



Q1-2024 FIELD TRIP REPORT FOR JIWAKA



CQI Training conducted by RMC to the new OIC and staffs of Madan HSC in Anglimp South Waghi District of Jiwaka Province.

VISITING OFFICER: AGATHA GOLA (RMC)

ACCOMPANYING OFFICERS IN THE FIELD: MR. BOSH ALAH (JIWAKA PROVINCIAL MALARIA ERADICATION OFFICER)

DATE OF VISIT: 11.03.24-23.03.24

NIGHTS AWAY FROM THE OFFICE: 12 NIGHTS

TYPE OF DOCUMENTS ATTACHED: PHOTOGRAPHS

PURPOSE OF VISIT: MALARIA M & E VISIT FOR QUARTER 1-2024

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EXECUTIVE SUMMARY

This is the first quarter of 2024 monitoring and evaluating visit for the National Malaria Control Program to Jiwaka Province. The visit was done for a period of 12 days, which started on the 11th of March and ended on the 23rd of March 2024.

Logistic preparations were done in Port Moresby and the Jiwaka PHA team were notified through the formal Provincial Notification Letter from the Program Manager of the National Malaria Control Program prior to travel into the Province.

Before the commencement of actual visits to Health Facilities, briefing was done between the Director of Public Health, Provincial Malaria Supervisor and the Regional Malaria Coordinator. A PHA driver was assigned by the Director to drive the Malaria Program Vehicle LBT 568 for the Jiwaka's visit.

During the visit, the RAM program Manager Mr. Tim Freeman and the Operations Manager Mr. Hebou Ranu visited Jiwaka PHA on the 12th of March, 2024 and met with the CEO, Director of Public Health, the Regional Malaria Coordinator and the Provincial Malaria Supervisor regarding the upcoming general bed net distribution in Jimi District and the signing of MOA for the usage of Malaria Program Vehicle CAU 559.

With the company of the Provincial Malaria Eradication Officer, a total of 18 accessible health facilities were visited out of the 28 reporting health facilities of Jiwaka. Due to the very bad and unpredictable weather, health facilities in Jimi District were not visited, however, 5 of them collected their drug supplies from the Public Health Office, 2 will be consigned via Protocol Logistics from the AMS-Hagen and 2 will collect supplies from the PHO.

Malaria commodities distributed in this visit were from the Q4-2023 buffer stock and new supplies from AMS-Hagen (NDOH Drugs). After distribution, the buffer stock is packed and stored in the Malaria store room at Minj Health Centre and ANC LLIN in the container at Kurumul, Jiwaka PHA yard. The Project Vehicle was well kept and used during the whole trip and returned to the IMR-Goroka yard after the completion of visit.

The purpose and activities done during the visit are elaborated in the content of this report.

BACKGROUND OF JIWAKA PROVINCE

Jiwaka is one of the provinces in the Highlands region of Papua New Guinea with mountains that rise up to over 3,600 meters. It is made up of three districts namely; North Waghi, Anglimp South Waghi and Jimmy. North Waghi and Anglimp South Waghi are situated in the valleys and parts in the mountains while Jimi District is the northern district that has a low lying valley which goes down to almost 400 meters in the West and rises to high altitude in the East. This is the district with high endemic malaria in Jiwaka Province. The provincial capital is temporarily located in Kurumul. The Jiwaka Provincial Health Headquarter is also in Kurumul.

The province covers an area of 4,798 km², and there are 343,987 inhabitants (2011 census). Jiwaka province officially came into being on 17 May 2012, comprising three districts previously part of Western Highlands Province.

Jiwaka is located in a very fertile land (Waghi Valley). The Waghi River runs between the valley and most of the people benefit out of it. Besides the Waghi River, the land is naturally fertile and people harvest the best food from it. The 3 resources of the Jiwaka people are coffee, tea and human resources.

Economy in the province is mainly generated through subsistence farming, piggery and poultry and Human Resource. Cash crops in the province are mainly coffee, tea and fresh vegetables.

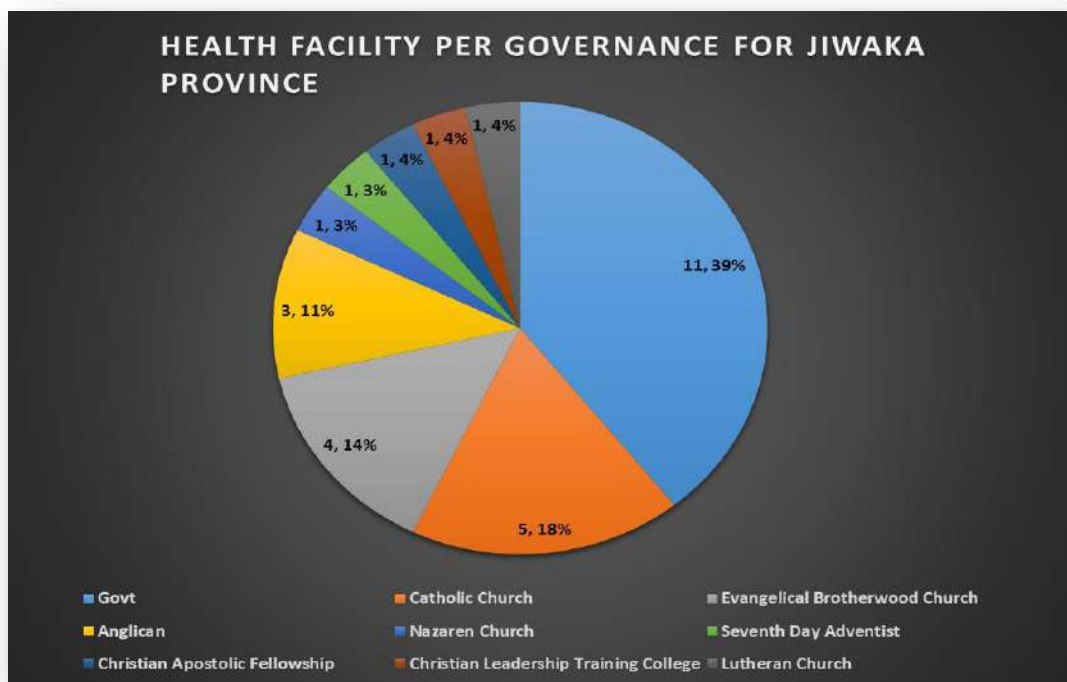
Infrastructure is slowly improving but in few selected local areas. It is deteriorating in most parts of the three districts. The road to Jimi District is extremely bad and risky in most parts, however, upgrading is recently done from Banz to Kol, which is a bit okay in good weather.

Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

HEALTH SERVICES IN JIWAKA

Jiwaka has a total of 28 reporting health facilities. Of the 28 reporting health facilities and as per the District, Jimi District has 9 reporting health facilities, North Waghi has 8 and Anglimp South Waghi has 11. Twenty-three (23) out of the 28 health facilities are accessible by road while the 4 in Jimi and 1 in Anglimp South Waghi are air accessible. It is governed by both the Jiwaka Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 28 reporting health facilities per governance.



AID POSTS

Jiwaka has 89 Aid Posts of which 8 are inactive while the 81 are active or functioning.

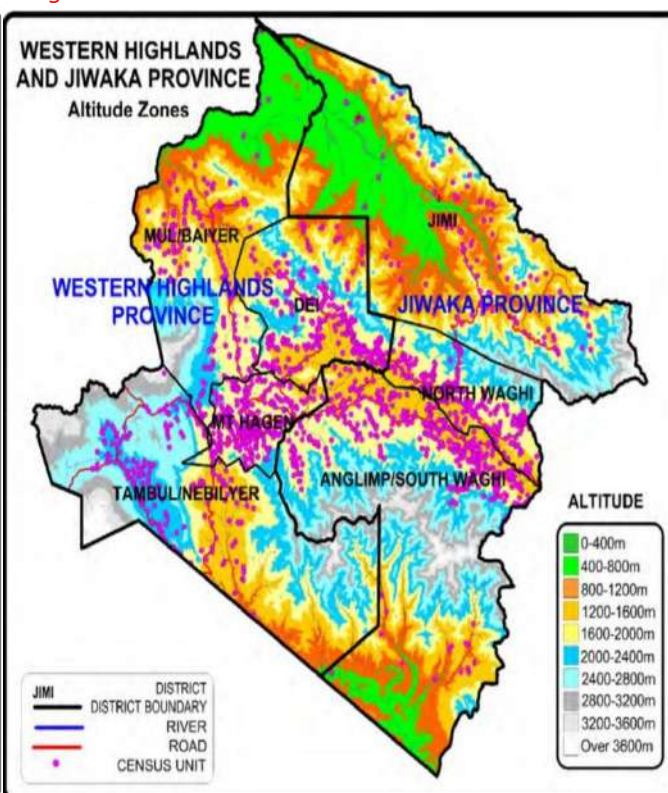
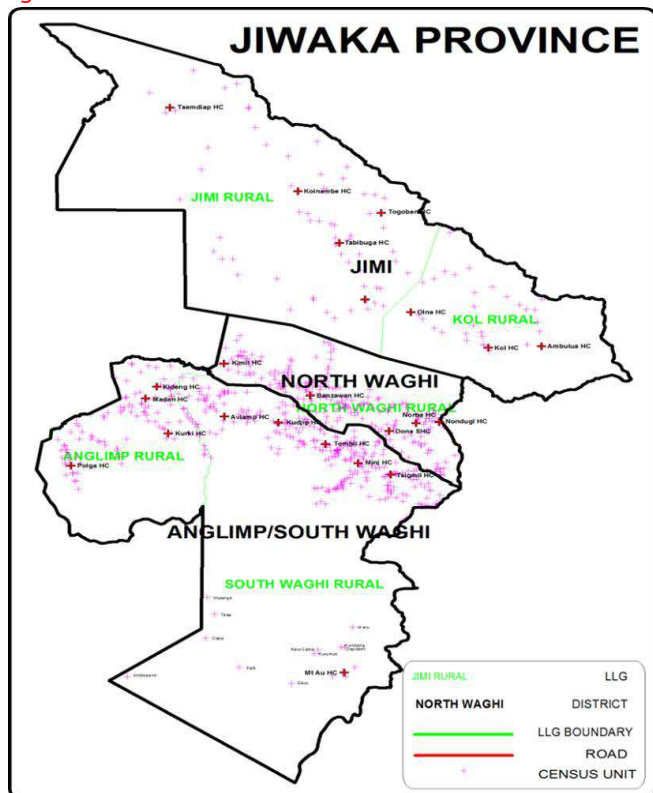
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid Posts.

MALARIA PREVALENCE BY ALTITUDE

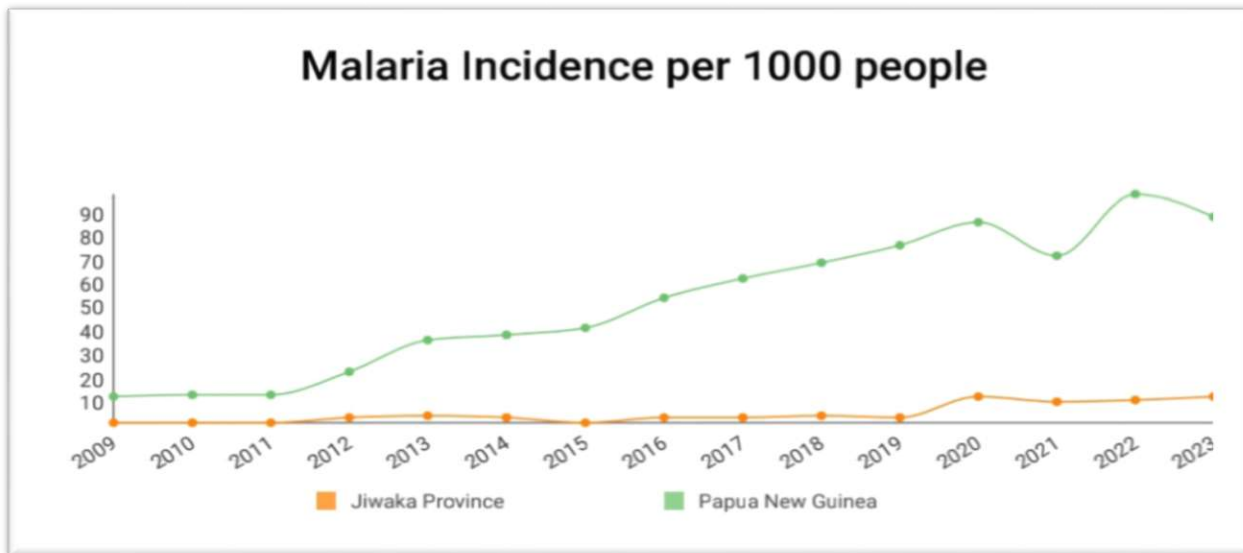
Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

Figure 1. Shows the sketch of 3 Districts for Jiwaka Province.

Figure 2. Shows the altitude zone for Jiwaka & WHP.



Graph 2. Malaria prevalence rate for Jiwaka Province compared to the rest of PNG from 2009-2023.



Source: e-NHIS Jiwaka Province Health Indicators.

PURPOSE OF VISIT

The purpose of this visit is to;

- distribute mRDTs, ACTs, Primaquine tablets and Antenatal Long- lasting insecticidal Nets to all reporting health facilities,
- do active stock rotation of antimalarial from one health facility to another, i.e. from low consumption rate to high consumption rate,
- run continuous quality initiative trainings to health facility’s OIC and staffs/trainees where needed,
- check on Health Facility Malaria Registers and Antenatal bed net registers & collect,
- stocktake on all malaria commodities at the health centres and replenish where necessary,
- monitor medical supply stock cards for mRDT, ACTs, Primaquine tablets and update,
- check on how well the malaria data is entered into the e-NHIS tablet and whether all sections under malaria is correctly reported,
- malaria data verification and validation through the use of Monthly Malaria Report against the raw data in the reporting tools at the facility,
- coach OICs on how to enter malaria data correctly and completely under malaria sections of the e-NHIS tablet
- make sure e-NHIS monthly reports are sent on time and
- make sure intermittent preventative treatment in pregnancy (Fansidar prophylaxis for antenatal women) is implemented and documented in the ANC Registration book.
- liaise with Remote Sensing Team to solve discrepancies found in the e-NHIS tablet with regards to Malaria Program and also the general use and function of the tablet.

Table 1. JIWAKA PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Mr. Thaddeus Turi	CEO	79301096	thaddeus.turi@gmail.com
Sr. Kolly Bang	Director of Public Health	72464470	kollynhm@gmail.com
Mr. Paul Opung	PHIO	72491835	popung.02@gmail.com
Mr. Albert Apal	Disease Surveillance & Outbreak Officer	71826231	albert.apal22@gmail.com
Mr. Bosh Alah	Malaria Eradication Officer	79410079	alahbosh39@gmail.com
Mr. Jonh Bak	Provincial Malaria Supervisor	73784181	jbakonapms@gmail.com
Mr. Jeffrey Langi	TB Coordinator	72052940	langijeffrey7@gmail.com
Sr. Mon Enginp	HIV/AIDS Coordinator	79733132	

Table 2. TYPE OF TRANSPORT USED:

Vehicle	Malaria Program Vehicle
Vehicle Used	LBT 568
Color	RAM Color, Blue Yellow
Type	Toyota Land Cruiser 10 seater
Registration Validity	09.07.2024
Safety Sticker Validity	27.08.2024
Duration of use	13 Days
Driver	Mr. Joe Ingak-Jiwaka PHA driver
Contact	74264193

The Project vehicle LBT 568 was stationed in Goroka-IMR’s yard together with LBX 514. Upon arrival of the Regional Malaria Coordinator, the vehicle was driven by the driver and taken to Simbu with the RMC and was used for 5 days due to the Malaria Microscopy training, then, taken to Jiwaka for the 1st quarter visit. The vehicle was well kept and used by the RMC during the whole 13 days’ visit and safely returned to IMR yard at the end of the visit.

HIGHLIGHTS OF Q1- 2024 RMC’s VISIT

1. Health Facility Visits Summary for Quarter 1-2024:

Jiwaka has a total of 28 reporting health facilities. Of the 28, 5 are air accessible health facilities located in Jimi District and 1 in Anglimp South Waghi District, 5 are located in Jimi District and are hard to reach most times with bad weather. The balance of 18 are accessible by road and reachable, hence, visited in every quarterly visits.

Table 3. shows the summary of the visit in Q1.

Total number HF’s	28
Total Number Accessible	18
Total Number Reached	18
% Coverage (Accessible)	100.0
% Coverage (Total HF’s)	64.3

2. Update on Drug Supplies for the 5 air accessible health facilities.

Out of the 5 Air accessible health facilities in Jiwaka, 2 already collected their drug supplies from the Public Health Office while 3 will be consigned via Protocol Logistics from the AMS-Hagen.

3. Stock out of Malaria RDT Kits, ACTs & Primaquine Tablets:

Of the 18 accessible health facilities visited, 4 had stock out of mRDTs, 1 had stock outs of ACTs and none had stock out of Primaquine tablets.

4. Total mRDTs, ACTs & PQ distributed during Q1 visit:

Table 4. Shows the total malaria commodities supplied to Jiwakas’ health facilities in Quarter 1 visit.

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	1	10875 kits	3660 blisters	17100 tablets

5. ANC LLIN Update:

A total of 1700 nets (34 bales) for both Jiwaka PHA and WH PHA were stored as Q4-2023 buffer stock in the container at the Kurumul Jiwaka PHA yard. Out of that, 1400 nets were distributed to various health facilities during this 1st quarter visit. Balance of 300 nets remain in the container for distribution in WHP. There was no distribution done for boarding institutions and prison due to limited stocks. The balance is kept for WHP. Once, there's enough net stocks, then distribution will be done.

Table 5. Shows the ANC LLIN distribution to health facilities in Jiwaka Province.

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS
13.12.23	Jiwaka PHA Malaria	John Bak(PMS) & Bosh Alah(MEO)	Agatha Gola-RMC		1700		1700	Q4-2023 Buffer Stock
	WH PHA Malaria	Salome Minar-PMS	John Bak-PMS			50	1650	Issued to PMS-WH PHA
13.03.24	Polga HSC	Lute Burangat -HEO/OIC	Agatha Gola-RMC/Bosh Alah-MEO	30054		50	1600	Issued upon HF visit
13.03.24	Madan CHP	Sr. Monica Dot-Midwife	Agatha Gola-RMC/Bosh Alah-MEO	30055		50	1550	Issued upon HF visit
14.03.24	Kurki HSC	Sr. Dominica Ivanga-OIC	Agatha Gola-RMC/Bosh Alah-MEO	30056		50	1500	Issued upon HF visit
14.03.24	Kindeng HC	Theresia Dominic-CHW	Agatha Gola-RMC/Bosh Alah-MEO	30057		150	1350	Issued upon HF visit
15.03.24	Tsigmil HC	Geraldine Sairere-CHW	Agatha Gola-RMC/Bosh Alah-MEO	30058		50	1300	Issued upon HF visit
15.03.24	Minj HC	Mathew Robert	Agatha Gola-RMC/Bosh Alah-MEO	30059		200	1100	Issued upon HF visit
18.03.24	Tombil HSC	Robert Luna	Agatha Gola-RMC/Bosh Alah-MEO	30060		50	1050	Issued upon HF visit
18.03.24	Banz Day 2 Urban Clinic	Judith Nani	Agatha Gola-RMC/Bosh Alah-MEO	30061		100	950	Issued upon HF visit
18.03.24	Banz Day 1 Urban Clinic	Jessica Joel	Agatha Gola-RMC/Bosh Alah-MEO	30062		100	850	Issued upon HF visit
19.03.24	Kimil HC	Pinzo Tenge-HEO/OIC	Agatha Gola-RMC/Bosh Alah-MEO	30063		100	750	Issued upon HF visit
19.03.24	CLTC Clinic	Sr. Tracey	Agatha Gola-RMC/Bosh Alah-MEO	30064		50	700	Issued upon HF visit
19.03.24	Fatima HSC	Sr. Vinita Veedli-OIC	Agatha Gola-RMC/Bosh Alah-MEO	30065		100	600	Issued upon HF visit
20.03.24	Dona HSC	Issac Komni	Agatha Gola-RMC/Bosh Alah-MEO	30066		50	550	Issued upon HF visit
21.03.24	Nondugl HC	Quala Mess-HEO/OIC	Agatha Gola-RMC/Bosh Alah-MEO	30067		50	500	Issued upon HF visit
21.03.24	Norba HSC	Jack Konny-OIC	Agatha Gola-RMC/Bosh Alah-MEO	30068		50	450	Issued upon HF visit
22.03.24	Kudjip Nazaren Hospital	Sr. Leah-OIC ANC	Agatha Gola-RMC/Bosh Alah-MEO	30069		150	300	Issued upon HF visit
22.03.24	Jiwaka PHA Malaria	Bosh Alah & John Bak	Agatha Gola-RMC				300	Q1-2024 Buffer stock
TOTAL NETS DELIVERED TO HEALTH FACILITIES					1700	1400	300	

6. Malaria Stock Update

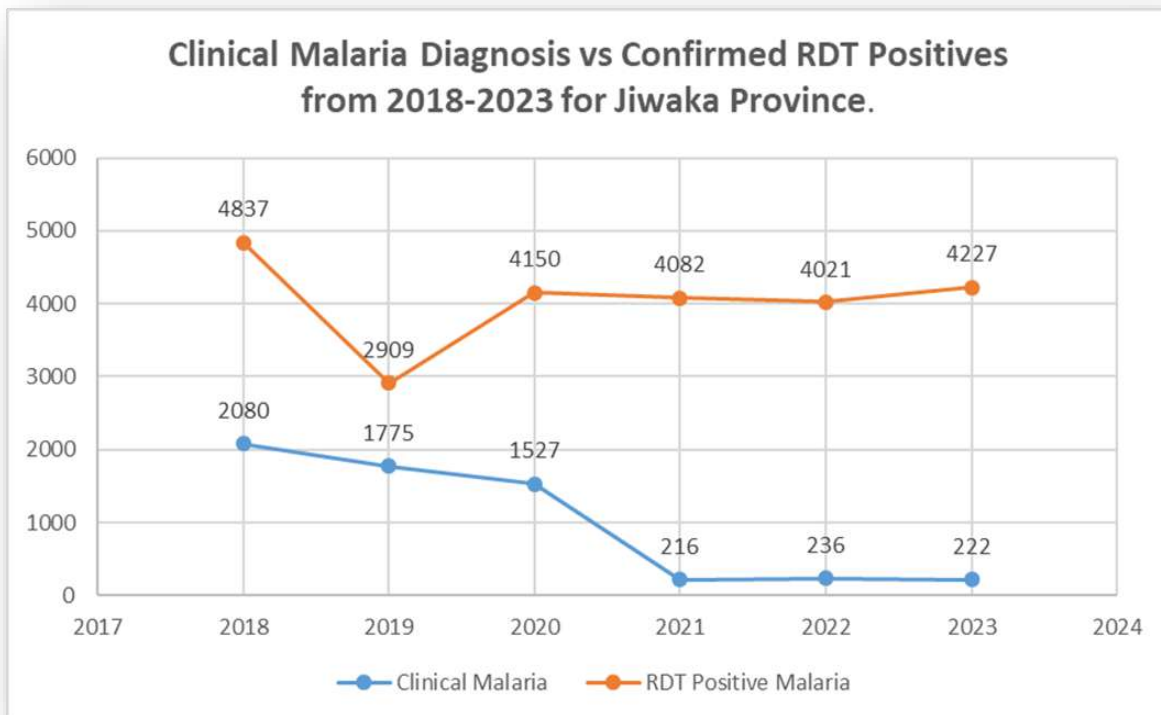
The RDTs, ACTs & Primaquine that were used for the distributions were from the Q4 -2023 buffer stocks and additional Q1 supplies from AMS/HAGEN (NDOH stocks).

Table 6. Shows the quantities of Malaria commodities from both sources.

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Buffer Stocks	5500 kits	30 blisters	180 blisters	120 blisters	360 blisters	49600 tablets
Batch #	H006B003D	3E02047	B1APH004	B1APH005	B1APH007	220721
Exp Date	Jul-24	Dec-25	Oct-25	Oct-25	Oct-25	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	6250 kits	180 blisters	900 blisters	150 blisters	1470 blisters	0
Batch #	H006B003D	KD-656	A1APH005	B1APH019	A1APH006	
Exp Date	Jul-24	Dec-25	Mar-24	May-25	Aug-24	

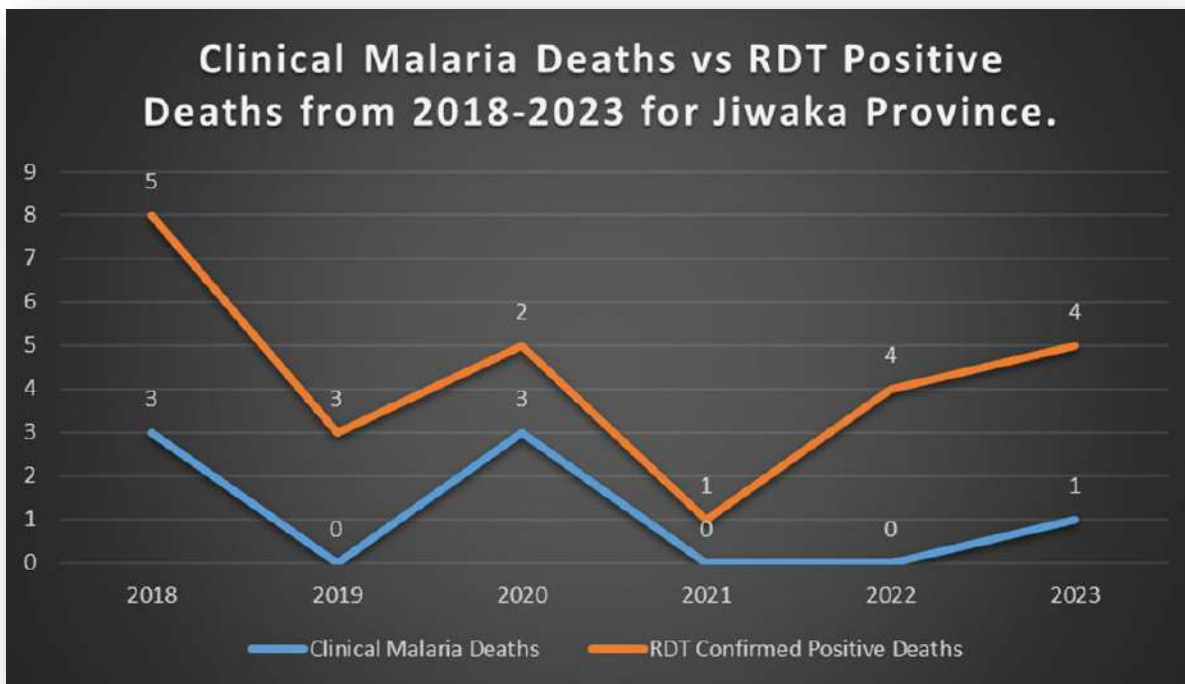
[MALARIA DATA UPDATES FROM 2018-2023:](#)

Graph 3. Malaria Clinical Diagnosis vs RDT Confirmed Positive Malaria



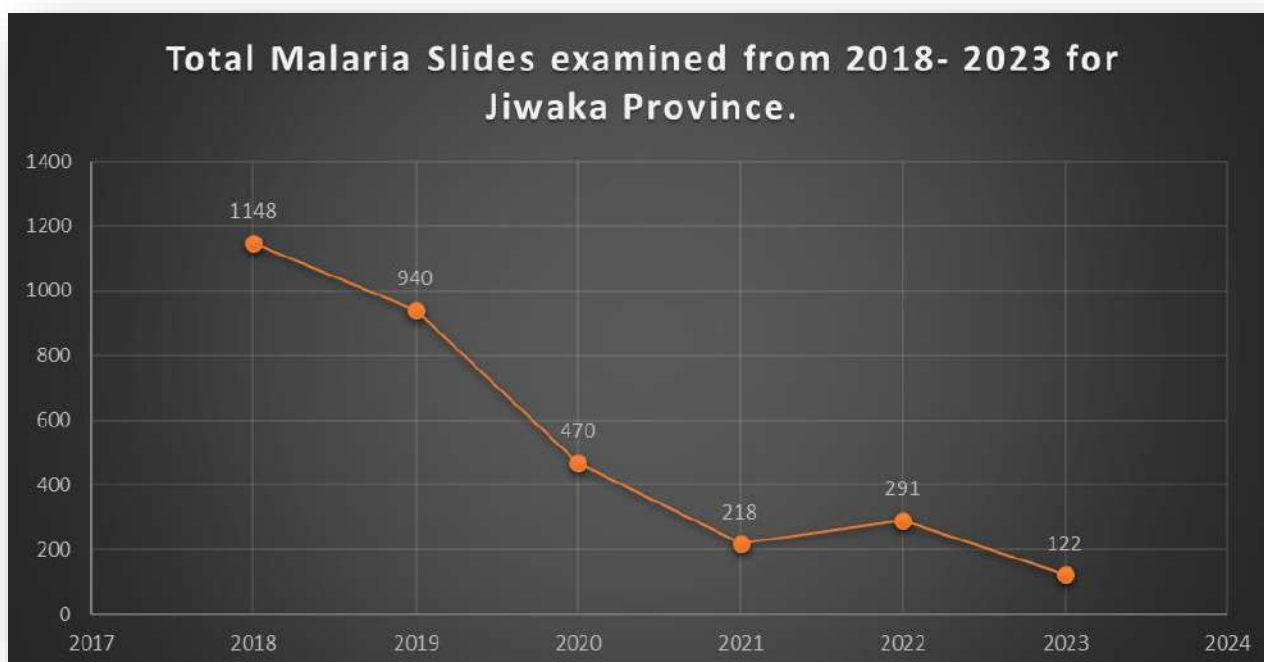
Source: e- NHIS Malaria Report

Graph 4. Clinical Malaria Deaths vs RDT Positive Deaths.



Source: e-NHIS Malaria Report

Graph 5. Malaria Microscopy Data for Jiwaka Province.



Source: e-NHIS Malaria Report

Table 7. Health Facilities visited, findings & observations and activities implemented.

District	Health Facility	Date of visit	e-NHIS Monthly Report	IPTP(Fansidar Prophylaxis)	Medical Supply Stock Cards	ANC LLIN Accountability	Activities done
Anglimp South Waghi	Polga HSC	13.03.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January report pending submission. Feb report submitted No Clinical Malaria Diagnosis done. 	Administering 3 doses. Excellent registration.	Excellent updated and kept before. However, occasionally updated when OIC changes.	5 nets unaccounted for. Poor accountability unlike before with the former OIC.	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts.
Anglimp South Waghi	Madan HSC	13.03.24	<ul style="list-style-type: none"> Using e-NHIS tablet. Both January & Feb reports pending submission due to OIC transferred to another CHP and new OIC with staffs replaced. 	Administering 3 doses. Excellent registration by former OIC. Advised new staffs to follow the same.	Well-kept and updated.	100%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts.
Anglimp South Waghi	Kurki HSC	14.03.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. Feb report yet to be submitted. No Clinical Malaria Diagnosis done. 	Administering 3 doses. However, unable to register due to the old pink register book.	Well-kept but occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Anglimp South Waghi	Ketepam HSC	14.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & Feb reports submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses. Well done with its registration.	Well kept, however, not updated despite several trainings. Trained OIC again to update.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Kindeng HC	14.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both Jan & Feb reports not submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses of Fansidar, however inconsistent in registration.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Tsigmil HC	15.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report pending submission. •No Clinical Malaria Diagnosis done. 	Excellently done	Well-kept but occasionally updated	100%	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Minj HC	15.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet •Both January & Feb reports pending submission. 	Administering 3 doses, however inconsistent in registration..	Well kept, however, occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Banz Day 1 Clinic	18.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb report pending. <p>OIC has never entered Malaria data into the e-NHIS tablet simply because she doesn't know how to enter. Coached her and she did hands on by entering March Malaria data.</p>	Excellently done.	Excellently done.	100%	Stock take on SoH, CQI training to OIC & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Banz Day 2 Clinic	18.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •Both January & Feb report pending. 	Excellently done.	Well kept, however, occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Tombil HSC	18.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report pending •No Clinical Malaria Diagnosis done. 	Administering 3 doses. However, unable to assess the registration as the book was misplaced.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Aviamp HSC	18.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •Both January & Feb reports submitted. •No Clinical Malaria Diagnosis done. 	Well done.	Excellently kept and updated.	Unable to do stock count. OIC locked her office and took the key away.	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Quarter 1-2024 Field Trip Report by Ms. Agatha Gola-RMC

North Waghi	CLTC Clinic	19.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb reports yet to be submitted. •No Clinical Malaria Diagnosis done as per HFMR book & tally sheets. •Coached SIC on how to enter malaria data. 	Administering 3 doses, however, still using the old pink so unable to register.	Well-kept but occasionally updated.	100%	Stock take on SoH CQI training to SIC & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Fatima HSC	19.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted •Feb report yet to be submitted. •No Clinical Malaria Diagnosis done and reported. 	Well done	Well-kept but occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Kimil HC	19.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •Both January & Feb reports submitted. •No Clinical Malaria Diagnosis done or reported. 	Well done	Excellent kept and updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Dona HSC	20.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb reports submitted. •No Clinical Malaria Diagnosis done or reported. 	Well done.	Excellent done before. However, occasionally updated with new officer. Trained a new N/O on how to update MSSCs.	100%	Stock take on SoH CQI training to new N/O & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Nondugl HC	21.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report pending submission. •No Clinical Malaria Diagnosis done or reported. 	Well done.	Well-kept by the HEO/OIC but not updated at all. Trained the OIC again on how to update MSSCs.	100%	Stock take on SoH CQI & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Norba HSC	21.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report pending submission. •Feb report submitted. •No Clinical Malaria Diagnosis done & reported. 	Administering 3 doses of Fansidar. However, not registered so trained the OIC on how to register.	Excellent done before. However, when the OIC was replaced, updating of MSSCs is done occasionally.	Few nets unaccounted for. Talked to the new OIC to keep the nets in his office.	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Kudjip Nazaren Hospital	22.03.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report pending submission. •No malaria Clinical diagnosis done and reported in Jan. 	Excellent done	Excellent done.	100%	Stock take on SoH, & replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Quarter 1-2024 Field Trip Report by Ms. Agatha Gola-RMC

Anglimp South Waghi	Minjmu CHP	15.03.24	<ul style="list-style-type: none"> •Not yet coded. However, it is visited in every quarterly visits but unable to visit in this quarter due to landslide and locals demanded huge money to pass through. 	Excellently done as observed in previous visits	Excellently done by former HEO/OIC. However, need to check on with the new OIC.	Unable to do physical stock count.	
Anglimp South Waghi	Mt. Au HSC	Air accessible, not visited.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •Both January & Feb reports pending submission. 		Not yet introduced.		Drug supplies are arranged to be consigned via Protocol Logistics from AMS-Hagen.
Jimi	Koinambe HC	Air accessible, not visited	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb reports pending submission. 	Administered 3 doses of Fansidar.	Not yet introduced.		OIC collected drug supplies from the PHO.
Jimi	Tsendiap HSC	Air accessible, not visited	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb reports pending submission. 		Not yet introduced.		Drug supplies are arranged to be consigned via Protocol Logistics from AMS-Hagen.
Jimi	Ambullua HSC	Air accessible, not visited	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report not yet. •No Clinical Malaria Diagnosis reported. 		Not yet introduced		Drug supplies are arranged to be consigned via Protocol Logistics from AMS-Hagen
Jimi	Togban HSC	Air accessible, deteriorating road.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •Both January & Feb reports pending submission. 	Administering 3 doses of Fansidar.	Not yet introduced.		Staff collected drug supplies from the PHO.
Jimi	Tabibuga HC	Accessible, however not visited due to very bad weather that affects the road condition.	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb reports pending submission. 	Administering 3 doses off Fansidar. Need to check on the registration in the next visits.	Introduced already in 2021. Will check in the next visits.	Not physically visited so unable to check.	OIC to pick up drug supplies from the PHO.
Jimi	Olna HSC	Accessible, however not visited due to very bad weather that affects the road condition.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report still pending. •No Clinical Malaria Diagnosis reported. 	Administered 3 doses. Need to check on register in the next visits.	Introduced already in 2021. Will check in the next visits.	Not physically visited so unable to check.	OIC collected drug supplies from the PHO.

Jimi	Waramantz HSC	Accessible, however not visited due to very bad weather that affects the road condition.	<ul style="list-style-type: none"> •Using e-NHIS tablet. • Both January & Feb reports pending submission 	Administered 3 doses. Will check registers in the next visits.	Introduced already in 2021. Will check in the next visits.	Unable to verify, not physically visited.	OIC to pick up drug supplies from PHO.
Jimi	Kol HC	Accessible, however not visited due to very bad weather that affects the road condition	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report pending submission. •No Clinical Malaria Diagnosis reported. 	Administering 3 doses.	Not yet introduced.	Unable to verify, not physically visited.	Drug supplies collected by DHO-Jimi from the PHO.
Jimi	Kumants HSC	Accessible, however not visited due to very bad weather that affects the road condition	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •Feb report pending submission •No malaria clinical diagnosis done. 	Administering 3 doses of Fansidar. Will check on registers in the next visits.	Introduced already. Will check in next visits.	Unable to verify, not physically visited.	Drug supplies collected by OIC from PHO.

UPDATE ON VISIT TO KUDJIP NAZAREN HOSPITAL

• Pharmacy

- ✓ The best and well-organized pharmacy setting in the country.
- ✓ Medical Supply Stock Cards for malaria commodities are excellently updated and kept as trained.
- ✓ All ACTs, Primaquine tablets and other antimalarials are well stored, managed and dispensed from the Pharmacy to the patients
- ✓ No stock out of malaria commodities in this visit.
- ✓ Maintaining very good working relationship with the OIC-Pharmacy and her staffs.
- ✓ Onsite training done on PNG's Malaria Treatment Protocol to the OIC and her 2nd in Charge of Pharmacy.
- ✓ Met and talked with the training Officer of Kudjip Hospital for a CQI training in the near future.

•Laboratory

- ✓ Is performing both RDT and Malaria Parasite Slides.
- ✓ Have enough supplies for both tests.
- ✓ Having a separate e-NHIS tablet to enter Malaria data, hence, there's no problem in entering and submission of malaria data.
- ✓ OIC of Lab was confused on what to select on treatment section of e-nhis tablet for PF cases so showed her what to select.
- ✓ Very excellent in updating and maintaining of Medical Supply Stock Cards as trained ever since its introduction.
- ✓ mRDT stocks are kept and controlled from the Lab to other entry points of the Hospital.

•Medical Records

- ✓ Was unable to meet with the OIC. Timing wasn't matched with the OIC-Medical Records.

UPDATE ON MALARIA TREATMENT PROTOCOL FOR PNG

- ✓ Single dose Primaquine for positive Pf cases is implemented.
- ✓ 14-day Primaquine after completion of ACT for Non-Pf & Mixed Infections is implemented.
- ✓ ACT in first trimester is disseminated to OICs and staffs. However, most of them requested for a formal circular from the NMCP-NDOH to confirm and implement.
- ✓ Well versed with the administration of Artemether 40mg & 80mg injection.

- ✓ Some staffs are now using Artesunate 60mg injection for severe positive malaria cases after several onsite trainings on how to dilute and administer for both intramuscular and intravenous. Trainings will continue for the benefit of all other new staffs and trainees.
- ✓ 3 doses of fansidar for Antenatal women is implemented.
- ✓ Doxycycline prophylaxis for inbound travelers is disseminated. However, as mentioned by staffs, not many people seek for prophylaxis. People just travel and only visit health facilities when they feel ill.
- ✓ Staffs are aware of the 2nd line treatment of Malaria, however, most of them are not using as they don't have case that require 2nd line treatment and
- ✓ the contra-indications of Primaquine is disseminated and staffs are aware of these.

UPDATE ON RAM TEAM MEETING WITH THE JIWAKA PHA TEAM

During the visit, the RAM Program Manager Mr. Tim Freeman and the Operations Manager Mr. Hebou Ranu visited Jiwaka PHA on the 12th of March, 2024 and met with the CEO and Director of Public Health for Jiwaka PHA, the Regional Malaria Coordinator and the Provincial Malaria Supervisor regarding the upcoming general bed net distribution in Jimi District and the signing of MOA for the usage of Malaria Program Vehicle CAU 559.

Since Jimi District is a very tough District with rugged terrain, mountains, very bad road condition and the Mighty Jimi River which make it harder to access by road in some places, discussions were made surrounding those factors and on how best the bed nets can be delivered to the targeted population in a cost effective manner.

Also, the Program Manager spelled it out clearly on the Malaria Program Vehicle CAU 559 that it is the Global Fund's asset and no one even the PHA has the right to write off or put on tender. The CEO and Director of Public Health understood well and the CEO signed the MOA. The CAU 559 is agreed to be stationed in the Jiwaka PHA yard and to be used by RMC, bed net team or can be used for office runs. All parties agreed and were satisfied of the decision made and the meeting was called off.

ACHIEVEMENTS

1. Visited 100% coverage of accessible health facilities in the first quarter visit for 2024 despite very bad weather in the Highlands.
2. Malaria Clinical Diagnosis decline dramatically from 2020-2023.
3. Drug supplies of air accessible health facilities will now be consigned via the Protocol Logistic from the AMS-Hagen through the main bimonthly supply system.
4. Medical Supply Stock Cards introduced to all accessible health facilities and most are well maintained and updated.
5. Most Health Facilities are implementing and documenting Intermittent Preventative Treatment in Pregnancy in the A3 ANC Register Book.
6. Jiwaka PHA assigned one of its drivers to drive the Project vehicle during the entire visit.
7. Trained 1 OIC who has never entered malaria registers/data into the e-NHIS tablet since its introduction simply because she was confused and doesn't know how to enter. After training, she successfully entered Malaria registers for March under observation of RMC. She passed it and was so happy.
8. Jiwaka PHA has purchased a new desktop for PMS & MEO to use for Malaria Program.

KEY CHALLENGES

PHA Level

- ✓ PMS supplying more than the required ACTs and RDTs to Aid Posts, CHPs and even the reporting Health Facilities.
- ✓ GDNs are not properly filled by the PMS or most times didn't even fill when issuing drugs, which make it really hard to maintain accountability.
- ✓ PMS not accompanying RMC for visits, only the MEO is faithfully accompanying and assisting RMC during the quarterly visits.

Health Facility Visits

- ✓ Very bad weather hindered visits to Jimi District.

- ✓ Landslide hindered visit to 1 health facility.
- ✓ Rotation of OIC/staffs and new recruitment require more trainings and sensitization of Malaria Program. Some of the work under Malaria Program that were best performed by former OICs are now seen to be dropped or not the same.
- ✓ Medical supply stock cards not updated in some facilities.
- ✓ Poor accountability of RDTs, ACTs & Primaquine in some health facilities.
- ✓ Malaria RDT registers not fully entered into the e-NHIS monthly report
- ✓ Misreporting, that is, report false RDT, ACT & PQ stock out when actual physical stock counts are available.
- ✓ Only few aging and new OICs are not well versed with the usage of e-NHIS tablet, hence, so many discrepancies found in the Malaria monthly report submitted.
- ✓ Few health facilities have issues with accountability of Antenatal Long-Lasting Insecticidal Nets.

RECOMMENDATIONS

PHA

- ✓ Jiwaka PHA to continue its support in assisting the Malaria Program by providing a driver/vehicle/fuel during quarterly visits.
- ✓ PMS & MEO to coordinate and conduct Malaria School survey in April for the Province.
- ✓ PMS must fill all GDNs accurately and completely when issuing Malaria commodities to facilities for accountability and reporting purposes.

RMC

- ✓ Continue CQI trainings
- ✓ Start bed net distribution to boarding institutions and prison camp in the 2nd quarter visit if new supplies are received.
- ✓ Will visit Jimi Health Facilities in the 2nd quarter if the weather and road permit.

ACKNOWLEDGEMENT

I would like to sincerely thank the following important people, Departmental heads, organization and business sectors for making this trip a success. My word of gratitude to the;

1. Nation Department of Health – National Malaria Control Program.
2. Rotary Against Malaria – Regional Malaria Coordinator Program.
3. Jiwaka Provincial Health Authority Team.
4. The Malaria Eradication Officer, Mr. Bosh Alah from Jiwaka PHA for faithfully accompanying RMC during the quarterly visits.
5. All the staffs of the 18 reporting Health Facilities visited
6. The driver, Mr. Joe Ingak from Jiwaka PHA

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLA – Regional Malaria Coordinator for Jiwaka Province.

FEW PHOTOGRAPHS OF QUARTER 1 VISIT:



RAM team met with the CEO & Director Public Health for Jiwaka PHA regarding the upcoming general bed net distribution for Jimi District in Jiwaka Province and signing of MOA for the usage of Malaria Program Vehicle CAU 559.



RMC conducting CQI training to the new OIC and staffs of Madan HSC in Anglimp South Waghi District of Jiwaka Pro.



Mr. Bosh Alah, the Malaria Eradication Officer of Jiwaka PHA doing stock take on antimalarial at Aviamp HSC in Jiwaka Pro.



Visit to Norba HSC, muddy and slippery road, unable to make it through so turned back.