



Q1-2024 FIELD TRIP REPORT FOR SIMBU



Malaria Microscopy training funded by Simbu PHA. Seven microscopists trained and certified by Ms. Dorothy Abala (1st right, sitting) from CPHL and assisted by RMC (1st right, standing). Certification was witnessed by the OIC-Lab from SJN Kundiawa General Hospital (3rd from right, standing), PDCO (1st from left, standing), DHO-Gumine District (2nd from right, standing) and the Provincial Malaria Eradication Officer who was the photographer.

VISITING OFFICER: AGATHA GOLA (RMC)

ACCOMPANYING OFFICERS IN THE FIELD: MR. JOHN KERENGA (SIMBU PROVINCIAL MALARIA ERADICATION OFFICER)

DATE OF VISIT: 1.02.24-23.02.24

NIGHTS AWAY FROM THE OFFICE: 22 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 visit for 2024, which started on the 1st of February, 2024 and ended on the 23rd of February, 2024. Logistic preparations were done in Port Moresby and the Simbu 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.

While in the Province, briefing was done with the Provincial Disease Control Team and the Provincial Health Information Officer. With the company of the Provincial Malaria Eradication Officer, a total of 29 accessible health facilities were visited out of the 37 reporting health facilities of Simbu. Two accessible health facilities (Denglagu HSC & Bogo HSC) were not visited due to dismantled bridge and huge landslide covered the road. Supplies are with the buffer stock in the Malaria Warehouse to be picked up by OICs. Two health facilities (Gomgale HSC & Neregaima HSC) which were inaccessible before are now visited with road condition improved a bit. The balance of six health facilities of SaltNomane Karamui District were not physically visited due to air accessible and deteriorating road condition to Kilau HC and Nomane HSC. Malaria commodities for the 4 air accessible facilities are arranged with the AMS-Hagen to be consigned via Protocol Logistics through the bimonthly main supply system. The rest of the stocks are stored with the buffer stock and will be picked up by respective OICs.

Due to the decline in Malaria Microscopy data over the years, several emphases have been made and the Simbu PHA took initiative by funding the Malaria Microscopy Training for 7 Malaria Microscopists for all 6 Districts of Simbu. The training was facilitated by the Officer in Charge of Malaria under Central Public Health Laboratory-Port Moresby. The Rotarian Against Malaria assisted by providing Malaria T-Shirts, caps, stationaries and a Malaria Program Vehicle for transportation during the entire training. The 7 participants successfully completed and certified.

BACKGROUND OF CHIMBU PROVINCE

Chimbu, also spelled as Simbu, is one of the provinces of Highlands Region of Papua New Guinea. It is known for its rugged geography that makes it so beautiful and unique that attracts a lot of tourists to explore the untouched flora and fauna. It is also the home to the famous Mt. Wilhelm, the highest peak in the Southern Hemisphere that also attracts tourists all around the world every year to explore. The other features of this unique province lies in its people, bird life, the incredible sceneries from the mountain sides looking down at pristine and fast flowing and crystal clear rivers. It is indeed mountainous but unique!

Its capital is Kundiawa town and it comprises of six districts namely; Kerowagi, Kundiawa-Gembogl, Chuave, Sinasina-Yongomugl, Karimui-Nomane and Gumine District. Current population as per the Provincial Health Indicator. 2024 is at 398.007 with the growth rate of 3.40%.

Economy in the province is mainly generated through subsistence farming and Human Resource. Cash crops in the province are mainly coffee and fresh vegetables. Few mindset of the inhabitants is business minded, self-reliant and goal oriented through perseverance.

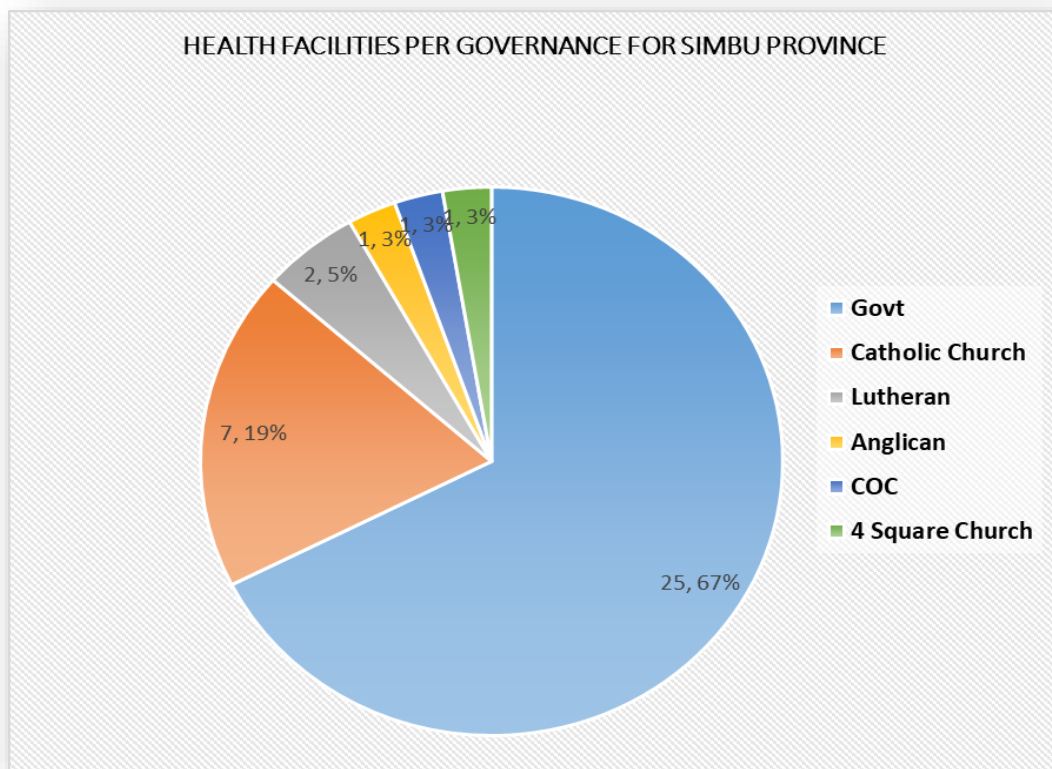
Infrastructure is deteriorating in other districts but is slowly improving in other parts of the province. The road link to Karimui-Nomane is extremely bad that vehicles cannot pass through so the main transport is by air.

Political influence in the province doesn't have much impact on the service delivery because most of the service providers are loyal to their jobs and serving the population with their hearts. Any tribal fighting or serious crimes are short lived and are automatically solved by their peacemakers and law & order personnel. Few opportunists and drug addicts cause nuisance around public places but otherwise it's a peaceful place with loving and caring people.

HEALTH SERVICES IN SIMBU

Simbu has a total of 37 reporting health facilities. Of the 37 reporting health facilities and as per the District, Kerowagi has 9 reporting health facilities, Kundiawa-Gembogl has 9, SinaSina Yongomugl has 4, Chuave has 6, Gumine has 3 while SaltNomane Karamui District has 6. Thirty-three (33) out of the 37 health facilities are accessible by road while the 4 in SaltNomane Karamui District are air accessible. It is governed by both the Simbu Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 37 reporting health facilities as per the governance.



- **Government/Simbu Provincial Health Authority**

The Government runs 67% (25 hfs) of the total reporting health facilities. These facilities are Sir Joseph Nombri Kundiawa General Hospital, Kundiawa Urban Clinic, Wandi HSC, Pari HSC, Kangir HSC, Gembogl HC, Niglguma HSC, Koge HC, Segima HSC, Chuave Health Centre, Yandime HSC, Wangoi HC, Keperu HSC, Gumine HC, Karigmarigl HSC, Gomgale HSC, Kilau HC, Negabo HSC, Nomane HSC, Bomai HSC, Haia HSC, Kerowagi HC, Kup HSC, Miunde HSC and Demange HSC.

- **Catholic Health Services**

It is the second highest organization that runs 19%(7 hfs). The facilities under this are; Mingende Rural Hospital, Neregaima HSC, Goglime HSC, Denglagu HSC, Kendine HSC, Bogo HSC and Mai HSC.

- **Lutheran Health Services**

LHS runs 2 health facilities (5%) and they are Monono HSC and Sigimaru/Karamui HC.

- **Church of Christ Health Services**

COC runs only 1(3%) health facility and that is the Magi HSC in Kerowagi District.

- **Aglican Health Services**

Aglican also run only 1(3%) health facility which is Movi HSC.

- **Four Square Health Services**

This agency also run only 1(3%) health facility which is the Gaglmambuno CHP in Kundiawa- Gembogl District.

AID POSTS

Simbu has 97 Aid Posts of which 7 are inactive while the 90 are active or functioning.

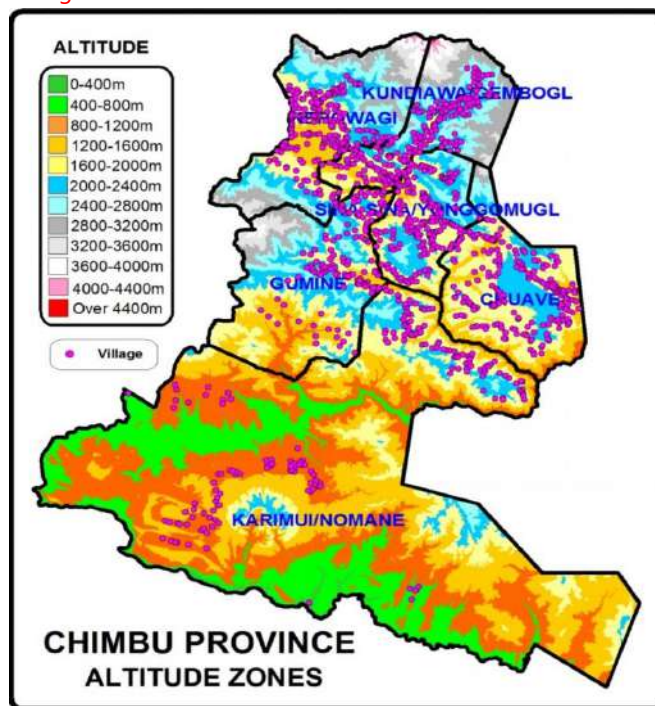
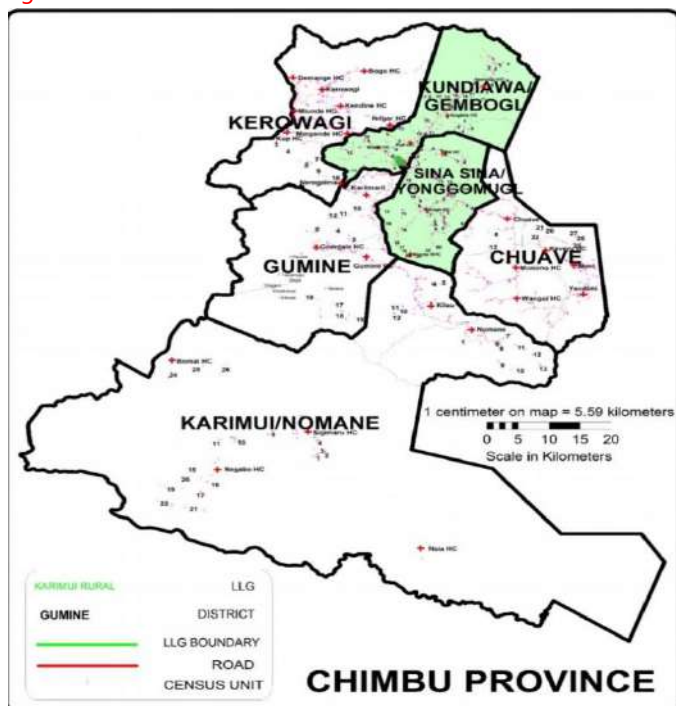
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid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

MALARIA PREVALENCE BY ALTITUDE

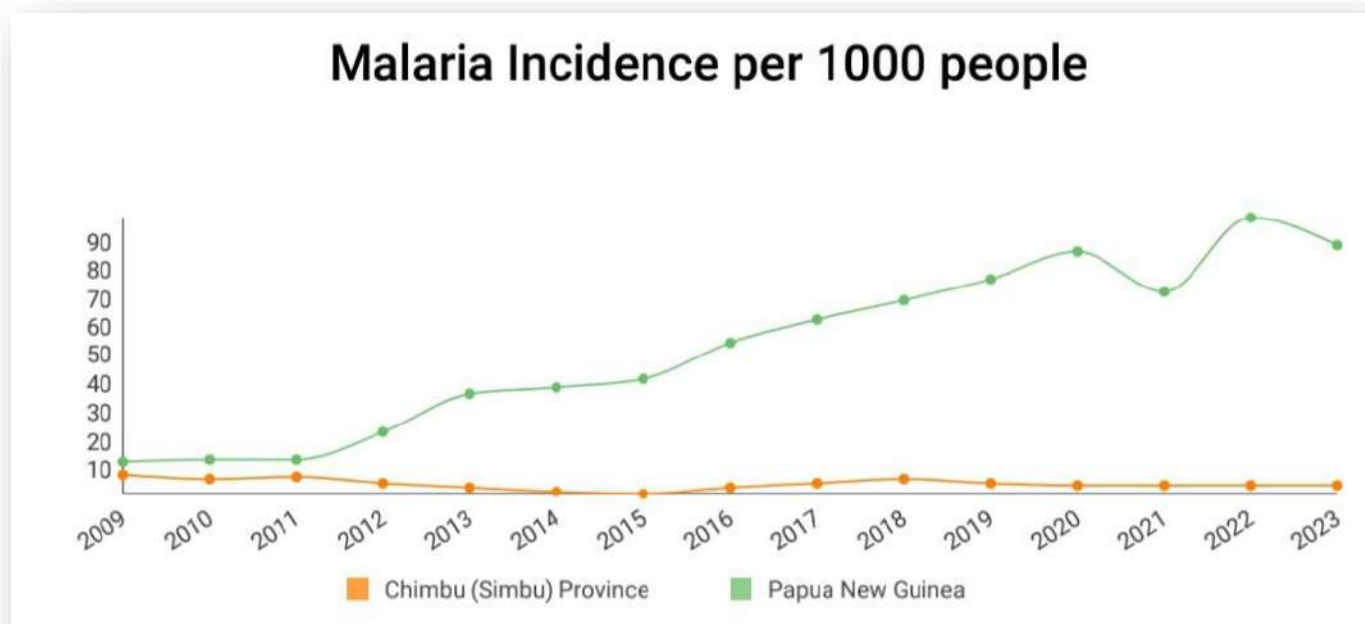
Malaria prevalence in the province strongly depends on the altitude. Places located in the north of Chimbu province is characterized by very low level of local transmission and few imported cases whereas in the South Simbu areas, SaltNomane Karamui District, malaria is considered highly endemic and stable due to its lower altitude of 1200m and the climate is generally warm all year round. Most malaria positive cases are locally transmitted as evident in the malaria registers.

Figure 1. Shows the boundaries of 6 Districts for Chimbu Province

Figure 2. Shows the altitude zone for Chimbu Province.



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



Source: e-NHIS Simbu 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. SIMBU PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Mr. Mathew Kom	PHIO	73931632	eocsimbu@gmail.com
Mr. Steven Joe	PDCO	72592000	stevenjoe034@gmail.com
Mr. John Kerenga	MEO	72480469	johnkerenga49@gmail.com

Mr. David Moses	DHO-SALTNOMANE KARAMUI	72677524	dwmoses05@gmail.com
Mr. Eric Kile	M &E OFFICER	79530304	

Table 2. TYPE OF TRANSPORT USED:

Vehicle	Malaria Program Vehicle
Vehicle Used	LBX 514
Color	RAM Color, Blue Yellow
Type	Toyota Land Cruiser 10 seater
Registration Validity	2.04.2024
Safety Sticker Validity	31.07.2024
Duration of use	22 Days
Driver	Mr. John Gelua-Driver for Simbu Catholic Health Services
Contact	79399337

The Project vehicle LBX 514 was stationed in Goroka-IMR's yard together with LBT 568. Batteries for both vehicles were dead due to prolong parking without starting for some months. Vehicle checklist was done for both vehicles and sent to the fleet officers in RAM office, Port Moresby. Batteries were switched from LBT 568 to LBX 514 and is used for Simbu Quarter 1 visit. During the visit, the battery was flat so RAM office was notified and approved and a new battery was purchased. The vehicle was well kept and used by the RMC during the whole 22 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:

Simbu has a total of 37 reporting health facilities. Of the 37, 4 are air accessible health facilities located in the SaltNomane Karamui District, 2 are hard to reach due to the deteriorating road condition and more than 4 hours ride from the Public Health Office. Both are also in the SaltNomane Karamui District. Balance of 31 health facilities are accessible. However, 2 road accessible health facilities were not visited due to landslide blocking off the road and dismantled bridge. So, the balance of 29 health facilities was visited.

Table 3. shows the summary of the visit.

	Qtr. 1
Total Reporting Health Facilities for Simbu	37
Total Number Accessible	29
Total Number Reached	29
% Coverage (Accessible)	100.0
% Coverage (Total HFs)	78.4

2. Malaria Commodities for 4 Air accessible Health Facilities in SaltNomane Karamui District:

Drug supplies for the 4 air accessible health facilities in SaltNomane Karamui District is arranged to be consigned via Protocol Logistics through the routine bimonthly drug supply system.

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

Of the 29 accessible health facilities visited, 3 had stock out of mRDTs, 8 had stock outs of ACTs and 1 had stock out of Primaquine tablets.

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

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

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	1	8600 kits	2250 blisters	30 300 tablets

5. ANC LLIN Update:

A total of 2033 nets (40 bales & 33 nets) for Simbu PHA were stored as buffer stock in the container at the SJN Kundiawa General Hospital's yard. Out of that, 1650 nets were distributed to various health facilities during this 1st quarter visit. Balance of 383 nets remain in the container for continuous distribution. There was no distribution done for boarding institutions and prison due to limited stocks. The balance is kept for those inaccessible/air accessible health facilities. Once, there's enough net stocks, then distribution will be done.

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

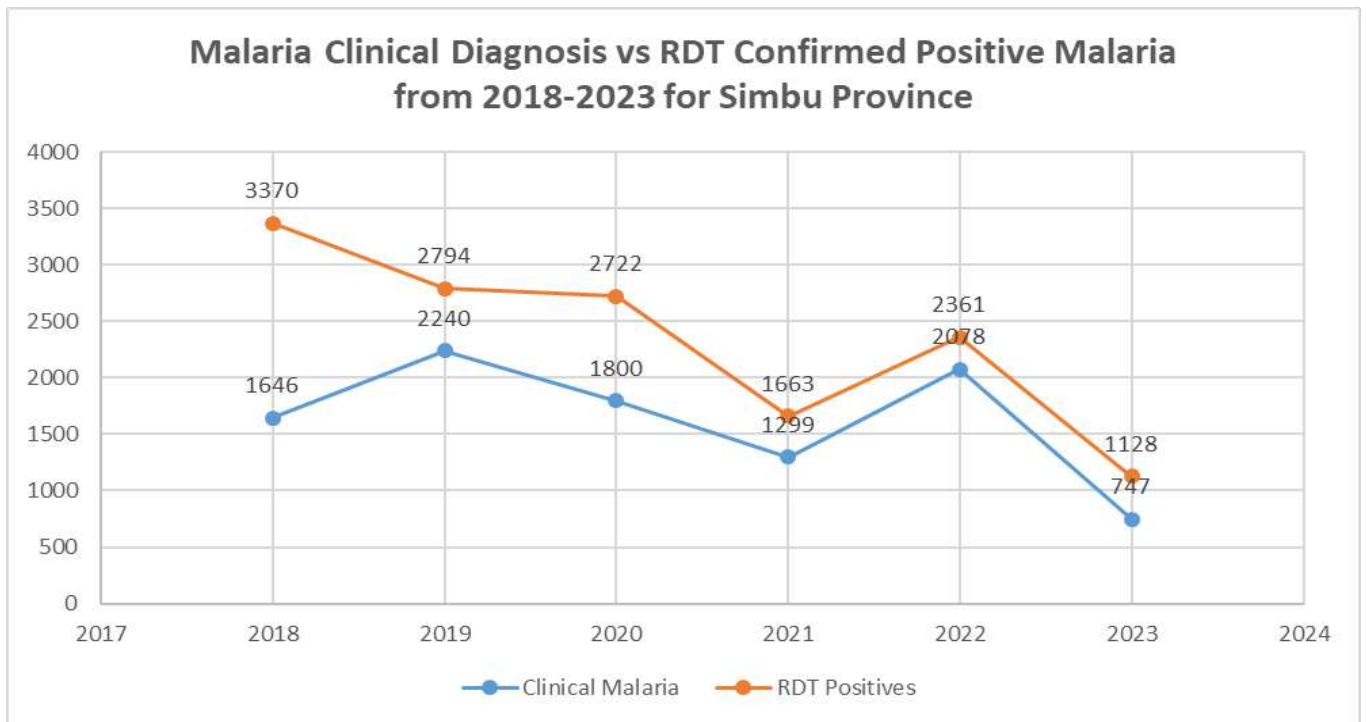
DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS
6.12.23	RMC-SIPHA MALARIA	JOHN KERENGA-MEO	AGATHA GOLA-RMC		2,033		2,033	Q4-23 Buffer stock stored in the container @ SJN Kundiawa General Hospital's yard
6.02.24	GOGLME HSC	SR. JOAN KO-OU-OIC	AGATHA GOLA-RMC	30247		50	1,983	issued by RMC upon HF visit
6.02.24	GEMBOGL HC	GENDE ALOIS-OIC	AGATHA GOLA-RMC	30249		50	1,933	issued by RMC upon HF visit
7.02.24	PARI HSC	PETER DEMANE-OIC	AGATHA GOLA-RMC	30250		50	1,883	issued by RMC upon HF visit
7.02.24	KANGIR HSC	KUA KAKUR-CHW	AGATHA GOLA-RMC	30251		50	1,833	issued by RMC upon HF visit
7.02.24	GAGLMAMAMBUNO CHP	SR. JENNY MELAN-OIC	AGATHA GOLA-RMC	30252		50	1,783	issued by RMC upon HF visit
8.02.24	CHUAVE RURAL HOSPITAL	MARGARETH ISO-CHW	AGATHA GOLA-RMC	30253		100	1,683	issued by RMC upon HF visit
8.02.24	NIGLGUMA HSC	JOE KANUA-OIC	AGATHA GOLA-RMC	30254		50	1,633	issued by RMC upon HF visit
12.02.24	KUNDIAWA URBAN CLINIC	JULIAN OMBO-CHW	AGATHA GOLA-RMC	30255		150	1,483	issued by RMC upon HF visit
14.02.24	KENDINE HSC	CHARLOTTE NIAWAFI-OIC	AGATHA GOLA-RMC	30256		50	1,433	issued by RMC upon HF visit
14.02.24	MAKI COC HSC	ANNA KAIGLO-CHW	AGATHA GOLA-RMC	30257		50	1,383	issued by RMC upon HF visit
15.02.24	MONONO HSC	KIAKI JONAH-N/O	AGATHA GOLA-RMC	30258		50	1,333	issued by RMC upon HF visit
15.02.24	WANGOI HC	SR. DIRI GORO-OIC	AGATHA GOLA-RMC	30259		50	1,283	issued by RMC upon HF visit
15.02.24	YANDIME HSC	JUNIOR JACKSON-OIC	AGATHA GOLA-RMC	30260		50	1,233	issued by RMC upon HF visit
15.02.24	MOVI HSC	JIMMY EBENA-OIC	AGATHA GOLA-RMC	30261		50	1,183	issued by RMC upon HF visit
17.02.24	NEREGAIMA HSC	JOSEPH NICK-OIC	AGATHA GOLA-RMC	30262		100	1,083	issued by RMC upon HF visit
19.02.24	KOGE HC	KENALUS-CHW	AGATHA GOLA-RMC	30263		100	983	issued by RMC upon HF visit
19.02.24	SEGIMA HSC	MICHAEL KURA-CHW	AGATHA GOLA-RMC	30264		50	933	issued by RMC upon HF visit
20.02.24	GUMINE HC	JUNIOR KOPE-N/O	JOHN KERENGA-PMEO	30265		100	833	issued by RMC upon HF visit
20.02.24	GOMGALE HSC	SAIMON WAKEM-OIC	JOHN KERENGA-PMEO	30266		50	783	issued by RMC upon HF visit
21.02.24	MIUNDE HSC	FABIAN JOE-OIC	AGATHA GOLA-RMC	30267		50	733	issued by RMC upon HF visit
21.02.24	KUP HSC	JOHN STEVEN-OIC	AGATHA GOLA-RMC	30268		50	683	issued by RMC upon HF visit
21.02.24	KEROWAGI HC	FREDA WAVIMBUKIE-DFHSC	AGATHA GOLA-RMC	30269		100	583	issued by RMC upon HF visit
21.02.24	DEMANGE HSC	KOROND SIWI-OIC	AGATHA GOLA-RMC	30270		50	533	issued by RMC upon HF visit
21.02.24	MINGENDE RURAL HOSPITAL	REBECCA PETER-CHW	AGATHA GOLA-RMC	30271		150	383	issued by RMC upon HF visit
22.02.24	SIMBU PHA MALARIA	JOHN KERENGA-PMEO	AGATHA GOLA-RMC				383	Buffer stock left in the container at SJN Kundiawa General Hospital's yard
8.03.24	DENGLAGU HSC	JUNIOR ROBERT-OIC	AGATHA GOLA-RMC	30272		50	333	Issued by RMC at the PHO
8.03.24	SIMBU PHA MALARIA	JOHN KERENGA-PMEO	AGATHA GOLA-RMC				333	Q1-2024 Buffer stock.
TOTAL NETS DELIVERED TO HF					2,033	1,700	333	

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).

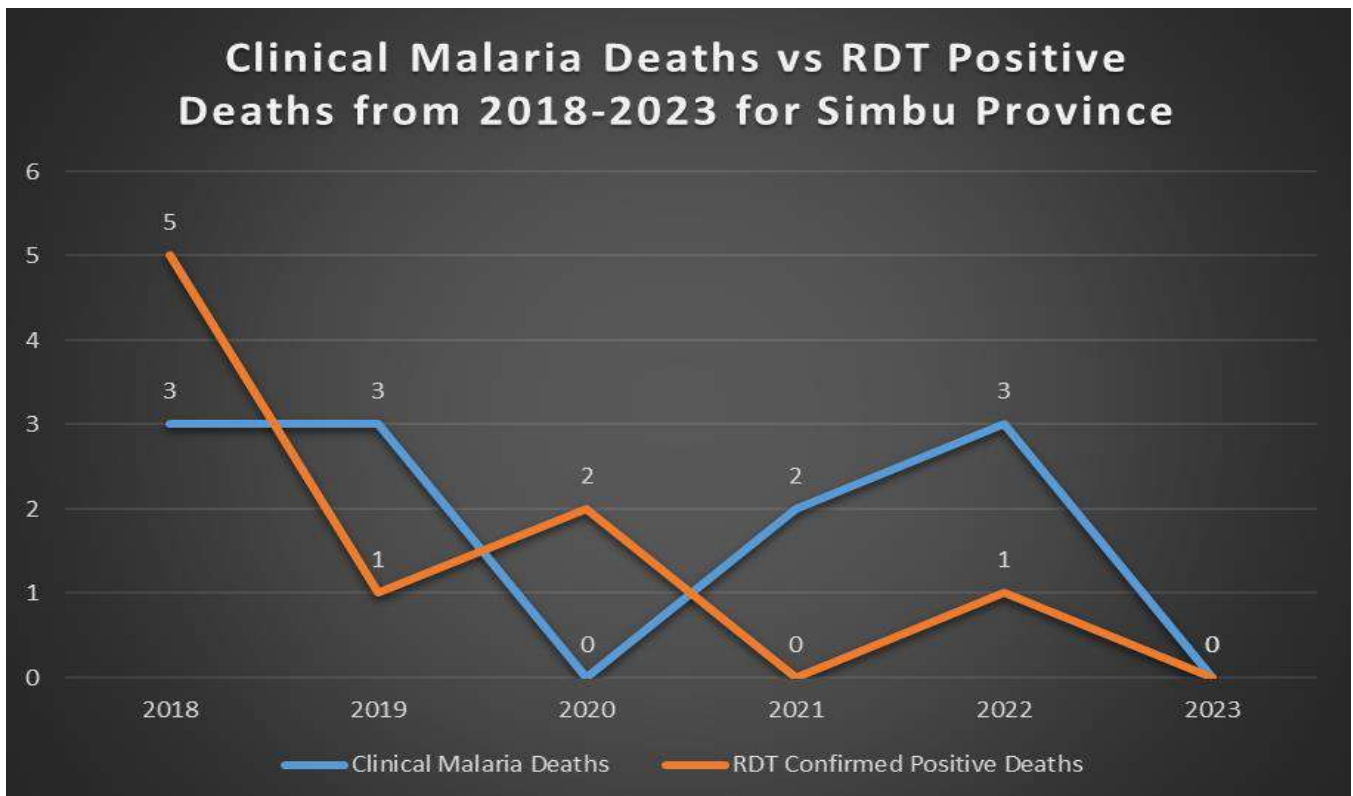
[MALARIA DATA UPDATES:](#)

Graph 3. Malaria Clinical Diagnosis vs RDT Confirmed Positive Malaria



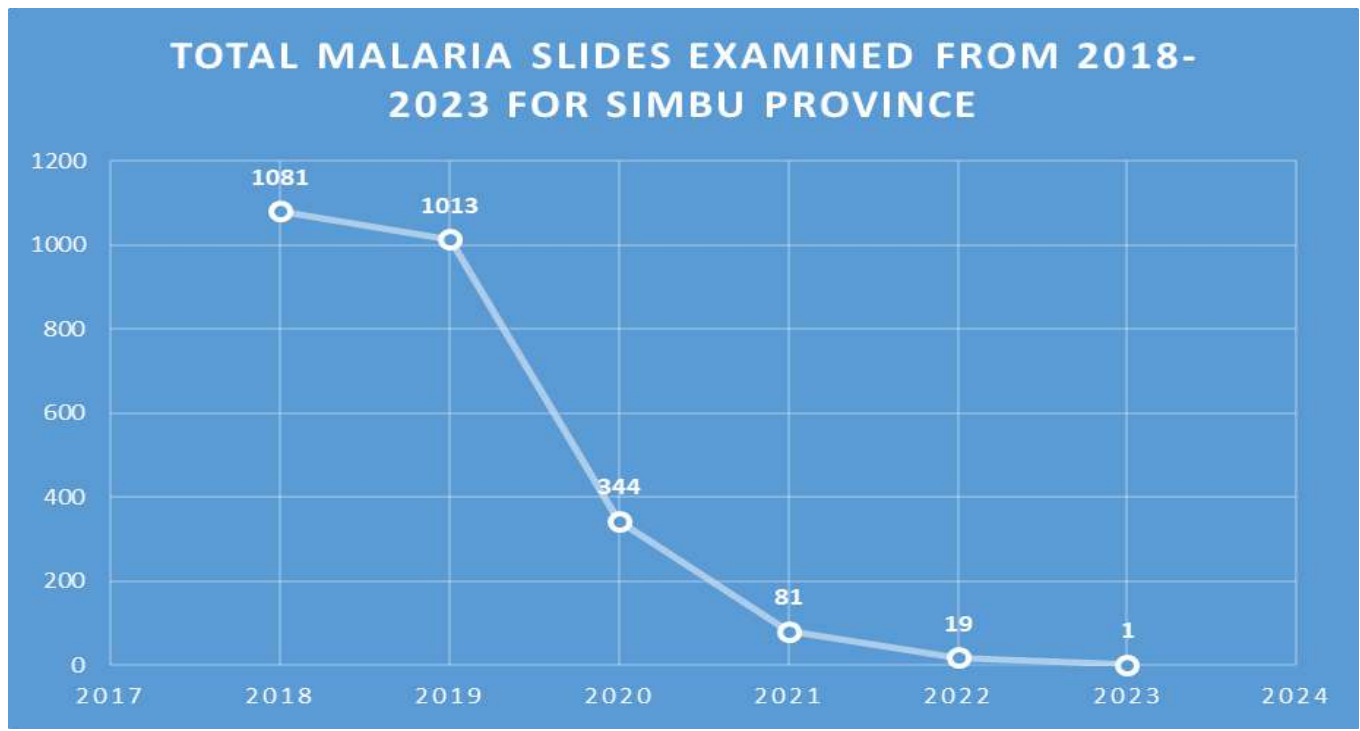
Source: e- NHIS Malaria Report

Graph 4. Clinical Malaria Deaths vs RDT Positive Deaths



Source: e-NHIS Malaria Report

Graph 5. Malaria Microscopy Data for Simbu Province.



Source: e-NHIS Malaria Report

Table 6. 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
Kundiawa-Gembogl	Goglme HC	6.02.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. No Clinical Malaria Diagnosis done. 	Administering 3 doses. Excellent registration.	Excellent updated and kept.	100%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts.
Kundiawa-Gembogl	Gembogl HC	6.02.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. No Clinical Malaria Diagnosis done. 	Administering 3 doses. Well done with its registration now unlike before.	OIC keeps on misplacing the MSSCs. Re-introduced in this visit.	100%	Stock take on SoH, re-introduced MSSCs & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kundiawa-Gembogl	Pari HSC	7.02.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. No Clinical Malaria Diagnosis done. 	Administering 3 doses. However, inconsistent in registration. Re-emphasized on registration.	Excellent updated and kept.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Kundiawa-Gembogl	Kangir HSC	7.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses. Well done with its registration.	Well kept, however, occasionally updated.	100%	Stock take on SoH, CQI training to a CHW & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kundiawa-Gembogl	Gaglмамam buno CHP	7.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Excellently done.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Chuave	Chuave HC	8.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •3 Clinical Malaria Diagnosis done. <p>Talked to HEO/OIC to inform other staffs to stop performing clinical diagnosis.</p>	Well done with 3 doses, however, inconsistent in registration. Advised ANC staffs to register all doses of fansidar in the A3 ANC register book.	Excellently done.	100%	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Sinasina Yongomugl	Niglгuma HSC	8.02.24	<ul style="list-style-type: none"> •e-NHIS tablet available. However, can't use it due to poor network coverage. Aging OIC •Using manual NHIS report form •January report submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses, however, not recording despite several trainings. Advised and showed the OIC on how to register.	Well kept, however, occasionally updated.	Very poor accountability in previous years. OIC was reluctant to receive new supplies due to no secured room to store the nets until this visit issued 1 bale. Stored in OIC's office.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Sinasina Yongomugl	Mai HSC	8.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Excellently done.	Well kept, however, occasionally updated. Previously, it was excellently done by the former OIC.	42 nets disappeared in OIC's office behind locked doors. Reported the matter to the Rural Health Coordinator(Sr. Eriкеve) for Catholic Health Services.	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kundiawa-Gembogl	Kundiawa U/Clinic	12.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Excellently done.	Well kept, however, occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kundiawa-Gembogl	Wandi HSC	12.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses. However, not registering because they use the old pink register book, hence, no space to register.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Kerowagi	Kendine HSC	14.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •3 Clinical Malaria Diagnosis done. <p>Talked to the OIC and staffs to stop performing clinical diagnosis.</p>	Excellently done.	Well kept, however, occasionally updated. Previously, it was excellently done by the former OIC.	5 nets unaccounted for. Poor accountability unlike with the former OIC.	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kerowagi	Magi COC HSC	14.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Excellently done.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Chuave	Monono HSC	15.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses. However, not registering because they use the old pink register book, hence, no space to register. Will issue a new ANC register book in Q2 visit for registration.	Excellently done.	100%	Stock take on SoH, CQI training done to a new N/O & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Chuave	Wangoi HC	15.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •3 Clinical Malaria Diagnosis done. <p>Talked to the OIC and staffs to stop performing clinical diagnosis.</p>	Administering 3 doses, however, inconsistent in registration.	Well kept, however, occasionally updating.	Poor accountability. Few nets missing in every visits. Warned staffs and MEO-SiPHA was informed.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Chuave	Yandime HSC	15.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses. However, not registering because they use the old pink register book, hence, no space to register. Will issue a new ANC register book in Q2 visit for registration.	Excellently done.	3 nets unaccounted for.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Chuave	Movi HSC	15.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Well done.	Well-kept and updated.	Few nets unaccounted for.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Chuave	Keperu HSC	15.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •1 Clinical Malaria Diagnosis done & reported. 	Administering 3 doses of Fansidar, however, not adhere to registration as no stable female staff to conduct ANC.	Well kept, however, occasionally updated. Trained another CHW again on how to update stock cards.	Few nets unaccounted for.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Gumine	Karigmarigl HSC	17.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report not yet submitted due to OIC not stable at the facility. •Advised OIC to submit Jan report. •No malaria Clinical diagnosis done as per HFMR book & daily tally sheets. 	Administering 3 doses of Fansidar, however, not adhere to registration. Trained OIC and staff again on how to register in the A3 ANC Register book.	Well kept, however, occasionally registered.	100%	Stock take on SoH, CQI training done to both OIC & the CHW & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kerowagi	Neregaima HSC	17.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis done. 	Administering 3 doses of Fansidar, however, need to register consistently.	Well-kept and updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Sinasina Yongomugl	Koge HC	19.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report not yet submitted. •No malaria Clinical diagnosis done as per HFMR book. 	Excellently done.	Misplaced stock cards. Re-introduced in this visit.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Sinasina Yongomugl	Segima HSC	19.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No malaria Clinical diagnosis done. 	Administered 3 doses, however, not registering as trained. Trained and showed the OIC-ANC on how to register in the A3 ANC Register book.	Well kept, however, occasionally updated.	Poor accountability. Few nets unaccounted for.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Gumine	Gomgale HSC	20.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •1 Clinical Malaria Diagnosis reported. 	Administered 3 doses, however, not registering due to still using the old pink register book. No space to record SP.	Initial stock cards misplaced. Will re-introduce in 2nd quarter.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Gumine	Gumine HC	20.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis reported. •OIC is not entering all malaria data, both RDT & MPS despite several reminders. 	Well done.	Well-kept but not updated regularly.	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

Kerowagi	Miunde HSC	21.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis reported. 	Administered 3 doses, however, not registering as trained. Trained and showed the OIC, ANC staffs and trainee nurses on how to register in the A3 ANC Register book.	Well-kept and updated.	3 nets unaccounted for.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kerowagi	Kup HSC	21.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis reported. •OIC is much improved on Malaria reports after the coach last year on malaria sections in the e-NHIS tablet. 	Administered 3 doses, however, not registering as trained. Trained and showed the OIC & ANC staffs on how to register in the A3 ANC Register book.	Excellently done.	8 nets unaccounted for.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kerowagi	Kerowagi HC	21.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •9 Clinical Malaria Diagnosis reported. 	Administered 3 doses, however, not registering as trained. Trained and showed the OIC & ANC staff on how to register.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kerowagi	Demange HSC	21.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report not yet submitted. •Advised OIC to submit Jan report. •No malaria Clinical diagnosis done as per HFMR book and daily tally sheets. 	Administered 3 doses, however, couldn't register due to the old pink register book.	Stock cards always misplaced by OIC. Dispensary is in mess. Re-introduced in this visit and warned OIC.	Poor accountability in the past. Re-issued a bale in this visit with clear instructions and warning.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kerowagi	Mingende HC	22.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •6 Clinical Malaria Diagnosis reported. 	Well done	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Kundiawa-Gembogl	SJN Kundiawa Gen Hospital	22.02.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report not yet submitted. •Stacks of reports yet to be entered. •Talked to OIC- Medical Records to delegate tasks to the other supporting staffs as a way forward to mitigate this issue. 	No ANC done in the Hospital. ANC is done at the Kundiawa Urban Clinic.	Excellently done.	Not applicable	Stock take on SoH & Replenished with malaria commodities. Checked on Medical Records & Lab
Kundiawa-Gembogl	Denglagu HSC	Not visited due to dismantled bridge.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January report submitted. •No Clinical Malaria Diagnosis reported. 	Excellently done.	Excellently done.	100%	Collected malaria commodities from RMC at the PHO

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

Kerowagi	Bogo HSC	Not visited due to landslide blocked off road.	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. 1 Clinical Malaria Diagnosis reported. 	Well done, however, non-compliance in registration.	Excellently done.	100%	Supplies to be collected from the PHO.
SaltNomane Karamui	Kilau HC	Not visited	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. 3 Clinical Malaria Diagnosis reported. 	Administer 3 doses of Fansidar. Need to register in ANC Register book.	Already introduced Medical Supply Stock Cards. Need to follow up and check on register.	Need to assess when visited.	Supplies to be collected from the PHO.
SaltNomane Karamui	Nomane HSC	Not visited	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. 3 Clinical Malaria Diagnosis reported. 	Administer 3 doses of Fansidar. Need to register in ANC Register book.	Not yet introduced.	Will assess through its monthly receipts submitted against the # of nets supplied as it is hard to reach facility.	Supplies to be collected from the PHO.
SaltNomane Karamui	Bomai HSC	Air accessible, not visited.	<ul style="list-style-type: none"> Using e-NHIS tablet. January report not yet submitted. 	Administer 3 doses of Fansidar.	Not yet introduced.	Will assess through its monthly receipts submitted against the # of nets supplied as it is air accessible facility..	Supplies to be consigned via Protocol Logistics from AMS-Hagen
SaltNomane Karamui	Negabo HSC	Air accessible, not visited.	<ul style="list-style-type: none"> Using e-NHIS tablet. January report not yet submitted. 	Administer 3 doses of Fansidar.	Not yet introduced.	Will assess through its monthly receipts submitted against the # of nets supplied as it is air accessible facility.	Supplies to be consigned via Protocol Logistics from AMS-Hagen
SaltNomane Karamui	Siigimaru/Karamui HC	Air accessible, not visited.	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. No Clinical Malaria Diagnosis reported. 	Administer 3 doses of Fansidar.	Not yet introduced.	Will assess through its monthly receipts submitted against the # of nets supplied as it is air accessible facility.	Supplies to be consigned via Protocol Logistics from AMS-Hagen
SaltNomane Karamui	Haia SC	Air accessible, not visited.	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. No Clinical Malaria Diagnosis reported. 	Administer 3 doses of Fansidar.	Not yet introduced.	Will assess through its monthly receipts submitted against the # of nets supplied as it is air accessible facility.	Supplies to be consigned via Protocol Logistics from AMS-Hagen

UPDATE ON VISIT TO SIR JOSEPH NOMBRI KUNDIAWA GENERAL HOSPITAL

• Pharmacy

- ✓ A well-organized pharmacy setting.
- ✓ Medical Supply Stock Cards is used for every drug including the malaria commodities and medical consumables.
- ✓ Medical Supply stock cards excellently updated and kept.
- ✓ All mRDTs, ACTs, Primaquine tablets and other antimalarials are well stored, managed and dispensed from the Pharmacy to other sections of the Hospital and patients too.
- ✓ No stock out of malaria commodities in this visit.
- ✓ A very good working relationship and communication with the OIC-Pharmacy and his staffs.

•Laboratory

- ✓ Is performing both RDT and Malaria Parasite Slides.
- ✓ Have enough supplies for both tests.
- ✓ Manpower is still an issue, hence, resolve to RDT than Malaria microscopy most times.
- ✓ Malaria data (both RDTs & MPS) for 2022, 2023 and January 2024 are still kept by the OIC-Lab.

✓ Several emphases have been made with regards to the data flow within the Hospital, then to the Provincial Health Information Officer and National Department of Health, however, nothing improved and keeps on deferring the submission of data to the Medical Records. She finally made mention that she will submit the data to the PHIO.

✓ Communication is going on between the RMC, PHIO and the Remote Sensing team regarding this outstanding malaria data and the way forward to mitigate this issue.

•Medical Records

✓ Shortage of man power is still an ongoing issue which slows down data collection from all entry points and sections of the hospital and even the entries are too much for the OIC. That is why most Hospital data are not completely captured in the e-NHIS report and so many monthly reports still pending submission.

One of the way forwards that was discussed with the OIC-Medical Records is to delegate tasks to the other supporting staffs to mitigate this issue.

✓ Continuous Quality Initiative Training is planned to be done in the 3rd quarter visit of this year.

UPDATE ON MALARIA MICROSCOPY TRAINING

•Due to the constant decline in Malaria Microscopy data over the years and other factors that surrounds this were noted during the RMC's quarterly visits and reported, hence, the Simbu PHA administration took into great consideration and took ownership by funding the training. The training was facilitated by the Officer in charge of Malaria from the Central Provincial Health Laboratory. A five-day training was held from the 4th of February to the 8th of February at White Kona Guest House in Kundiawa Town where 7 microscopists from all 6 Districts of Simbu attended, successfully completed and certified. Rotarian Against Malaria assisted in providing the Malaria T-shirts, caps, stationaries and a Malaria Program vehicle to use during the training.

The National Malaria Control Program, Rotarian Against Malaria and CPHL acknowledged and thanked the Simbu PHA for taking a great initiative to fund this needed training for the first time at the PHA level.

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.

✓ Many 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.

ACHIEVEMENTS

1. Malaria Microscopy Training funded by Simbu PHA and 7 microscopists successfully trained by CPHL and certified.
2. Constant declining in Malaria Clinical Diagnosis from 2018-2023. 50% decline in clinical diagnosis in 2023 compared to 2022.
3. Decline in positive malaria cases in 2023 compared to 2022 data.
4. No Clinical Malaria Death or even Confirmed Malaria Deaths reported in January 2024.
5. Visited >80%-100+% accessible health facilities from 2020 to 1st quarter of 2024.
6. Visited 2 health facilities which were once considered inaccessible due to very bad road condition.

7. Medical Supply Stock Cards introduced to all accessible health facilities and most are well maintained and updated.
8. Most Health Facilities are implementing and documenting Intermittent Preventative Treatment in Pregnancy in the A3 ANC Register Book.
9. Very good partnership with Simbu PHA.
10. Very good partnership with Catholic Health Services in Simbu. Management assisted the Malaria Program by allocating a driver for this visit.

KEY CHALLENGES

Health Facility Visits

- ✓ Landslides hindered visits to 2 health facilities.
- ✓ Unavailability of few OICs when visited. Unable to do full stock count on antimalarial as dispensary keys were taken away by OICs to town.
- ✓ 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

- ✓ Provincial Malaria Eradication Officer to actively visit each health facility on a monthly basis to collect RDT registers & ANC LLIN registers for data verification and reports due to most OICs fail to submit as they are currently reporting through the e-NHIS tablet.
- ✓ PMEO and Disease Control to take ownership of Malaria school survey program and implement it in the 2nd and 4th quarter of this year.
- ✓ PHIO to do monthly follow ups on malaria data from the Hospital.

RMC

- ✓ Continue CQI trainings
- ✓ Start bed net distribution to boarding institutions and prison camp in 2nd quarter visit if new supplies are received.
- ✓ Visit sites of trained Malaria Microscopists to make sure they perform and produce Malaria Microscopy data.
- ✓ Will deliver A3 ANC Register books to the 5 health facilities that are still using the old ANC Register books for registration of IPTP.

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. Simbu Provincial Health Authority Team.
4. The Catholic Health Services of Simbu for assisting the Malaria Program with a driver.
5. The Provincial Malaria Eradication Officer for Simbu PHA.
6. The 7 Malaria Microscopists who were trained and certified.
7. All the staffs of the 29 reporting Health Facilities of Simbu
8. The driver, Mr. John Gelua from Catholic Health Services-Simbu

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLLA – Regional Malaria Coordinator for Simbu Province.

FEW PHOTOGRAPHS OF QUARTER 1 VISIT:



A combine visit with Resident Dr. Gena to Neregaima HSC.



CQI training with OIC and staffs of Kendine HSC-Kerowagi District.



RMC, MEO, OIC and staff of Gaglmambuno CHP posing in front of the Health Facility after the visit.



CQI training to new OIC of Goglme HSC and staffs.



Malaria Microscopy training, practical session.



Malaria Microscopy training, viewing slides under microscope.