO	DHA/RAM	79759632	[Signature]
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29	MARYANNE KETALIE	PATH AHSI - SEM	PATH	72272604	[Signature]

30	Sammy Bogen	PF-PATH	PATH	70098445 sammy.bogen@piti.gov.tu	[Signature]
31	Habtamu Negs	WHO CONSULTANT	WHO	104351196@gmail.com	[Signature]
32	Essica Hopping	BDOH FISC	BDOH	hopping186@gmail.com	[Signature]
33	Elizabeth Mundari	FHS-CENTRAL	ADH	727112487 - elizmundari@gmail.com	[Signature]
34	PRISCILLA CHERUM	DATA ENTRY	BDOH	79312678 - priscilla.cherum85@gmail.com	[Signature]
35	Simon Bell	EHO	BDOH	71923880	[Signature]
36	TRALEY BINOARS	HED	ADH	71760447 traley.binoars@gmail.com	[Signature]



**DEPARTMENT OF HEALTH  
NATIONAL MALARIA CONTROL PROGRAM**

**TRAINING REGISTER**

Training Title: COI




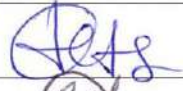
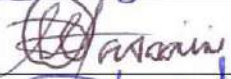


Date: 03/08/2024

Venue: Bulca General Hospital Conference Room.

Facilitator: Brenda Fisaura / Rachael Puton.

**Participants List:**

NO.	NAME	DESIGNATION	SIGN
1.	SR A KATHDA	clinical supervisor	
2.	SR. E. NEONEUM	A/ISTC	
3.	SR. H. TAPIATSI	A/ Infection Prevention and control officer	
4.	SR. SIPAMIRA	Nursing Officer	
5.	SR. JOHNNY	Nursing Officer	
6.	SR. TAKEAREI	Nursing Officer	
7.	Sr Tamung	Nursing officer COPD.	
8.	Mr Balange	CTHW	
9.	Sr. Magania	A/DEPUTY DIRECTOR NURSING	
10.	SR J. HUKT.	Nursing Officer	
11.	Cherol. Sesege	Student	
12.	LIZZY STEVEN	Student	

13.	TSERANA NAHI	STUDENT	
14.	Maneo Oradge	NRS Student	
15.	MR. ITAMAR	DIC - OPD/ED	
16.	Sr Dretzi	PNM (ICU)	
17.	Sr. MASOPE - G	NURSING VISIT SUPERVISOR	
18.	Maria Palambat	HED/OPD	
19.	Rachael Putan	HMO	
20.			



**DEPARTMENT OF HEALTH  
NATIONAL MALARIA CONTROL PROGRAM**

**TRAINING REGISTER**

Training Title: COI

Date: 02/08/2024

Venue: Catholic Diocese Conference Room

Facilitator: Brenda Fissura, / ~~Rose~~

**Participants List:**

NO.	NAME	DESIGNATION	SIGN
1.	LYDIA-KANAU	NO	
2.	Constance Masai	NO	
3.	LINDY KURANGIK	CHW	
4.	GABRIEL KURAVON	NO / SIPM SITE	
5.	Doreen Mana	NO-	
6.	Delourdes Billy	BCHS Admin	
7.	Nazareen Korangim	BCHS Admin	
8.	ALFREDA RAVANA	NIO KURAIŌ	
9.	HARRIETTE BARAKO	HEO	
10.	BRENDAN SETOSO	CHW	
11.	FABIAN SEMBI	M&E BCHS	
12.	Michaeline Pan	HM / BCHS	