

Q1-2024 FIELD TRIP REPORT FOR WHP



Students from Pou Elementary School in WHP assembled to receive health education on Malaria and other vector borne diseases and rational explanations on the Malaria school survey program before the RMC and the health staff conducted the survey.

VISITING OFFICER: AGATHA GOLA (RMC)

ACCOMPANYING OFFICERS IN THE FIELD: Ms. SALOME MINAR (WH PROVINCIAL MALARIA SUPERVISOR)

DATE OF VISIT: 4th of April, 2024-25th of April, 2024

NIGHTS AWAY FROM THE OFFICE: 21 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, in which so many activities were coordinated and implemented at the PHA level. The visit started on the 4th of April, 2024 and ended on the 25th of April, 2024. Logistic preparations were done in Port Moresby and the Western Highlands PHA team were notified through the formal Provincial Notification Letter from the Program Manager of the National Malaria Control prior to travel into the Province.

While in the Province, briefing was done with the Director of Public Health and the Provincial Malaria Supervisor. The WH PHA allocated a vehicle for the Malaria Program so the visit was split between the RMC and PMS. The PMS used the PHA vehicle to visit a total of 12 health facilities while the balance of 26 health facilities was visited by the Regional Malaria Coordinator.

Coincidentally, the RAM LLIN distribution was due for WHP, hence, the WH Public Health Team were notified by both the RMC and the LLIN Team Leader. A successful briefing was held at the PHA Conference room on the 12th of April, 2024, with the presence of the Deputy Director Disease Control, Deputy Director Health Promotion, Provincial Malaria Supervisor, the Regional Malaria Coordinator and the RAM LLIN Team before the operation commenced.

Also, during this visit, a formal meeting was held between the Western Highlands Provincial Education Team, the RMC and the PMS at the Education Office with regards to the Malaria School Survey Program to be conducted in the Province. The Provincial Executive Manager agreed to the Program, hence the RMC with the assistance of 3 health staffs from the nearby Elementary schools conducted the survey. The survey was done in 4 Elementary Schools in which 3 are in Baiyer District and 1 in Hagen Central District. A total of 262 students were surveyed and none of them had positive malaria or splenomegaly.

The 3-week visit was hectic, however, all planned activities were successfully implemented without much inconvenience. With the hire car assistance from the LLIN officer, 3 health facilities in Dei District which is normally considered as a “no go zone” were visited.

BACKGROUND OF WESTERN HIGHLANDS PROVINCE

Western Highlands Province is one of the seven provinces of Highlands Region and is the largest of all. Its capital is Mount Hagen. The total population according to the 2011 National Census was 362 850, which is a densely populated Highland province compared to others. It covers an area of 4299 km².

Much of the land areas in Mul-Baiyer and Dei Districts are plain and the climate is warm.

Economy in the province is mainly generated through subsistence farming and Small-Medium Enterprises. General mindset of the inhabitants is business minded, self-reliant and goal oriented through perseverance.

Infrastructure is improving unlike before, however, some parts of Province still have deteriorating roads and bridges which hindered the health facility visits. Communication through mobile phones in few places in the province is difficult and unreachable due to poor network coverage. Unlike before due to the current political issues and infights in the province which pose a risk or prevent us from reaching the desired destination.

Tribal fights in the Dei district subsided, however, opportunists are still taking advantage of Government and NGOs' vehicles and car theft is still alarming in this particular District which prevented us from visiting all the health facilities in that district when using Malaria Program Vehicles. It is much safe to visit health facilities with Hire vehicle and local drivers.

Malaria incidence in the province strongly depends on the altitude. Places located in the low altitudes of 900m and below especially in the low plains of parts of Dei district (Ruty Valley & Ruina) and Mul-Baiyer district (Tinsley Valley) have a lot of positive malaria cases registered. These were found to be locally transmitted according to malaria registers as well as discussions made with staffs from the health facilities of these malarial zones. However, due to the climate change as a result of global warming, places situated at higher altitudes are also having malaria infections both locally and imported cases as evident in the Health Facility Malaria Registers.

The province consists of 4 districts namely; Mul-Baiyer, Dei, Mount Hagen and Tambul-Nebilyer District and has a total of 46 coded health facilities which all are accessible by road.

Fig 1. Shows the boundaries of 4 Districts for WH Province

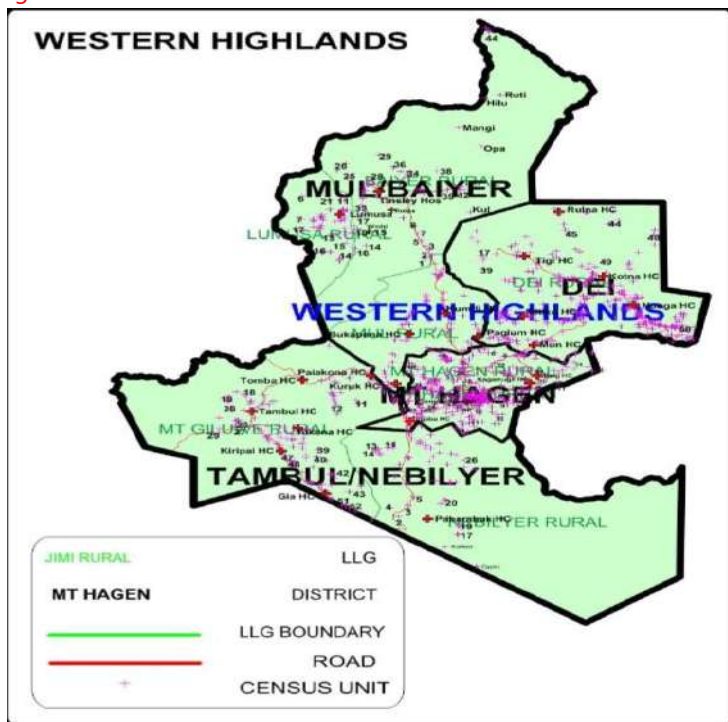
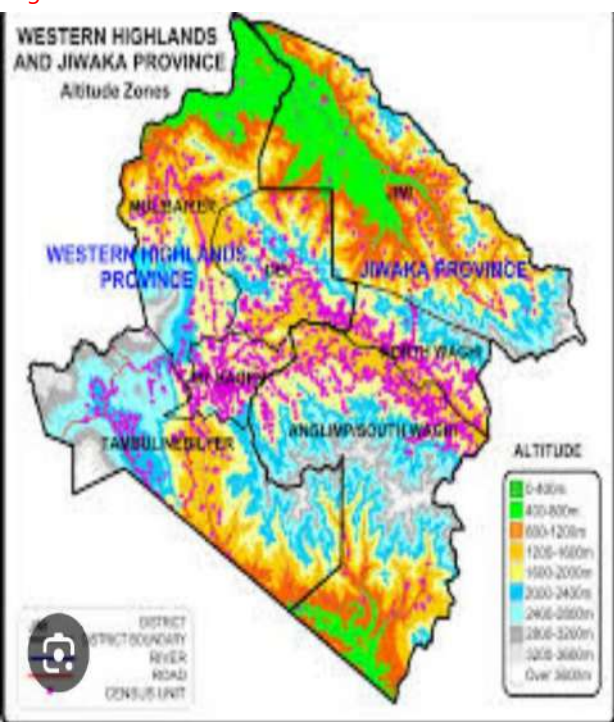


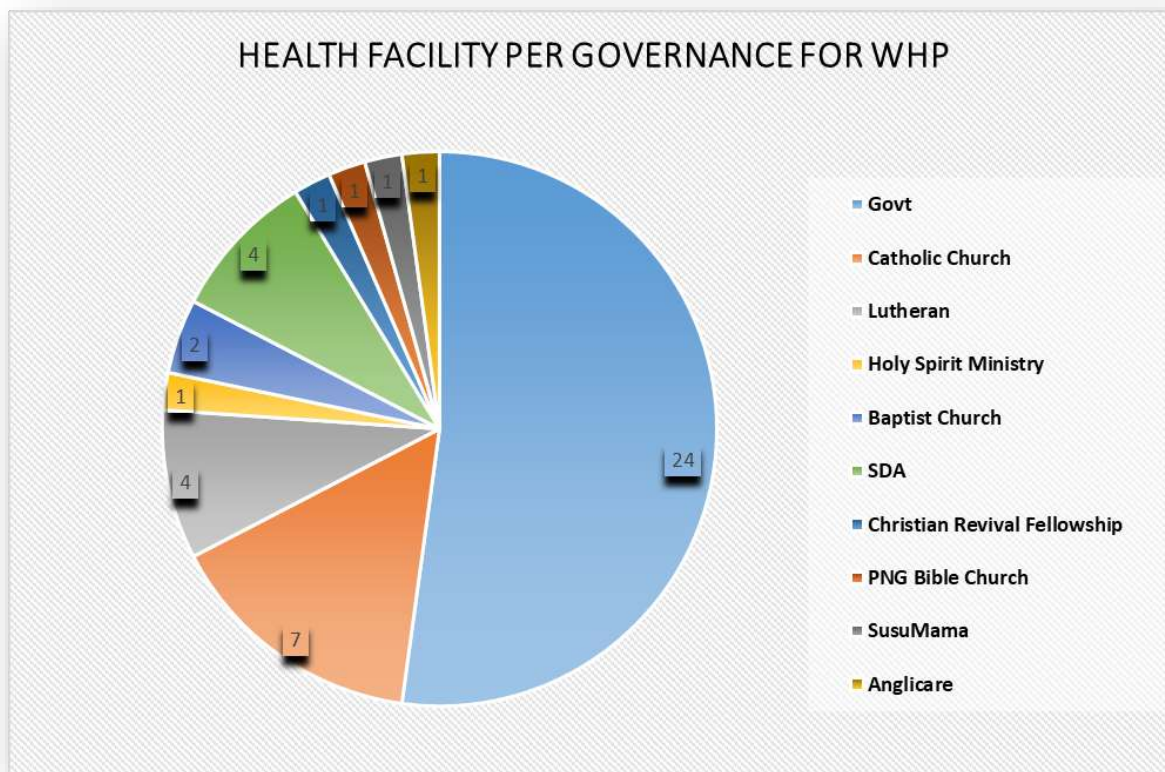
Fig 2. Shows the altitude zone for WHP.



HEALTH SERVICES IN WESTERN HIGHLANDS PROVINCE

Western Highlands Province has a total of 46 reporting health facilities. Of the 46 reporting health facilities and as per the District, Hagen Central has 12 reporting health facilities, Mul Baiyer has 15, Dei has 8 and Tambul Nebiliyer has 11. All these 46 health facilities are accessible by road. It is governed by both the Western Highlands Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 46 reporting health facilities as per the governance.



• **Government/Wester Highlands Provincial Health Authority**

The Government runs 52% (24 hfs) of the total reporting health facilities. These facilities are the Mt. Hagen General Hospital, Hagen Urban Clinic, Bukapena HC, Trolga HSC, Tambul HC, Alkena HSC, Paiakona HSC, Wakanom CHP, Kwinga CHP, Nengil CHP, Poi CHP, Nunga HSC, Pagli CHP, Kagamuga Urban Clinic, Tentenga HC, Baisu UC, Tipulga HSC, Atenga CHP, Tsinjipai CHP, Kombo CHP, Kanimerata CHP, Sanap CHP, Wagbel CHP and Ogelbeng CHP.

• **Catholic Health Services**

It is the second highest organization that runs 15%(7 hfs). The facilities under this are; Kuruk HSC, Kumdi HSC, Keripia HSC, Koibuga HSC, Rulna HSC, Mun HC and Rebiamul Urban Clinic.

• **Lutheran Health Services**

LHS runs 4 health facilities (9%) and they are Gia HSC, Kotna HC, Mukapeng CHP and Tiki HSC.

• **Seventh Day Adventist**

SDA also runs 4(9%) health facility and these are Togoba HC, Paglum HSC, Tomba HSC and Mitiku HSC.

• **Baptist Church**

Baptist Church runs 2(5%) health facility which are Tinsley HC and Laprambo CHP.

• **Holy Spirit Ministry**

This agency runs only 1(2%) health facility which is Bagl HSC.

• **Christian Revival Fellowship**

CRF also runs 1 health facility (2%) which is the Simbimale HSC in Baiyer District.

•PNG Bible Church

This agency also runs only 1(2%) facility which is the Pabarabuk HSC in Nebiliyer District.

•SusuMama Organization

This NGO runs only 1 clinic (2%) and that is SusuMama Urban Clinic in Hagen Town.

•Anglicare

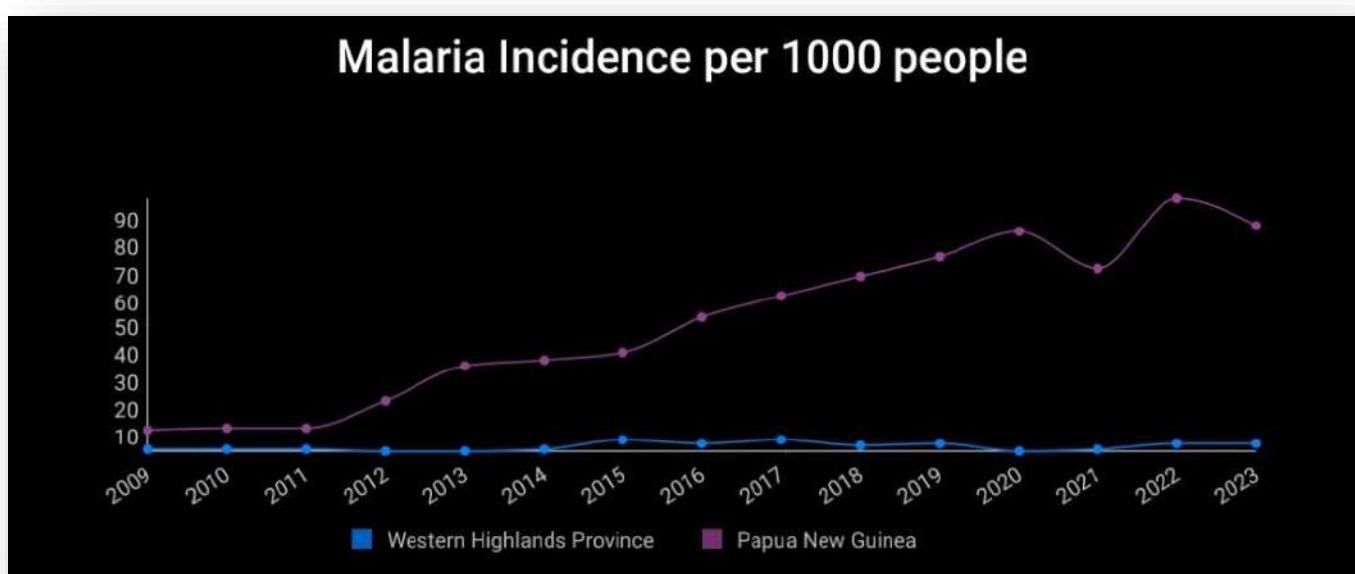
Anglicare also runs only 1 Clinic which is the Newtown Anglicare Urban Clinic.

AID POSTS

Western Highlands Province has 57 Aid Posts of which 7 are inactive while the 50 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.

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



Source: e-NHIS Western Highlands 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.
- conduct Malaria School survey program in Elementary schools in the Province.

Table 1. WESTERN HIGHLANDS PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Mr. Dannex Kupamu	Director of Public Health		
Mr. Petrus Kombea	Deputy Director Disease Control	79761336	petrus.kombea@whhs.gov.pg
Freda Pyanyo	Deputy Director Health Promotion	72997679	Fredah.pyanyo@whhs.gov.pg
Salome Minar	Provincial Malaria Supervisor	73849037	Salome.minar@whhs.gov.pg
Sr. Nelly Newman	Provincial Family Health Coordinator	74551951	

Table 2. TYPE OF TRANSPORT USED:

Vehicle	Malaria Program Vehicle	Airport Hire Vehicle
Vehicle Registration	LBT 568	BFN 933
Color	RAM Color, Blue Yellow	White
Type	Toyota Land Cruiser 10 seater	Toyota Land Cruiser 5 Door
Registration Validity	9.07.2024	
Safety Sticker Validity	27.08.2024	
Duration of use	17 Days	2 Days only
Driver	Mr. Dominic Pora	Mr. Maip Taro-Chauffeur Driver
Contact	73204135	74715946

Airport Hire Vehicle BFN 933, a Toyota Land Cruiser 5-door was used during the first 2 days while waiting for the Project Vehicle LBT 568 to be driven up from Goroka IMR where it was stationed. So, when the vehicle was brought up to Hagen, the Hire vehicle was ceased and the RMC continued with the Project Vehicle LBT 568 for the entire visit. The Project Vehicle was well kept and used all throughout the visit.

HIGHLIGHTS OF Q1- 2024 RMC's VISIT

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

Western Highlands has a total of 46 reporting health facilities. Of the 46, 3 were hard to reach due to the deteriorating road conditions, 2 were closed due to no staffs at the facility and 3 in Dei District were unable to visit due to the risk of vehicle theft. The balance of 38 health facilities was physically visited by the RMC and PMS.

Table 3. shows the summary of the visit.

	Qtr. 1
Total Reporting Health Facilities for WHP	46
Total Number Accessible	33
Total Number Reached	38
% Coverage (Accessible)	115.2
% Coverage (Total HFs)	82.6

2. Malaria Commodities for the 6 inaccessible Health Facilities:

Out of the 6, 2 already collected their supplies from the PHO and through the PHA integrated visits. OICs from the remaining 4 facilities were advised via phone to collect from the PHO.

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

Of the 38 accessible health facilities visited, 2 had stock out of mRDTs, 3 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 Western Highlands' health facilities in Quarter 1 visit.

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	1	10884 test kits	2460 blisters	19 900 tablets

5. ANC LLIN Update:

A total of 400 nets (8 bales) were distributed to few health facilities during this 1st quarter visit. The current balance is zero.

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

ROTARIANS AGAINST MALARIA
 PROVINCE: WESTERN HIGHLANDS
 LOCATION OF CONTAINER: KURUMUL-JIWAKA PHA OFFICE YARD
 OFFICER INCHARGE: AGATHA GOLA(RMC) & JOHN BAK(PMS)

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS	
11.12.23	WH PHA MALARIA	SALOME MINAR-PMS	AGATHA GOLA-RMC		50		50	Q4-23 Buffer stock kept in Malaria office-WHP	
30.01.24	HAGEN URBAN CLINIC	CATHY KARA MAKO-CHW	SALOME MINAR-PMS	40064		50	0	Issued by PMS	
05.04.24	WH PHA MALARIA FROM JIWAKA PHA	AGATHA G. & SALOME M.(PMS)	AGATHA GOLA-RMC	40065	350		350	Received 350 nets from the net storage container at Kurumul-JPHA	
05.04.24	HAGEN URBAN CLINIC	NR. CATHY KARA-CHW	AGATHA G.(RMC) & SALOME M(PMS)	40066		200	150	Issued by RMC & PMS.	
17.04.24	KAGAMUGA URBAN CLINIC	SR. MARGARETH JONAS-OIC	AGATHA G.(RMC) & SALOME M(PMS)	40067		50	100	Issued by RMC upon HF visit.	
17.04.24	ANGLICARE TOWN CLINIC	SR. ROSE ABA-OIC	AGATHA GOLA-RMC	40068		50	50	Issued by RMC upon HF visit.	
17.04.24	REBIAMUL URBAN CLINIC	EUNICE KAPEI-CHW	AGATHA GOLA-RMC	40069		50	0	Issued by RMC upon HF visit.	
							0		
	TOTAL NETS DELIVERED TO HEALTH FACILITIES					400	400	0	

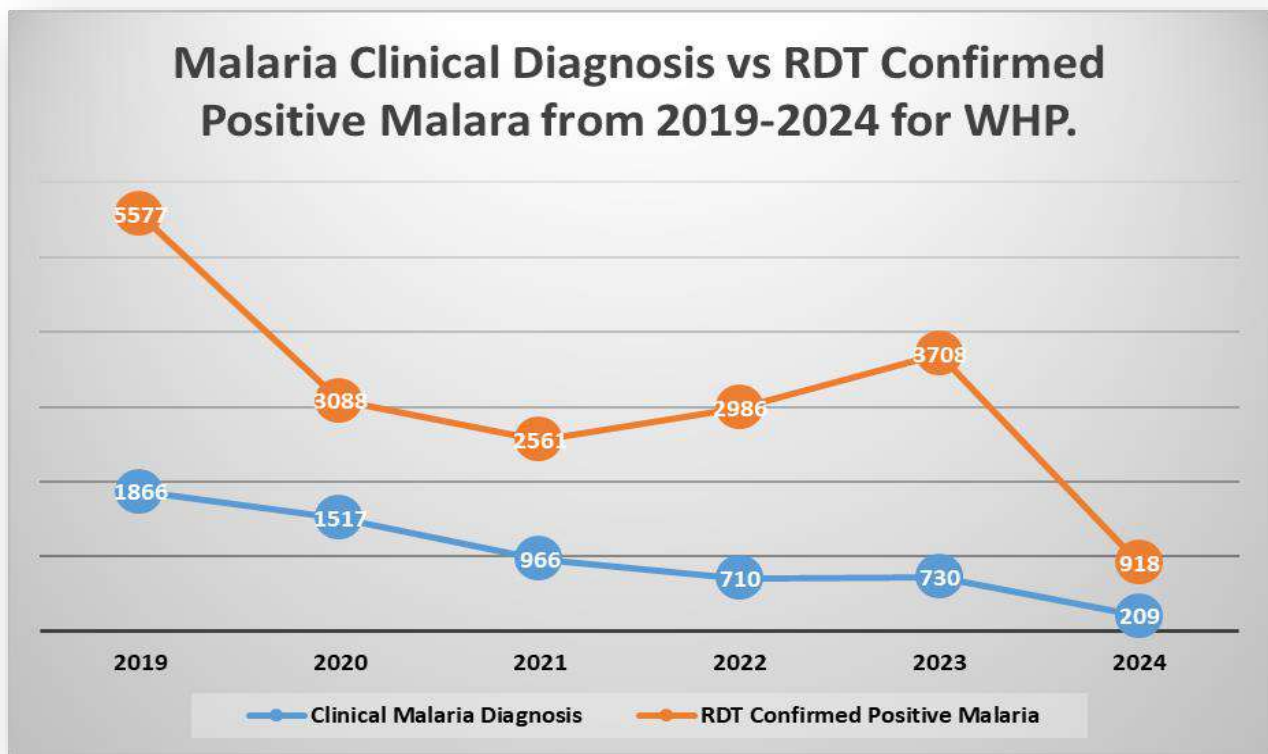
6. Malaria Stock Update

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).

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Buffer Stocks	3225 kits	271 blisters	571 blisters	361 blisters	1231 blisters	47100 tablets
Batch #	H006B003D	3E01046	A1APH005	B1APH017	B1APH009	210721
Exp Date	Jul-24	Dec-25	Mar-24	May-25	Oct-25	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	10125 kits	0 blisters	120 blisters	270 blisters	390 blisters	13000 tablets
Batch #	H006B003D		A1APH005	B1APH019	A1APH006	T35804
Exp Date	Jul-24		Mar-25	May-25	Aug-24	Oct-26

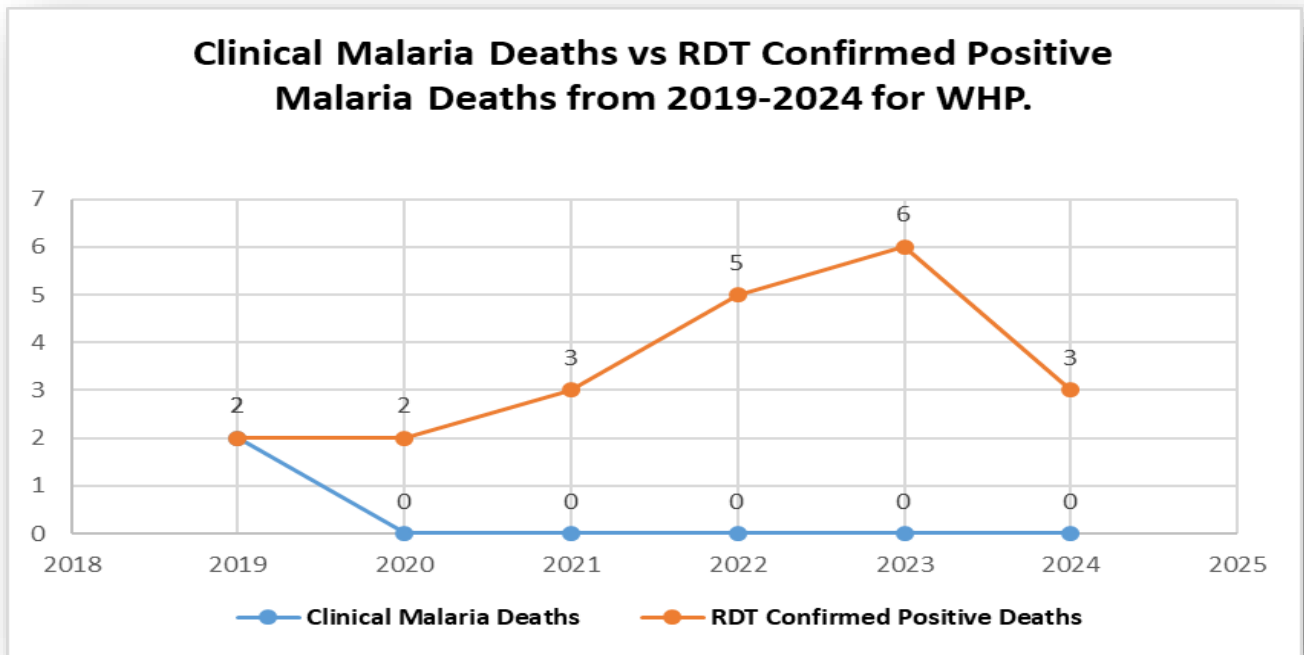
MALARIA DATA UPDATES:

Graph 3. Malaria Clinical Diagnosis vs RDT Confirmed Positive Malaria



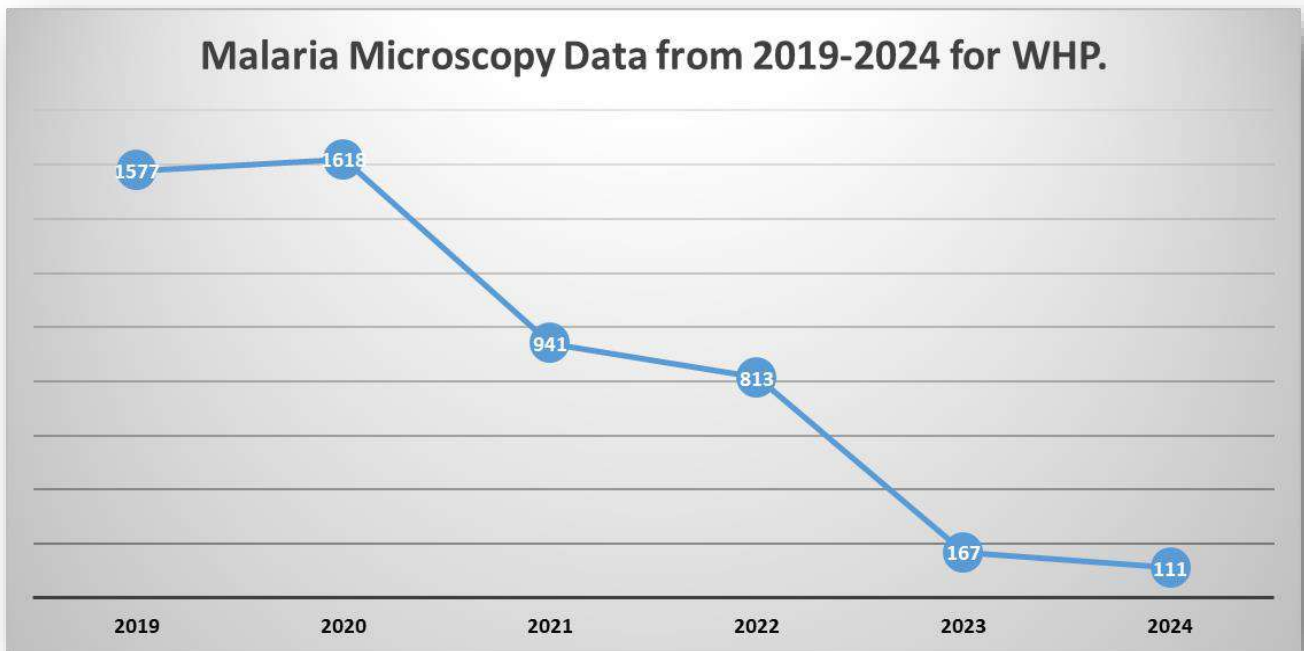
Source: e- NHIS Malaria Report

Graph 4. Clinical Malaria Deaths vs RDT Positive Deaths



Source: e-NHIS Malaria Report

Graph 5. Malaria Microscopy Data for Western Highlands 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
Hagen Central	Baisu Urban Clinic	8.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January-March reports submitted. •No Clinical Malaria Diagnosis done & reported. 	This clinic does not conduct Antenatal Clinic.	Well-kept and updated.	Not Applicable	Stock take on SoH, CQI training done to 2 staffs & Replenished with malaria commodities. Checked on HFMR book/receipts.
Mul Baiyer	Tinsley HC	9.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •5 Clinical Malaria Diagnosis done and reported. 	Implementing IPTP.	OIC Dispensary keeps and update. However, lately he updates it occasionally so when asked he said he has too much on hand so sometimes forgets.	100%	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Mul Baiyer	Atenga CHP	9.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February report submitted. March report pending •No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP.	Excellently updated and kept.	100%	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Mul Baiyer	Laprambo CHP	9.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. • January & February reports submitted. March report pending •No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP.	Well kept, however, occasionally updated.	100%	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Mul Baiyer	Kumdi HSC	9.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending •No Clinical Malaria Diagnosis done. 	Implementing IPTP.	Well-kept and updated.	100%	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Tambul Nebilyer	Tambul HC	9.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending •2 Clinical Malaria Diagnosis done and reported. 	3 doses administered and excellently updated.	Well-kept but occasionally updated.	100%	Stock take on SoH, CQI training done to 2 staffs & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registers.

Tambul Nebiliyer	Kiripia HSC	9.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet January & February reports submitted. March report pending No Clinical Malaria Diagnosis done/reported. 	Well done	Well kept, however, occasionally updated.	Very poor accountability. Warned the OIC to talk with the officer in charge of ANC to locate the missing nets.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registers.
Tambul Nebiliyer	Gia HC	9.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet January & February reports submitted. March report pending No Clinical Malaria Diagnosis done/reported. 	3 doses administered, however, inconsistent in registering.	Well- kept, however, occasionally updated. Trained 2 new staffs on how to update the medical supply stock cards.	100%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Tambul Nebiliyer	Alkena HSC	9.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet January & February reports submitted. March report pending No Clinical Malaria Diagnosis done/reported. 	3 doses administered. Registration not done because they're using the old pink register book and there's no space to record.	Well kept, however, occasionally updated.	90%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Mul Baiyer	Sanap CHP	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet January & February reports submitted. March report pending No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP.	Well-kept and updated.		Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Mul Baiyer	Poi CHP	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 3 Clinical Malaria Diagnosis done and reported. 	Excellently done.	Well done.	100%	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Dei District	Tiki HSC	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 1 Clinical Malaria Diagnosis done and reported. 	Implementing IPTP.	Well-kept but occasionally updated.		Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Mul Baiyer	Trolga HSC	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP.	Well-kept but occasionally updated	100%	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Tambul Nebilyer	Kombo CHP	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Administering 3 doses, however, inconsistent in registration. Re-emphasized to the upskilled Midwife on registration.	Well-kept and updated.	Poor accountability. Few nets missing.	Stock take on SoH, Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Tambul Nebilyer	Tomba HSC	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Excellent done.	Excellent done.	100%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Tambul Nebilyer	Tsinjipai CHP	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP. However, recording was not done because they're using the old pink register book, hence no space to record.	Well-kept but rarely updated	100%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Tambul Nebilyer	Paiakona HSC	10.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 2 Clinical Malaria Diagnosis done/reported. 	Well done.	Well-kept but occasionally updated.	100%	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Tambul Nebilyer	Pabrabuk HC	11.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	IPTP well done.	Well kept, however, occasionally updated.	100%	Stock take on SoH, CQI training done to HEO-OIC & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Mul Baiyer	Bukapena HC	11.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 1 Clinical Malaria Diagnosis done/reported. 	Implementing IPTP, however inconsistent in its registration.	Well kept, however, occasionally updated.	To be verified.	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Mul Baiyer	Nengil CHP	11.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	Well done	Well done	To be verified.	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Hagen Central	Bagl HSC	12.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	This particular HF needs a good and stable OIC and staffs to manage. Currently, a local final year Nursing student is mending the facility. Thus, reporting tools are not properly done.	Well kept, however, occasionally updated.	Poor accountability. Nets always stolen by staffs and blaming each other.	Stock take on SoH, CQI training done to the trainee Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Mul Baiyer	Kuruk HSC	15.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	Well done	Well done	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Hagen Central	Tentenga HSC	15.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	Not conducting ANC due to no female staffs as mentioned by OIC.	Well-kept but not updated regularly.	Not Applicable. No ANC done.	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts.
Mul Baiyer	Waknam CHP	15.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	Well done	Excellently done	100%	Stock take on SoH, CQI training done to the trainee Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Tambul Nebilyer	Togoba HC	16.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	Well done	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Tambul Nebilyer	Koibuga HSC	16.04.24	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •No Clinical Malaria Diagnosis done/reported. 	Well done	Well-kept but occasionally updated.	100%	Stock take on SoH, CQI training done to the trainee Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC

							LLIN receipts and IPTP registration.
Hagen Central	Kagamuga Urban Clinic	17.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. HFMR book and daily tally sheets.	Implementing IPTP, however registration not done so trained the OIC and staff on how to register.	Well done	100%	Stock take on SoH, CQI training done to the trainee Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Hagen Central	Rebiamul Urban Clinic	17.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Well done	Well done	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Hagen Central	Newtown Urban Clinic	17.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP, however, registration not done so trained the OIC on how to register.	Well-kept but occasionally updated due to swapping of Dispensary staffs so trained the current dispenser von how to update and maintaining MSSCards.	100%	Stock take on SoH, CQI training done to the OIC and dispenser Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Hagen Central	Hagen Urban Clinic	17.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & Februarys report submitted. March report pending Only conducting ANC. Not seeing Outpatient	Well done	Not Applicable	100%	Stock take on SP and Collected ANC LLIN receipts.
Mul Baiyer	Paglun HC	18.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 16 Clinical Malaria Diagnosis done/reported. 	Need to verify as it was visited by PMS.	Need to verify as it was visited by PMS.	To be verified.	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Hagen Central	Tipulga CHP	18.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 2 Clinical Malaria Diagnosis done/reported. 	Implementing IPTP. Need to check on IPTP registration in Q2 visit.	Well-kept but occasionally updated.	To be verified.	Visited by PMS. Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Dei District	Mukapeng CHP	18.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Administer 3 doses of Fansidar. However not registering so trained the OIC and the staff on how to register.	Well-kept but occasionally updated. Retrained the OIC and staff.	14 nets went missing in the locked box and the key is always kept by the OIC. He was guilty when questioned.	Stock take on SoH, CQI training done to the OIC and a Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Dei District	Kotna HC	18.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. 28 Clinical Malaria Diagnosis done/reported. 	Well done	Some stock cards misplaced so re-introduced.	100%	Stock take on SoH, CQI training done to the RLA, Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Hagen Central	Ogelbeng CHP	19.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP. However, need to assess its registration in Q2 visit as the ANC room was locked.	Well-kept but occasionally updated.	Need to assess in Q2 as the ANC room was locked.	Stock take on SoH, CQI training done to the OIC and a Nurse & Replenished with malaria commodities. Checked on HFMR book/receipts.
Hagen Central	Hagen Gen Hospital	19.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January report submitted. 2 reports pending submission. 38 Clinical Malaria Diagnosis done & reported. 	ANC is conducted in Hagen Urban Clinic.	Re-introduced Medical Supply Stock Cards in this visit.	Not Applicable.	Stock take on SoH, replenished with malaria commodities. Checked on HFMR book/receipts.
Hagen Central	Wagbel CHP	19.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP, however, registration was not done so trained staffs on how to register.	Well-kept but occasionally updated. Trained staffs on how to register.	Poor accountability. Few nets went missing.	Stock take on SoH, CQI training done to 3 staffs, Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration
Hagen Central	SusuMama Urban Clinic	19.04.24	<ul style="list-style-type: none"> Using e-NHIS tablet. January & February reports submitted. March report pending. No Clinical Malaria Diagnosis done/reported. 	Implementing IPTP. Need to check on its registration in Q2 visit.	Well-kept but not updated as they're not seeing outpatients due to funding shortage. Only conducting ANC.	To be assessed in Q2 visit.	Stock take on SoH. Unable to check on the ANC LLIN register book as it was locked away by the ANC staffs and key was taken home. I will check in Q2 visit.

Dei District	Nunga HSC	18.04.24	Health Facility locked. OIC took the key and went away.	Health Facility locked. OIC took the key and went away.	Health Facility locked. OIC took the key and went away.	Health Facility locked. OIC took the key and went away.	Made prior appointment via phone call and text message and visited at 3pm with the assistance from Hire vehicle which was used by RAM LLIN officer but the OIC locked the facility and went away. Several phone calls were made but to no avail so we returned.
Dei District	Mitiku HSC	Not visited due to Fighting zone. Malaria Program Vehicle was used in this visit so it is not allowed to drive in as vehicle theft is high in Dei.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & February reports submitted. March report pending. •3 Clinical Malaria Diagnosis done/reported. 	To be assessed	To be assessed	To be assessed	Drug Supplies were already collected at the PHO.
Dei District	Rulna HSC	Road access cut off by massive landslide. Inaccessible health facility.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & Feb reports submitted. March report pending submission. •No Clinical Malaria Diagnosis done/reported. 	To be assessed	To be assessed	To be assessed	Drug Supplies delivered by WH PHA staffs already.
Dei District	Mun HSC	Facility closed due to tribal fight.	Facility closed due to tribal fight.	Facility closed due to tribal fight.	Facility closed due to tribal fight.	Facility closed due to tribal fight.	Facility closed due to tribal fight.
Dei District	Pagli CHP	Not visited due to Fighting zone. Malaria Program Vehicle was used in this visit so it is not allowed to drive in as vehicle theft is high in Dei.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & Feb reports submitted. March report pending submission. •13 Clinical Malaria Diagnosis done/reported. 	To be assessed	No ANC LLIN issued.	No ANC LLIN issued.	Drug supplies to be collected by the HF OIC from the PHO.
Mul Baiyer	Simbimale HSC	Deteriorating road condition, unable to visit.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & Feb reports submitted. March report pending submission. •3 Clinical Malaria Diagnosis done/reported. 	To be assessed	To be assessed	To be assessed	Drug supplies to be collected by the HF OIC from the PHO.

Mul Baiyer	Kanimerata CHP	Deteriorating road condition, unable to visit.	<ul style="list-style-type: none"> •Using e-NHIS tablet. •January & Feb reports submitted. March report pending submission. •No Clinical Malaria Diagnosis done/reported. 	To be assessed	To be assessed	To be assessed	Drug supplies to be collected by the HF OIC from the PHO.
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UPDATE ON BRIEFING WITH THE DIRECTOR OF PUBLIC HEALTH AND PROVINCIAL MALARIA SUPERVISOR

RMC

- ✓ thanked the Director for the continuous support and partnership with RAM/NMCP for the Malaria Program.
- ✓ quick rundown on the current Q1 visit and schedules for Health Facilities.
- ✓ need for PHA’s assistance on vehicle and or fuel
- ✓ stressed on PHA to purchase Malaria Microscopy consumables/reagents for Laboratories in WHP
- ✓ update on RAM LLIN operation in WHP

Picture inserted is a pose after the briefing between the Director of Public Health, the RMC and PMS in the Director’s office.

Director of Public Health

- ✓ appreciate RAM’s support in the Malaria Program by improving Malaria indicators for the Province.
- ✓ appointed a PHA vehicle plus a driver for the Q1 visit and advised PMS to follow up on Fleet Manager for release which was successful and PMS used for the visits.
- ✓ strongly mentioned that he doesn’t want to see RAM LLIN officers with betel nut or stains in their mouth when they come into his office for briefing like last year. He stressed again for me to convey the message to the RAM LLIN team so I informed David Koi (LLIN Team Leader) and his team.

UPDATE ON MALARIA SCHOOL SURVEY



Picture inserted shows the meeting held in the WH Provincial Education Office between the RMC, Provincial Educationists and the PMS on the Malaria School Survey Program.

Successfully met with the WH Provincial Education Department, briefed them on the Malaria School Survey Program and was given the permission to implement. So, the survey was successfully conducted in 4 Elementary Schools in WHP by the RMC and a Health staff each from the nearby facility.

A total of 262 elementary students were surveyed in the 4 Elementary schools shown below;

1. **Antenga Elementary School**- 18 students were surveyed and none of them had positive Malaria or splenomegaly.
2. **Geg Elementary School**- 43 students were surveyed, none of them had positive Malaria or splenomegaly.
3. **Bapit Elementary School**- 28 students were surveyed by the OIC of Opa Aid Post in Ruti (High burden Malaria area), none of them turned positive or had splenomegaly.
4. **Pou Elementary School**-173 students were surveyed, all were negative, no positive or splenomegaly detected.



UPDATE ON VISIT TO MT HAGEN GENERAL HOSPITAL

• Pharmacy

- ✓ No **stock out** of malaria commodities in this visit.
- ✓ Medical Supply stock cards were filled and issued to the OIC-Pharmacy in 2021 but he refused to use with the reason of so many tasks on hand and shortage of man power. However, in this visit, it was re-introduced and trained 2 other pharmacists on updating and maintenance and they agreed to do.
- ✓ Most RDTs done are not recorded in the Health Facility Register Books due to too much work and shortage of man power as expressed by Health Care Workers.
- ✓ All mRDTs, ACTs, Primaquine tablets and other antimalarial are well stored, managed and dispensed from the Pharmacy to other sections of the Hospital and patients too.
- ✓ A very good working relationship and communication with the OIC-Pharmacy and his staffs.

•Public Health Laboratory

- ✓ Is performing both RDT and Malaria Parasite Slides.
- ✓ No **stock out** of mRDTs.
- ✓ Have enough supplies for both tests.
- ✓ Resolve to mRDT most times than MPS due to shortage of man power and the turnaround time for MPS as stated by the MLA.
- ✓ Most mRDTs and MPS are not entered at the Medical Records due to so much work. The only way forward is to request for a separate e NHIS tablet so that the RLAs and MLA can enter themselves from the Lab to capture all the data.

•Provincial Health Information Office

There was no visit to the PHIO's office in this visit as there were many activities done and no spare time available. However, the PHIO is well sensitized during past visits and she is supportive by collecting RDTs registers and ANC LLIN registers and deliver to the Malaria Office herself. More on that, she knows her job very well especially on data verification and validation before approving eNHIS monthly reports. We maintain a very good working relationship and she's always copied in the emails sent to WH PHA.

UPDATE ON MALARIA MICROSCOPY

•Malaria Microscopy Data constantly declining annually and becomes a concern as it remains the “ Gold standard” for laboratory confirmation. Observations and specific interrogation were carried out during the visit surrounding this issue and these are the reasons;

- ✓ Nil stock of giemsa stain at the Public Health Laboratory hindered RLAs/MLA to perform MPS till new stocks arrive,
- ✓ Resolve to mRDT most times than MPS due to **shortage of man power and the turnaround time for MPS** as stated by the MLA and RLAs in both Public and Church agencies run facilities,
- ✓ Church agency run facilities wait for their Management to purchase giemsa and consumables when they run out of stock so this prevent them from doing more MPS and
- ✓ some MPS data not fully entered at the Medical records, hence, does not reflect in the monthly reports. A Way forward to mitigate this issue is to liaise with the Remote Sensing Team to issue an additional tablet separately for the Public Health Laboratory to enter themselves.

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.
- ✓ 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 LLIN TEAM DOING DISTRIBUTIONS IN PARTS OF WHP



Picture inserted shows the meeting between the RMC, RAM LLIN Team and the WH PHA Team prior to LLIN Distribution in the Province.

It was a coincidence. The RAM LLIN team were also there during the visit for the LLIN distribution in Dei District and parts of Hagen Central.

Arrangement was made by RMC for the RAM LLIN Team, the RMC and the WH PHA team to meet and brief before the distribution. A successful meeting and briefing was held between the two partners in the PHA conference room. The purpose of the meeting was to brief the PHA team on the LLIN distribution in the Province. The PHA team welcomed the RAM team and expressed their appreciation and pledged to support the team in their distribution in any way they can and also expressed the need to be always involved and be part of the activities for sustainability purpose.

UPDATE ON WORLD MALARIA DAY'S CELEBRATION

The World Malaria Day was the 25th of April 2024. It was commemorated in style with the decoration of both PHA and RAM's vehicle conveyed in and around the Hagen city. Both staffs from WH PHA and RAM dressed in Malaria T-Shirts, caps and vests and awareness was done to the Public and in Prison Camp in Baisu and free malaria rapid diagnostic testing was done by PMS and other clinicians of PHA. The event was made possible by the WH PHA administration and RAM provided T-shirts, caps and pamphlets. It was a successful and peaceful event commemorated purposely to mark the day and to convey prevention messages and early detection and treatment to the Public.



ACHIEVEMENTS

1. WH PHA allocated vehicle and driver for Malaria Program in this visit
2. Constant declining in Malaria Clinical Diagnosis from 2020 till current
3. Decline in positive malaria cases in 2023 compared to 2022 data.
4. Zero Clinical Malaria Deaths from 2020 till current.
5. Visited >80% accessible health facilities in Q1 visit.
6. Visited 2 health facilities which were once considered inaccessible due to very bad road condition.
7. Visited 3 (2 successful and 1 was locked) Health Facilities in Dei District which is considered risky and 'no go zones' by the assistance from RAM LLIN officer with the Hire vehicle.
8. Most Health Facilities are implementing and documenting Intermittent Preventative Treatment in Pregnancy in the A3 ANC Register Book.
9. Very good partnership with Western Highlands PHA Team.
10. Successful arrangement and meeting with the RAM LLIN Team and the WH PHA Team before the LLIN distribution started.
11. Successfully conducted Malaria School Survey Program in 4 Elementary Schools. A total of 262 students were surveyed.
12. Celebrated World Malaria Day that was arranged by both WH PHA and RAM.

KEY CHALLENGES

Health Facility Visits

- ✓ Deteriorating road and bridge conditions in Baiyer District prevented visits to 2 health facilities.
- ✓ Risky to visit health facilities in Dei District due to tribal fights and car theft.
- ✓ Unavailability of OIC and facility closed when visited especially for Nunga HSC despite prior phone conversation and appointment made.
- ✓ Medical supply stock cards not updated in some facilities.
- ✓ Re-introduced Medical Supply stock cards to Health facilities which misplaced it.
- ✓ 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.
- ✓ Few health facilities have issues with accountability of Antenatal Long-Lasting Insecticidal Nets.

RECOMMENDATIONS

PHA

- ✓ Provincial Malaria Supervisor to actively visit each health facility at every opportunity to collect RDT registers & ANC LLIN registers for data verification and reports. Also collect registers from the PHIO's office and sort out for entries.
- ✓ WH PHA to continue provide support in terms of a vehicle and driver during the quarterly visits.
- ✓ PMS to assist the Medical Records officers in entering Malaria Data because most datas are not completely entered due to workload and shortage of manpower.

RMC

- ✓ Liaise with Geraldine and her Remote Sensing Team for an additional e NHIS tablet for the Public Health Laboratory.
- ✓ Continue CQI trainings
- ✓ Will deliver the revised A3 ANC Register books to Alkena CHP and Tsinjipai CHP as they're currently using the old pink register book, hence, unable to register the 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. Western Highlands Provincial Health Authority Team.
4. The RAM LLIN Team for assistance in visiting health facilities in Dei District with the Hire vehicle.
5. All the staffs of the 38 reporting Health Facilities of WHP
6. The driver, Mr. Dominic Pora for safe driving.

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLLA – Regional Malaria Coordinator for Western Highlands Province.

FEW PHOTOGRAPHS OF QUARTER 1 VISIT:



CQI training done to staffs of Baisu U/Clinic staffs & PMS



Coaching OIC of Baisu U/clinic on eNHIS tablet.



Issued a vest and a cap to the faithful Malaria focal officer in Ruti/Opa Aid Post to conduct Malaria School Survey.



RMC and PMS of WH PHA loaded ANC LLIN bales from the storage container at the Kurumul- Jiwaka PHA to be distributed during the Q1 visit in WHP.



CQI training to staff and trainee nurses at Koibuga HSC.



CQI training to the staffs of Wagbel CHP in WHP.