

Quarter 1 visit – Gulf _ Kerema & Kikori District - Field Trip Report

Name of Officers involved in Kerema District:

1. RMC _Aileen Watakapura
2. HMMO_ Mr. Joseph Kuadima
3. Driver – Mr. Raymond Ure

Name of Officers involved in the Kikori District

1. RMC_ Ivy Niemperry
2. a/DHM _ Mr. Timothy Ananias
3. Boat Skipper_ Mr. Nick Forova
4. Driver_ Muns
5. RMC _ Aileen W

Date: 5th March to 13th March 2024 _ Kerema Field Trip

Date: 6th April to 12th April 2024 _ Kikori Field Trip

Key Activities

1. Health Facility visit
2. Drug distribution
3. ANC Net Distribution
4. CQI training for Kikori District

Summary

This is a brief summary report for the quarter one field trip to Kerema and Kikori Districts of Gulf province. Quarter 1 visit to the province commenced late in the quarter in March and was completed in April 2nd week. We successfully visited all the accessible health facilities in the two districts, x6 facilities in the Kikori district and x10 facilities in the Kerema district. Most of the health facilities in the Kerema district had very low stock of ACTs during the time of visit and some of them had benefited from the buffer stock that was left in the province while only one facility stocked out of all ACTs and started using doxycycline for malaria treatment for almost a week before we arrived which is Terapo. Kikori district received their supplies earlier and so had adequate stock during our visit. Only Karauti has limited supplies and had stock out of in dated RDT kits.

Quarter 1 was a very wet month for the province causing flooding in most of the communities along the river, slippery road conditions leading to inaccessibility by road to places like Iokea and we couldn't reach

the facility but they had to come down by boat to reach us half way. We also experienced rough seas and low tides causing low water levels making it difficult for traveling and we had to follow longer routes by boat.

We distributed a total of 450 ANC LLIN nets to 6 health facilities in the Kerema district and 7 bales (350 nets) were issued to Don Bosco Technical School in Ihu by the HMMO after we left the province leaving us with zero bed nets left in the container. Kikori district also have very low stock of ANC nets.

Apart from wet weather challenges, the other two main challenges were misuse of the bed nets for fishing and selling of ACT or AL drugs by certain health facilities in the province. Due to time constraints those issues were not raised to the PHA level, however those were ongoing issues and I believed they already know the situations there.

Despite all those challenges, we completed all the activities as planned successfully in the two districts. During the trip we also had a visit from the NMCP NDOH Partners M&E officer Mr. John Deli and the HMMO coordinator Mr. Richard Piko from the RAM Port Moresby office. This report will further elaborate on all activities for quarter one visit conducted in the province. The CQI Malaria Refresher training report will be written separately.

Partners support

We were fortunate that we have a very supportive district health team that is supporting us with all the logistics arrangements including transportation for all the activities that we are doing in the district. We would like to acknowledge the District Health Coordinator, Mr. Timothy Ananaias and his team for all the support we received whilst there in the District which made it possible for us to complete our training and monitoring visit as well.

Health Facility Visit Summary

The team physically visited a total of 16 health facilities in the Gulf province during quarter one monitoring visit. 10 health facilities in the Kerema district were visited while only Lokea was not accessible due to bad weather and slippery road condition however, they were able to travel down by boat to meet us half way and submit their reports plus collect their supplies. Ihu from the Kikori district was also not accessible due to rough seas. They travelled in later in the week and collected their supplies at the PHA office. The rest 5 health facilities from Kikori were visit during quarter one monitoring visit.

Hard to reach facilities

The hard to reach facilities in the Gulf province are mostly the mountain facilities where there is no road access but can only be accessed by air which includes, Kamina, Kanabea, Kaintiba, Hawabango and Bema. Their supplies were packed and left at the PHA for sending off. This was also reported to the POM logistics team.

The North Coast Aviation air services which operates in the province has ceased operations giving us problem sending the supplies for the 5 fly out or mountain health facilities. However, we hope PHA will assist air lift them since they have their routine immunization program coming up so the supplies were left with the HHMO for distribution once the teams are going out for their immunization patrols. We hope

this happens sooner so we don't receive reports of drug shortages from those facilities since the last supply was sent in November 2023.

Malaria Commodities and Drug Distribution

1. Antimalarial (AL) and RDT distribution

For this first quarter visit we started very late towards the beginning of March where we experience a lot of facilities reporting low stock or some almost finishing before we visited in the Kerema district. Only Terapo sub centre had reported nil stock for a week before our visit and were using Doxycycline to treat Malaria positive cases. Others were being managed by the buffer stock that was kept on hand at the PHA storage in Kerema.

Distribution was commenced on the 6th of March 2024 for Kerema district, however prior to that the officers on the ground were using the Q4 buffer stock for distribution to those facilities that were running low stock on AL and RDTs in the month of January to February. The buffer stocks were also used to supply the CMVs as well who are reporting very well but due to accessibility and distance couldn't make it to their reporting facility and had to come straight to the PHA office for supplies. However, we also encourage them to work well with their health centers so they can be supported well, likewise the CMVs.

For the hard to reach facilities, once they come into town they can collect their supplies from the office.

Unlike Kerema district, the facilities from Kikori district received their supplies prior to the visit and they still have adequate supplies at the time of visit. Only Karauti was using expired RDTs so we had to organized with Kikori hospital to send some for them.

We also remaindered all the facilities visited of the current low stock of AL in the country and asked them use their supplies well.

Those figures from the below table are derived from the stock sheet. Refer to the stock sheet for quantities supplied per facility etc.

Items	RDT Boxes of 25	ACT 6 Boxes of 30	ACT 12 Boxes of 30	ACT 18 Boxes of 30	ACT 24 Boxes of 30
Total quantity for distribution	1611	95	186	139	199
Total Actually Distributed	1275	94	169	132	183
Remaining Balance	336	1	17	7	16

These are the buffer stocks left in the storage containers for distribution once facilities are reporting low stock of supplies before the next quarter visit.

2. IPTp Therapy

Almost all the facilities visited which were providing ANC services are doing IPTp therapy. CQI trainings conducted during this quarter visit for all the facilities in the Kikori district and some of this points on IPTP was also discussed during the sessions on treatment protocol.

Most of the Fansidar on the shelves are all expired in almost all the facilities. Current situation for IPTp therapy is that most of the facilities have very low stock of Fansidar and others have nil stock on the selves.

3. Primaquine

Primaquine supplies in the province is also low. Most of the facilities have inadequate supplies while others have very low stock on the selves. We did some stock rotation for some facilities that have more supplies and brought them to those that have nil or low stock on hand.

It was also made known to them that Fansidar and Primaquine comes from the AMS orders and they are government supplies therefore they have to report it and submit orders through AMS.

4. ANC LLIN Net Distribution

ANC net distribution was distributed to respective health facilities listed below for this 1st quarter. We distributed a total of 800 LLINs ANC nets. Currently our remaining balance is zero nets left in the storage container. We don't have any more nets left for both districts, Kerema and Kikori. The HMMO distributed x350 nets to a boarding school in Ihu.

Below is the stock sheet for distribution done at Kerema district in this quarter visit.

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE
05/03/2024	BALANCE BROUGHT FORWARD TO 2024	AILEEN WATAKAPURA	OPENING BALANCE		800		800
07/03/2024	MALALAU	Mr. Akita. Kurua	Aileen Watakapura			100	700
07/03/2024	Terapo	Mr. Gabriel Tokayo	Aileen Watakapura			50	650
08/03/2024	Putei	Mr. Adamson Bataneo	Aileen Watakapura			50	600
11/03/2024	Murua	Mrs. Hapare Wake	Aileen Watakapura			50	550
11/03/2024	Kerema Urban Clinic	Marisa Kawi	Aileen Watakapura			150	400
13/03/2024	Iokea	Serah Milaura	Aileen Watakapura			50	350
13/03/2024	Stock count						350
17/03/2024	DONBOSCO BOARDING SCHOOL		JOSEPH Kuadima			350	0
							0
	TOTAL NETS DELIVERED TO HF				800	800	

Malaria Reporting

There were a few facilities that still had some outstanding NHIS reports for 2023 so we did some follow up. One or two have submitted however, PHIO yet to upload and for some they had issues with the tablet and therefore reports not submitted. X2 facilities reported OICs were out during those periods therefore didn't submit any reports for those period missed. Otherwise, according to Malaria report as of 22nd April 2024 only Orolo, Kukipi and Kaintiba have submitted only 10 reports while the rest have submitted all 12 reports for 2023.

Challenges

Challenges faced during this quarter visit are as follow

1. Outstanding reports for previous year 2023 not submitted timely
2. CMVs not submitting timely reporting to the reporting facility causing delayed reporting and also discrepancies in the reports for each months
3. Lack of supervisory visits from health centres/sub centres to aid posts and CMVs resulting in them coming straight to the Malaria office to collect supplies.
4. Continuous rain falls causing flood and water logged areas.
5. Communities using LLIN Nets for Fishing in the river.
6. No Satellite phones for communication in no network areas in case of emergency in high security risk areas such as 4 to 8 hours' boat trips to certain facilities.
- 7.

Recommendations

- PHD director to ensure OICs are delegating tasks to other officers on the ground in the event of their absence or when being appointed roles at the PHA level so there is consistency in the smooth running of the facility.
- Ensure Health Centres /Sub-Centres are supporting Aid posts and CMVs especially with malaria supplies and are also providing timely reporting to the reporting facilities.
- There should be a first aid kit packed with basic items for the day trips for officers to bring along in case faced with emergency out in the field
- Upon weekly updates, admin officer to provide more support in terms of collect quotes and liaising with suppliers rather than letting the RMCs do it.
- Office to purchase satellite phone/first aid kits for RMCs

Pictures below taken during Q1 Visit to Gulf Province_Kerema District highlighting some challenges faced during the visit.



Refilling the BGD 228 at Malalaua. Those are 4 Ltr containers are equivalent to 1 gallon.



Picture showing women at the Yosipie community, Terapo using the LLIN nets for fishing during the flood



Travelling up stream during high tide and flood. Logs swept down by the flooding river blocking the passage so the team had to lift the boat and pushed it over to the other side of the river to continue the journey upstream.



fuel sortage while travelling upstream so we had to top up for some more fuel along the way up the Koaru/Kukipi trip back to Terapo



Heading to Koaru, this happens during the low tide

Pictures below highlighting the staffs training on the CQI Malaria refresher training at Kikori District in each health facilities(Kapuna, Kikori, Karati and Baimuru)



PHA support from the Kikori district with the use of boat and vehicle for transportation to the facilities



