

Name of officers:

1. Aileen Watakapura_RMC
2. Mr. Wilson Yari_Provincial Disease Control Officer_GPHA
3. Joseph Kuadima_HMMO
4. Bagu Bagu _ Project Driver

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Background of Gulf Province

Gulf province is a province of Papua New Guinea located on the southern coast. The provincial capital is Kerema. The 34,472 km² province is dominated by mountains, lowland river deltas, and grassland flood plains. In Gulf province, the Kikori, Turama, Purari and Vailala rivers meet the Papuan Gulf. The province has the second-smallest population of all the provinces of Papua New Guinea with 106,898 inhabitants (2000 census). The province shares land borders with Western province to the west, Southern Highlands, Chimbu, and Eastern Highlands to the north, Morobe province to the east and Central province to the southeast.

Gulf province has a total of 21 reporting health facilities, 15 are from the Kerema district in which only 10 are accessible and 5 mountain facilities are inaccessible. While 6 reporting health facilities in the Kikori district are mostly accessible by boat rides through the deltas.

Map of PNG, Gulf province highlighted in red



Key Activities

1. Health Facility Supervisory/Monitoring visit; Follow up on reports, registers,
2. Stock count of malaria commodities at the facility
3. Distribution of Malaria Commodities; RDTs, ACTs and ANC Nets plus registers

Objectives

- Ensuring correct diagnosis and treatment of malaria cases by health care workers
- Ensuring data quality from the malaria registers and ANC LLIN registers
- Ensure adequate supplies of all malaria commodities at the facility
- Ensuring Primaquine stat doses and IPTp is practiced by health care workers
- Ensuring monthly timely reporting via NHIS
- Ensuring HMM program is supported by respective facilities.

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Summary

This is a summary report for the quarter one field trip to Kerema, Gulf province. Quarter 1 supervisory visit to the province commenced in February from 11th to the 16th for a week. We successfully visited X9 accessible health facilities in the districts, x1 of the health facility not visited is Putei due to the tribal fights between the two ethnic groups in the LLG. Also not visited includes the 2 facilities of Kikori district which are accessible in the Kerema district due to strong winds and rough seas. This quarter visit was only for the Kerema district however, since we had surplus of drugs we decided to pack supplies for the Kikori district.

We also have a very supportive district health team which supported us with the distribution of supplies for Kikori district in which GDNs and photos were provided after distribution. Our HMMO will be visiting the other 2 Kikori facilities, Orokolo and Ihu during his supervisory visit later in the week and do distribution as well. We distributed a total of 550 ANC LLIN nets to all the 9 health facilities visited during this quarter in the Kerema district and 10 bales are left in the storage containers. Apart from wet weather challenges, we managed to complete all the activities as planned successfully.

Partners support

We met with the new public health director GPHA advising him on our visit and plans. He also updated us of the tribal fights situation on the ground. We were also privileged to have a very supportive Kikori district health team which assisted us transported supplies for Kikori district from Kerema and did the distribution to all the 4 accessible health facilities there. We also met with PHIO who assisted us to clean our database for CM2a.



Pictures showing partners engagement in the program, Picture 1 on the left; Kikori district health team taking supplies to Kikori, 2nd picture; meeting with PHIO and 3rd pictures on the right; PDCO traveling with team to some facilities

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Health Facility Visit Summary

We physically visited a total of 9 health facilities in the Kerema district of Gulf province during quarter one monitoring visit. Due to tribal fights among ethnic groups we were unable to visit Tereapo health sub center. The 5 mountain facilities are inaccessible, visiting them will takes days and long hours of walking and sleeping in the jungle.

Hard to reach facilities

The 5 hard to reach facilities Bema, Kamina, Kanabea, Hawabango and Kaintiba in the Gulf province are mostly the mountain facilities which are only accessible by long hours of bush track which take up 7 days to reach or by air. The flights going into those places were disrupted and still not going there to date. Their supplies will be left in the area medical store Badili for them to arrange on a later date.

GULF PROVINCE
HEALTH FACILITY VISIT SUMMARY
2025

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HF's	21	21	21	21
Total Number Accessible	16	16	16	16
Total Number Reached	11			
% Coverage (Accessible)	68.8	0.0	0.0	0.0
% Coverage (Total HF's)	52.4	0.0	0.0	0.0

PROVINCE	DISTRICT	HEALTH CENTRE	VISIT 1	VISIT 2	VISIT 3	VISIT 4	Total HC Visits 2025	Total Expected Visits in 2025	% of HF's visited in 2025	ACCESS	ROAD	BOAT	AIR	DISTANCE FROM PHO (IN HRS)	Accessibility	VISIT 1
GULF	KEREMA	BEMA SC					0	4	0.0	Air	0	0	1	Fly out area	Inaccessible	left at Badili AMS
GULF	KEREMA	HAWABANGO SC					0	4	0.0	Air	0	0	1	Fly out area	Inaccessible	left at Badili AMS
GULF	KEREMA	KANTIBA HC					0	4	0.0	Air	0	0	1	Fly out area	Inaccessible	left at Badili AMS
GULF	KEREMA	KAMINA HC					0	4	0.0	Air	0	0	1	Fly out area	Inaccessible	left at Badili AMS
GULF	KEREMA	KANABEA HC					0	4	0.0	Air	0	0	1	Fly out area	Inaccessible	left at Badili AMS
GULF	KEREMA	KEREMA HOSP	15.2.25				1	4	25.0	Road	1	0	0	3 minutes walk from PHA	Accessible	Physically visited
GULF	KEREMA	KOARU SC	13.2.25				1	4	25.0	Boat	0	1	0	3hr 30mins dinghy from Terapo	Accessible	Physically visited
GULF	KEREMA	KUKUPI HC	13.2.25				1	4	25.0	Boat	0	1	0	2 hrs by dinghy from Terapo	Accessible	Physically visited
GULF	KEREMA	LESE AVIHARA SC	12.2.25				1	4	25.0	Boat	0	1	0	20min dinghy from Lese Otafa	Accessible	Physically visited
GULF	KEREMA	MALALUA HC	12.2.25				1	4	25.0	Road	1	0	0	2 hours by road	Accessible	Physically visited
GULF	KEREMA	MURUA SC	14.2.25				1	4	25.0	Boat	0	1	0	1hr 30min dinghy from town	Accessible	Physically visited
GULF	KEREMA	PUTEI SC					1	4	25.0	Boat	0	1	0	8 hrs by dinghy from Terapo	Accessible	Not visited due to tribal fights
GULF	KEREMA	TERAPO SC	11.2.25				1	4	25.0	Road	1	0	0	2:30 hrs by road	Accessible	Physically visited
GULF	KEREMA	KEREMA UC	12.2.25				1	4	25.0	Road	1	0	0	1 min walk from PHA	Accessible	Physically visited
GULF	KEREMA	KOKEA SC	16.2.25				0	4	0.0	Road	1	0	0	4 hrs by road from Kerema	Accessible	Physically visited
GULF	KEREMA	BAMURU HC					1	4	25.0	Boat	0	1	0	3hours by dinghy from Kikori	Accessible	
GULF	KIKORI	IHU HC	21.2.25				1	4	25.0	Boat	0	1	0	1hr 30mins dinghy from Kerema	Accessible	Physically visited
GULF	KIKORI	KAPUNA HC					1	4	25.0	Boat	0	1	0	4 hrs 45min dinghy from Kikori	Accessible	
GULF	KIKORI	KARAUITI SC					1	4	25.0	Boat	0	1	0	2 hours dinghy from Kikori	Accessible	
GULF	KIKORI	KIKORU HC					1	4	25.0	Boat	0	0	1	3 hours by plane from Pom	Accessible	
GULF	KIKORI	OROKOLO SC	19.2.25				1	4	25.0	Boat	0	1	0	2hrs 30mins dinghy from Kerema	Accessible	Physically visited
TOTAL		21	11	0	0	0	15	84	17.9		5	10	6		16	

Malaria commodities distribution and supervisory visit

1. Antimalarial (ACTs) and RDTs distribution

The ACTs 6, 12 and 18 are AMS supplies while only ACT 24 is from the GF supplies. There was no major stock out of Arthemeter Lumafentrine and rapid diagnostic tests during the visit to all the health facilities visited. We went just in time to restock their supplies as their low with supplies at that time. The supplies for Malalua, Terapo and Putei were reduced since they have scaled down normal operations due to tribal fights. Also due to these tribal fights patients are flooding into other facilities such as the Kerema Urban clinic and Kukipi, Koaru so we increased supplies to those facilities. Most facilities have seen a rise in the

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number of malaria positive cases at the out patients daily due to the wet weather. Apart from the distribution done by the district health team to the Kikori facilities, the HMMO have just visited the other 2 Kikori facilities and supplied their Q1 supplies so now all the facilities in both districts have received their Q1 supplies excluding Putei. From the quarter 1 distribution we have some stocks remaining which will be used as buffer stock for the province. Refer to tables below

Table 1. Stock sheet below showing quantities supplied per facility.

NO.	DATE	Delivery From / To	Goods Delivery Note Number	RDTs (Box of 25 Cassettes)			ACT 6 (30 blisters)			ACT 12 (30 blisters)			ACT 18 (30 blisters)			ACT 24 (30 blisters)			Primaquine (100)			Received By
				Stock In	Stock Out	Balance	Stock In	Stock Out	Balance	Stock In	Stock Out	Balance	Stock In	Stock Out	Balance	Stock In	Stock Out	Balance	Stock In	Stock Out	Balance	
1	11.2.2025	Q1 Kerema Supplies		1650		1650	97		97	179		173	118		118	297		297	2997		2997	NAME/POSITION
2	12.2.2025	Calalai/Avihara HC	20260		100	1550	6	91		6	167	6	112	9	298		300	2697			CONTACT	
3	12.2.2025	Malalaua HC	20261		100	1450	5	86		7	160	6	108	15	273		100	2597			CONTACT	
4	13.2.2025	Koanu HSC	20262		100	1350	4	82		6	154	5	101	8	265		150	2447			CONTACT	
5	13.2.2025	Kukupi HC	20263		100	1250	4	78		5	149	11	90	9	256		150	2297			CONTACT	
6	14.2.2025	Murua HSC	20264		100	1150	3	75		5	144	4	86	9	247		150	2147			CONTACT	
7	14.2.2025	Kerema Urban Clinic	20265		100	1050	4	71		5	139	4	82	11	236		0	2147			CONTACT	
8	15.2.2025	Kerema Hospital	20266		200	850	18	53		18	121	10	72	33	203		300	1847			CONTACT	
9	16.2.2025	Terepo HSC	20267		50	800	6	47		5	118	4	68	6	197		0	1847			CONTACT	
10	16.2.2025	Iokea HC	20268		50	750	3	44		5	111	3	65	9	188		300	1547			CONTACT	
11	16.2.2025	Baimuru	13235		50	700	8	36		8	165	8	57	16	172		100	1447			CONTACT	
12	16.2.2025	Kapuna	13236		50	650	15	21		24	81	18	39	48	124		100	1347			CONTACT	
13	16.2.2025	Karauli	13237		25	625	4	17		4	77	4	35	10	114		50	1297			CONTACT	
14	16.2.2025	Kikori	13238		25	600	1	16		9	68	8	27	12	102		50	1247			CONTACT	
15	18.2.2025	Orokoini	15316		200	400	8	8		8	60	8	19	10	92		300	947			CONTACT	
16	21.2.2025	Ihu	15317		100	300	8	2		12	48	6	11	10	82		300	847			CONTACT	
						300		2			48		11		82			647				

Table 2. Table showing buffer stocks remaining in the containers

Item	Quantity
ACT 12	2 CARTONS AND 14 LOOSE BOXES
ACT 18	1 CARTON
ACT 24	3 CARTONS AND 10 LOOSE BOXES
RDT	12 CARTONS
ANC LLIN NETS	9 BALES

2. Stock card management

Stock card issue is still a challenge, not many facilities are keeping track of their supplies using stock cards. Most are giving reasons such as man power shortage, but most times we see that man power is not an issue. It is pure staff ignorance or lack of understanding on how to use it we are not too sure but we hope to cover this topic in the up-coming CQI training for each facility and get everyone understand the importance of stock card to monitor flow of drugs and other commodities. Some facilities have improved, like Malalaua health center have really improved with their stock management since they have started using the stock card. To our surprise they haven't ran out of supplies since quarter 4 distribution which is

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very unusually. They were always requesting for supplies in between distributions and we were very grateful to the officer now responsible for the supplies who's really doing a very good job keeping the stock card updated on every issue to each sections in the facility. We hope for other facilities to do the same as well.

3. IPTp Therapy

All the facilities visited which were providing ANC services are practicing IPTp therapy. However, some facilities are reporting stock out of fansidar. Awaiting their orders from AMS.

4. Primaquine

During quarter 1 visit, we distributed primaquine and still has surplus in the containers. All facilities are practicing the single dose primaquine policy.

5. ANC LLIN Net Distribution

We received 20 ANC bales (1000 nets) from the LLIN logistics team on the 6th of February 2025. Our Balance brought forward from 2024 is 2 bales (100 nets) so we have a total of 22 bales (1100 nets). After the distribution done for the Kerema district in quarter one, now we have 9 bales left (450 nets) remaining in the storage container. We are yet to request for Kikori district supplies so it can be consigned to tropic air for distribution during the RMC visit. We also collected a good number of receipts from the previous distribution and submitted for updating.

Table 3. Table Below is showing the stock sheet for ANC LLIN nets distribution done at Kerema district in quarter one visit.

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE
01/02/2025	BALANCE BROUGHT FORWARD TO 2024	AILEEN WATAKAPURA	OPENING BALANCE		100		1100
06/02/2025	New Stock from RAM LLIN	AILEEN WATAKAPURA	Kila Tom	40813	400		1100
06/02/2025	New Stock from RAM LLIN	AILEEN WATAKAPURA	Kila Tom	40814	600		1100
	DT distribution						
12/02/2025	Maklaka	Sarah Lave	Aileen Watakapura	40823		100	1000
12/02/2025	Lawa Colani/Avihara	John Michael	Aileen Watakapura	40822		100	900
13/02/2025	Kwara HSC	Brenda	Aileen Watakapura	40824		50	850
13/02/2025	Kukipi HC	Maria Morehadi	Aileen Watakapura	40825		50	800
13/02/2025	Kerema Police Force	Kope Herou	Aileen Watakapura	40826		50	750
14/02/2025	Kerema Urban Clinic	Mariaha Kauzi	Aileen Watakapura	40818		100	650
14/02/2025	Mawa HSC	Nana Motowai	Aileen Watakapura	40820		50	600
14/02/2025	Kerema Hospital	Nra M. Peter	Aileen Watakapura	40827		50	550
15/02/2025	Iokan HC	Danny Kop	Aileen Watakapura	40829		50	500
18/02/2025	Crokolo	Thomas Samuel	Joseph Jon	47907		50	450
							450
							450
							450
					1100	650	

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Malaria Reports

Table below shows the summary of malaria reports for Gulf province submitted per month from Jan to Dec 2024 per the eNHIS statistics

Gulf Province

MALARIA REPORT January to December 2024

Date Printed: 21/02/2025 13:01:09

Code	Facility	No of reports	OUTPATIENT		INPATIENT		DEATHS		Slides Examined			RDT Examinations			
			Clinical	RDT	Clinical	RDT	Clinical	RDT	No. Exam	+ve %	+ve % falcip	No. Exam	+ve %	+ve % falcip	Failed
20101	Bema SC	12	231	227	1	0	0	0	0	0	0	82	100	82.9	0
20102	Hawabango SC	12	424	181	0	0	0	0	1	0	0	415	27.7	19.0	0
20103	lokea SC	12	308	1008	2	2	0	0	2	100	100	2921	40.4	36.1	0.1
20104	Kaintiba HC	3	100	2	0	0	0	0	0	0	0	0	0	0	0
20106	Kamina HC	12	71	527	0	1	0	0	7	28.6	28.6	928	57.7	41.7	0
20107	Kanabea HC	12	192	701	4	11	0	0	2	50.0	50.0	616	61.0	28.2	1.3
20108	Kerema HO	12	889	1393	4	5	1	0	1	0	0	2034	52.0	42.9	2.9
20109	Koaru SC	11	18	794	3	0	0	0	3	33.3	33.3	2444	60.9	52.3	0.9
20110	Kukupi HC	12	23	1771	3	1	0	0	0	0	0	66	75.8	39.4	0
20111	Lese Avihara SC	12	24	721	1	0	0	0	0	0	0	2080	66.1	56.2	0.2
20112	Malalaua HC	12	192	2479	37	17	0	2	1	100	100	5204	58.1	45.0	2.1
20113	Murua SC	10	22	979	1	0	0	0	1	100	100	2141	58.2	41.8	2.4
20114	Putei SC	12	50	1661	0	0	0	0	5	60.0	60.0	2699	56.2	41.8	0.1
20115	Terapo SC	12	0	2367	15	2	0	0	3	100	100	5332	61.1	46.1	0.1
20116	Kerema UC	12	168	2568	0	0	0	0	6	66.7	66.7	7103	62.6	54.2	0.3
KEREMA District		168	2712	17379	71	39	1	2	32	56.3	56.3	34065	58.0	46.3	0.8
20201	Baimuru HC	12	1	1385	0	0	0	0	0	0	0	1741	77.3	58.5	0.1
20202	Ihu HC	11	338	952	1	0	0	0	3	66.7	66.7	1791	85.0	72.4	0.1
20203	Kapuna HC	12	29	1204	33	33	0	0	89	42.7	42.7	4371	48.2	37.1	0.3
20204	Karauli SC	12	4	0	1	0	0	0	0	0	0	411	25.5	17.0	0.5
20205	Kikori HC	12	1	242	10	25	0	0	66	48.5	28.8	1531	17.2	10.5	0.1
20208	Orokolo SC	11	19	1063	2	1	0	0	3	66.7	66.7	1200	85.8	65.1	0.2
KIKORI District		70	392	4846	47	59	0	0	161	46.0	37.9	11045	57.7	44.8	0.2
Gulf Province		238	3104	22225	118	98	1	2	193	47.7	40.9	45110	57.9	45.9	0.7

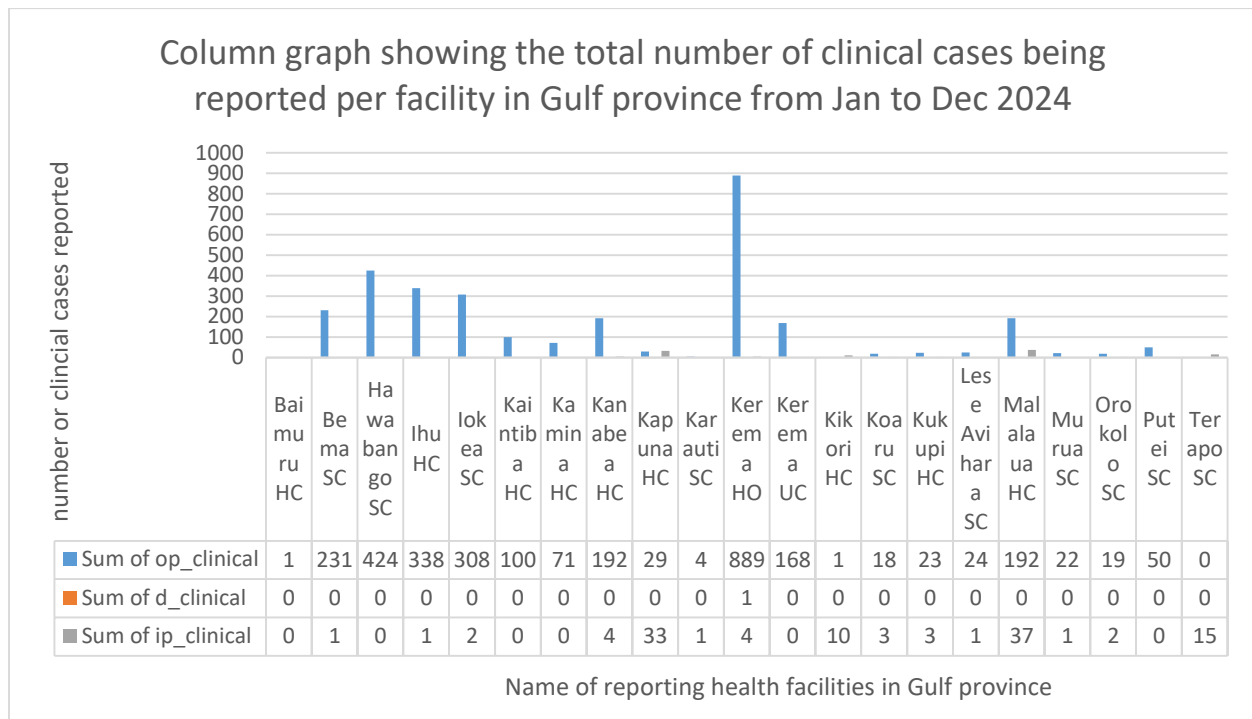
Timely reporting and completeness of reporting is still a challenge for Gulf. Most of the health facilities that have outstanding reports for 2024, PHIO have just submitted from his end and cleared them all. He has also reminded the OICs with outstanding one or two reports to submit so it can be updated and cleared. Kaintiba Health Centre has not been fully operating therefore have submitted only 3 reports in 2024.

From the summary report, health facilities are still reporting clinical cases. We are strongly discouraging clinically treating patients for malaria. If the RDT is negative, then we look for other causes and treat the patient and not give AL unless the RDT result is positive. We advise staffs to reassess patients after one or two days if fever still persists. In one or two cases where the parasite density is low and RDT was not able to detect it during the first visit it usually turns out positive on a retest.

Refer to column graph below.

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Per the malaria summary report from January to December 2024, the number of clinical cases being reported is still high despite continuous reminders to officers. Most are saying those clinical cases are coming from the aid post facilities however some are directly from the health centers and sub-centers. Most clinical cases are being reported by, the Kerema hospital, leading with 889 clinical cases, followed by Hawabango with 424, Ihu with 338 and Ilokea with 308 and the others are less than 300. This indicates a need for CQI refreshers per facility.

Also in 2024 malaria summary report, we have 2 confirmed RDT deaths from Malalua, which were referred cases from the other centres which came in very late and one clinical death being reported by Kerema Hospital.

From the report also there are some centers who are not doing malaria microscopy however they are reporting PV, PO, and PV which can only be diagnosed only through microscopy. We have discussed this with some of those facilities already and will continue to remind them. One or two are errors done during reporting.

Over reporting of ACTs with one or two discrepancies from the following health facilities was also discussed with the PHIO for correcting. He has contacted remote sensing to open up the system for him to correct it. A total of 8 ACTs were over reported.

- In July: Kapuna HC – 1
- In August: Kikori HC – 4, Kerema Hospital – 1
- In September: Kerema Hospital – 1
- In December: Terepo – 1

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Continuous Quality Improvement training

We are planning for the CQI training to be done in each facility in the Kerema district so every staff are involved and will be well informed so they'll do the right things in terms of improving the quality of malaria data and reporting.

Assisted with distribution of supplies to CMVs

While during the trip, we were accompanied by HMMO and the PDCO and they were also vocal on the CMV reporting and Health facility support/supervisory visit to CMVs and also to ensure their reports are captured in the eNHIS reports every month.

Challenges

1. Travelling after 2pm to another province which is a 5 to 6 hours drive on the road with some hired vehicle which is not road worthy is a safety concern. Eg; for a female officer to travel very late on a long distance travel with someone who doesn't travel this road before and on a hired vehicle which is faulty is not safe at all at such unsafe times.
2. Tribal fights among the ethnic groups in the province has also affected normal operations, health facilities from those communities have scaled down operations such as Malalaua, Terapo, Putei.
3. Fluctuation of patients going into Kerema urban clinic to get treatment there since the tribal fights
4. No Provincial Malaria Officer in the province to maintaining consistency of malaria activities at the HF and district level apart from the HMMO officer.
- 5.

Recommendation

1. Routine activities such as quarter visits should always be priority. We should consider giving officers the project vehicle and project drivers instead of the hired vehicle and their drivers.
2. Prior to allocation and assigning of hired vehicles, RAM drivers must do vehicle checks and road worthy checks before usage in the field.
3. We should also have policy in place for traveling times and everyone must be aware of traveling times to minimize late travels and safety concerns
4. To reduce workload and stress among officers, GPHA should do some temporary arrangements for officers from the health facilities that have scaled down normal operations to rotate to the facilities that are operating normally to relieve them.
5. GPHA to recruit a provincial malaria officer under the disease control unit to oversee the malaria program apart from RAM officers.

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Some photos highlighting the Q1 distribution @Kerema_Gulf Province from 11th to 16th February 2025



Gulf PHA_PDCO Mr. Wilson Yari travelled with RAM team to visit facilities during Q1 distribution in Kerema district



Signing off supplies for Kikori district to the district health team to assist with distribution



Water Police camping out at Sapearo along the river side which will be receiving the nets

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Some challenges _ Bad roads leading up to Iokea



Kikori supplies well received with GDNs signed off for Karaulti, Kikori, Baimuru and Kapuna



Meeting with the Provincial Health Information Officer Mr. Greg Damien.