

**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
WESTERN PROVINCE**

QUARTER ONE FIELD TRIP REPORT



JANUARY 31ST – MARCH 24TH 2024

VISITING OFFICER:

- Denzel Polly – Western Malarial Coordinator – Western Province (RAM/NMCP– NDoH)

ACCOMPANY OFFICERS IN THE FIELD:

- Julie Sunakiya – HMM Officer – South Fly District
- Robert Embatepe – WPHA (PHIO) – South Fly District
- Joyleen Reken – HMM Officer – North Fly District
- Andy Uyai – Church Health Service Information Officer
- Junior Giniha – Malaria Officer – Middle Fly District Health

DATE OF VISIT:

- January 31st to February 16th 2024 – **South Fly District**
- February 17th to February 29th 2024 – **Middle Fly District**
- March 03rd to March 20th – **North Fly District**

PEOPLE MET WITH

- Dr. Mathias Bauri – Public Health Director – 70056293, Email; mathiasbauri@gmail.com
- Mr. Gabriel Kama – Provincial Disease Control Officer – 73108194, Email; gabrielkama1978@gmail.com
- Mr. Kelwyn Browne – PATH Provincial Health Support Advisor – WPHA, Email: kelwynbrowne@pathprogram.org
- Mr. Rody Ukin – North Fly District Health Manager – 79637816, Email: rody.ukin@gmail.com
- Mr. Negege Kekela – A/Kiunga Hospital Manager -72672841, Email: kekelagauba@gmail.com
- Mr. Pridick Edward – North Fly Environmental Officer – 70462996, Email: pridz.venip@gmail.com
- Mr. Aaron Bale – Australian Doctors International – 79250395, Email: aron.bale.@adi.org.au
- Mr. Gordon Mase – A/District Health Manager – 71611645
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ACTIVITIES DONE (routine activity)

1. Distribution of ACTs and RDTs
2. Conduct refresher trainings on the National Malaria Treatment Protocol to health facility staff
3. Ensure that staff are implementing the Single Dose administration of Primaquine in PF positive cases
4. Ensure that health facilities are reporting all RDTs/ ACTs in the health facility Malaria Register and are accounting for all ACTs/RDTs. Stock take of all ACTs and RDT kits in health facilities before supplying new stock
5. Ensure that health staff (OICs) are correctly filling out the Malaria section of the NHIS Monthly Reports in e-NHIS
6. Collect Antenatal LLIN Reports.
7. Restock Antenatal LLINs at health facilities that have shortages and supply LLIN nets to Prisons and Boarding Schools
8. Ensure staff are keeping an up to date record of their stock cards

DESCRIPTIONS OF HEALTH FACILITIES IN THE PROVINCE

Western province has a total of **42** facilities in the four districts of which **23** facilities are accessible, meaning they can be physically reached within two hours by vehicle and not more than four hours in a dinghy from PHA or district health offices. From the 42 HFs, 2 health facilities namely **Samari** and **Teapopo** are closed due to unavailability of staff at the health facilities.

With the new district created, **North Fly District (NFD)** now has **15 health facilities**, **Delta Fly District (DFD)** has **10 health facilities**, **Middle Fly District (MFD)** has **6 health facilities** and **South Fly District (SFD)** still have **11 health facilities**. However, the two new districts are still being regarded as only Middle Fly District.

From this trip, we visited the 10 HFs in North Fly, 1 HFs in Middle Fly, 4 HFs in South Fly District and 10 HFs in Delta Fly District. Essential.

One of the high lights of this trip is visiting Wawoi Fall HSC bordering Western and Southern Highlands for the first time. This was made possible with the assistance from the disciplinary forces on the ground who provided security during the visit.



Integrated visit with disciplinary forces to Wawoi Falls HSC bordering Western and SHP

Health facilities in all the districts of Western Province.

Table 1. Summary of the Health Facilities in the province, their accessibilities and the dates they were visited.

District	Health Facility	Agency	Accessibility	Accessibility	Date
South Fly	Daru Hospital	Government	Accessible	Road	05/02/24
South Fly	Daru UC	Government	Accessible	Road	05/02/24
South Fly	Kunini HSC	Government	Accessible	Water	10/02/24
South Fly	Mabudawan HC	Government	Accessible	Water	11/02/24
South Fly	Kibuli HSC	Government	Accessible	Water	11/02/24
South Fly	Suki HSC	Government	Inaccessible	Water/Air	Not visited
South Fly	Upiara HSC	ECPNG	Inaccessible	Water/Air	Not visited
South Fly	Samari HSC	Government	Accessible	Water	CLOSED
South Fly	Teapopo HSC	Government	Accessible	Water	CLOSED
South Fly	Wipim HC	Government	Inaccessible	Water/Air	Not visited
South Fly	Morehead HC	Government	Inaccessible	Water/Air	Not visited
Middle Fly	Wasua HSC	ECPNG	Inaccessible	Water	07/02/24
Middle Fly	Tapila HC	Government	Accessible	Water	07/02/24
Middle Fly	Adiba HSC	ECPNG	Accessible	Water	20/02/24
Middle Fly	Awaba HSC	ECPNG	Accessible	Water	20/02/24
Middle Fly	Kamusi Clinic	ECPNG	Inaccessible	Water or by Air	22/02/24
Middle Fly	Wawoi Falls SC	ECPNG	Inaccessible	Water, then by road or by air	22/02/24
Middle Fly	Emeti HC	ECPNG	Accessible	Water	24/02/24
Middle Fly	Mapodo HSC	ECPNG	Accessible	Water	24/02/24
Middle Fly	Balimo UC	Government	Accessible	Road	29/02/24
Middle Fly	Balimo Hospital	ECPNG	Accessible	Road	29/02/24
Middle Fly	Lake Murray HC	Government	Inaccessible	Water or by air	Not visited
Middle Fly	Obo HSC	ECPNG	Inaccessible	Water or by air	Not visited
Middle Fly	Bosset HC	Catholic	Inaccessible	Water	17/03/24
North Fly	Kiunga DH	Government	Accessible	Road	05/03/24
North Fly	MCM UC	Catholic	Accessible	Road	06/03/24
North Fly	Rumginae RH	ECPNG	Accessible	Road	06/03/24
North Fly	Haewenae HSC	ECPNG	Inaccessible	Road and by water	Not visited
North Fly	Matkomnai HSC	Catholic	Accessible	Road	07/03/24
North Fly	Dome HSC	ECPNG	Accessible	Road and by water	07/03/24
North Fly	Ningerum HC	Government	Accessible	Road	11/03/24
North Fly	Tarakbits HSC	Catholic	Accessible	Road and by water	12/03/24
North Fly	Kungim HSC	Catholic	Inaccessible	Road and by water	12/03/24
North Fly	Tabubil HP	Private	Accessible	Road	Not visited
North Fly	Tabubil UC	Private	Accessible	Road	Not visited
North Fly	Olsobip HC	Government	Inaccessible	Air	Not visited
North Fly	Golgobip HSC	Catholic	Inaccessible	Air	Not visited
North Fly	Nomad HC	Government	Inaccessible	Air	Not visited
North Fly	Mougulu HSC	ECPNG	Inaccessible	Air	Not visited
North Fly	Debepari HSC	ECPNG	Inaccessible	Air	Not visited
North Fly	Iowara HSC	Catholic	Inaccessible	Road and by water	Not visited
North Fly	Membok HSC	Catholic	Accessible	Air	16/03/24

Table 2. Shows the coverage rate for both accessible and overall facilities in Western Province.

Summary of Health Facility Visits	Quarter 1
Total number of HFs	42
Total number of functional HFs	40
Total Accessible Facilities	22
Total Inaccessible Facilities	18
Total Accessible Facilities Visited	20
Total Facilities Visited	25
% Coverage (Accessible)	91%
% Coverage (Total Facilities)	62.5%

The coverage rate is calculated based on the functional health facilities in the province. For this Q1 visit we were supposed to visit 22 functional HFs in the province and few inaccessible HFs, unfortunately we did not visit Tabubil Hospital and Tabubil Urban Clinic, consequently, the coverage rate was only 91% for accessible HFs and about 63% for the total coverage in the province.

From the coverage rate seen and because of Western Province being a water-logged area and geographically difficult province in terms of logistics, below is the list of HFs that were not visited because of their inaccessibility.

Table 3. Hard-To-Reach Facilities

No.	Health Facility	Q1 Supplies	Reasons for not conducting a single facility visit
1	Suki HSC	Their supplies were delivered through SDP AHP team from Balimo.	More than 10 hours of travelling by dinghy from PHA. Will consume a lot of fuel
2	Upiara HSC	Their supplies were delivered through SDP AHP team from Balimo.	More than 8 hours of travel and cannot only be reached if there is high tide as some passage along the way is very shallow. Will consume a lot of fuel
3	Wipim HC	Their supplies were delivered through SDP AHP team from Balimo.	Travel by dinghy from Daru to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
4	Morehead HC	Their supplies were delivered through SDP AHP team from Balimo.	Approximately 12 hours by dinghy and will use a lot of fuel.
5	Obo HSC	Their supplies were picked up by a staff who was in town during the visit.	Approximately 12 hours by dinghy and will use a lot of fuel.
6	Lake Murray HC	Their supplies were delivered through SDP AHP team from Balimo.	More than 12 hours by dinghy and will use a lot of fuel.
7	Iowara HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Travel by dinghy from Kiunga to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.

8	Golgobip HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Access only by air
9	Olsobip HC	Their supplies were stored in the district shed and will be delivered when there is a patrol team travelling to the facility	Access only by air
10	Nomad HC	Their supplies were delivered through SDP AHP team from Balimo.	Access only by air
11	Mougulu HSC	Their supplies were consigned through MAF in Kiunga. They were also delivered some supplies through SDP from Balimo	Access only by air
12	Debepari HSC	Their supplies were delivered through SDP AHP team from Balimo.	Access only by air

MALARIA COMMODITIES SUPPLIED

All of the above commodities were supplies under both National Department of Health and Global Fund. No Primaquine tablets were not supplied in this first quarter visit and also as of this year, all Primaquine tablets will now be supplied by the National Department of Health (NDoH).

Long Lasting Insecticide Nets (Antenatal and Positive Patients Nets)

Table 4. Table showing the number of nets distributed in Q1 to HFs in the province

DISTRICT	HEALTH FACILITY	JAN	FEB	MAR
MIDDLE FLY	AWABA SC	0	50	0
MIDDLE FLY	BOSSET SC	0	0	100
MIDDLE FLY	EMETI HC	0	50	0
MIDDLE FLY	KAMUSI CLINIC	0	50	0
MIDDLE FLY	MAPODO SC	100	0	0
MIDDLE FLY	WASUA SC	0	100	0
MIDDLE FLY	WAWOIL SC	0	50	0
MIDDLE FLY	ADIBA SC	0	50	0
NORTH FLY	DOME SC	0	0	50
NORTH FLY	KIUNGA HP	100	150	250
NORTH FLY	KIUNGA CATHOLIC UC	300	100	200
NORTH FLY	KUNGIM SC	0	0	100
NORTH FLY	MATKOMNAI SC	0	0	200
NORTH FLY	MOUGULU SC	0	20	0
NORTH FLY	NINGERUM HC	0	50	0
NORTH FLY	RUMGINAE HC	100	100	200
NORTH FLY	TABUBIL (OTML LTD)	300	0	0
NORTH FLY	TARAKBITS SC	0	0	100
SOUTH FLY	DARU UC	0	200	0
SOUTH FLY	MABUDAWAN HC	0	200	0
NORTH FLY	SENERAI AID POST	0	0	50
TOTAL NETS DELIVERED TO HCs		900	1,170	1,250

In Western Province, we are distributing nets for both pregnant mothers and malaria positive patients. Below is the table showing the number of nets distributed to each health facility. The nets were supplied according to the stock on hand thus some facilities were not given nets during this visit. Most health facilities that were not given nets are the inaccessible HFs in the **fly in areas**.

Rapid Diagnostic Test (RDT) Kits, Arthermeter Combined Treatments (ACTs) and Primaquine (PQ)

Table 4. Showing the quantity of malaria commodities supplied to Western Province for this first quarter visit

Commodity	Quantity (Boxes)
Rapid Diagnostic Test Kits (RDT)	1931 x 25
ACT 6	106 x 30
ACT 12	150 x 30
ACT 18	129 x 30
ACT 24	318 x 30
Primaquine (13.2mg)	0

QUARTER ONE HEALTH FACILITY VISIT

Findings and Observations

Health Facility	RDT/ACT Stock Management	Treatment	LLINs	Reports
Daru Hospital	Have a well-established dispensary and kept updated stock card	Had a training with OPS, MR and Hospital Pharmacist in Q1. OPD	NO ANC Service. Supply malaria positive patient nets. Receipts not updated	Timely reporting and they have improved with the malaria data in the tablets
Daru UC	Supplies kept in the main Dispensary stock cards available but not updated.	Did a training with the staff in Q1.	Have adequate supplies and serves all Daru Island Supply positive patient nets. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Mabudawan HC	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Kunini HSC	Dispensary not in order, have stock cards but not updated	Requesting further training	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Kibuli HSC	Have adequate supplies .However, stock card not maintained	Staff aware of the Malaria Treatment Protocol	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Tapila HC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Wasua HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Adiba HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet

Awaba HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo UC	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo R Hospital	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Mapodo HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Emeti HC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Kamusi Clinic	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	
Wawoi Falls HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Kiunga Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
MCM UC	Have a well-established dispensary. Stock card not updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Rumginae R Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Dome HSC	Have a well-established dispensary. Stock card not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Matkomnai HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Ningerum HC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol but need further refresher	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Tarakbits HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Kungim HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets

Membok HSC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Bosset HC	Have a well-established dispensary however, stock card is not maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets

From the 25 health facilities that were physically visited, we are still having some issues with these following areas:

Stock Management

Of these 25 HFs visited, only 10 HFs have an updated stock up and are maintained. All the other HFs do have the stock cards but did not update them and maintained the stock cards. However, there was no reported stock out of anti-malarial in the province



National Health Information Systems Reporting

All HFs visited have consistently submitted their reports for the first two months since every HFs were submitting through eNHIS after being issued tables as report tools. Only issues found was that, some facilities only had one officer who was taught on how to use the tablet, some aging staff were not properly trained or not confident to enter results in the tablets and others entered some data in the wrong fields.

These issues were addressed by hands on training with the staff at the facilities with the assistance from WPHA PHIO, Robert Embatepe in South Fly District and the RMC at the other two districts



Figure 1. PHIO going through the tablet with staff at Wasua HSC during visit

Malaria Prophylaxis in Pregnant Women

As for Intermittent Preventive Treatment for Pregnant women (IPTp), all health facilities have been administering fansidar to pregnant women for prophylaxis.

For monitoring purposes of prophylaxis in pregnant woman, in Western Province we have bought and distributed school exercise books to health facilities and the staff are keeping records of pregnant women for follow ups and to fully complete their doses of fansidars in all trimesters.

Currently, the practice was only rolled out in the Delta Fly District with the emphasis to do the same in the other districts this quarter.

The image shows an open exercise book with two pages of handwritten records. The pages contain columns for names, dates, and other data, used for monitoring malaria prophylaxis in pregnant women. The handwriting is in blue ink on lined paper. The left page has columns for 'Name', 'Year', 'Sex', 'District', 'Malaria', 'Date', and 'Status'. The right page has columns for 'Name', 'Address', 'Sex', 'District', 'Malaria', 'Date', and 'Status'. The records are organized in a table format across both pages.

Figure 2. An example of the monitoring of prophylaxis in Pregnant Women in an exercise book

LLINS for ANC and Malaria Positive Patients

During the visit, all the HF's were distributed LLINs for both pregnant mothers and malaria positive patients. Rumginae RH, MCM UC and Kiunga Hospital in North Fly District have a lot of positive cases in the first quarter, thus, a lot of nets were issued to those facilities so a lot of those net were accounted for. Consequently, we need supplies of LLINs to be consigned to North Fly District.

However, unaccountability of LLINs is still an issue at few health facilities who tend to submit ANC registers of fewer nets issued and nets are not being accounted for.

Malaria Microscopy

Western Province has 6 active Malaria Microscopy sites namely; **Tabubil Hospital, Kiunga Hospital, Rumginae ECPNG Hospital, Matkomnai HSC** in the North Fly District, **Daru Hospital** and **Mabudawan HC** in South Fly District with **Balimo ECPNG Hospital** in Delta Fly District.

However, when visited Daru Hospital and Mabudawan in SFD were not doing malaria microscopy as they were doing only RDTs while in NFD, Rumginae Rural Hospital and Matkomnai reported that they are not doing microscopy since they do not have Giemsa Stain. Balimo Hospital in Balimo, reported electricity as an issue. From these 6 active sites, only Tabubil Hospital and Kiunga Hospital is doing microscopy but only upon request.

On the Job Training

During this visit we did few on the job training with staff from Daru UC and Daru Hospital OPD staff, Dispensary staff and Medical Records team in SFD. In Middle Fly District, we trained staff at Wawoi Fall HSC as this was our first visit to the facility and Wasua HSC who requested a refresher training again.

Up in the North Fly District, we did refresher training with Tarakbits and Kungim HSCs for the new officers on board.



Figure 3. Refresher training with Daru UC staff

PARTNERSHIP UPDATES

Papua New Guinea Sustainable Development Project (PNGSDP)

Through our good working relationship with, PNGSDP, their Aerial Health Patrol team has once again assisted with the delivery of RDTs, ACTS and LLINs to all the inaccessible HFs namely Morehead, Suki, Wipim, Nomad, Debeperi HSC, Mougulu and Wawoi Falls during their schedule patrols to those facilities.

The LLINs that they distributed were for both pregnant mothers and malaria positive patients. PNGSDP with their Aerial Health Patrol Program has being of paramount assistance with the delivery of antimalarial and ANC nets.

The SDP Aerial Health team requested a training from RAM, which we did in Balimo on Sunday 18th February with their HEO team and Managers



Figure 2. SDP staff assisting with the delivery of supplies to inaccessible HFs

World Vision (WV)

World Vision has assisted the program with the delivery of nets to health facilities upon requests for assistance through their logistics especially their dinghies in South and Middle Fly districts

PNG- Australia Transition to Health (PATH Program)

PNG- Australia Transition to Health (PATH) has been really helpful with our malaria program in South Fly District with the assistance of vehicle to do our visits in Daru Island as well as providing fuel for our HMM program during the CMV Training.

Australian Doctors International (ADI)

We have created a good working relationship with The Australian Doctors International Organization in Kiunga, North Fly District under the management of Mr. Aron Bale their Program Manage. They are currently assisting the program with their storage area where we are storing our LLINs and distributing to health facilities upon requests.



Figure 3. ADI Program Manager Mr. Bale delivering nets to MCM UC

Marie Stopes

We had a meeting with Marie Stopes, Kiunga, in which they made suggestions to assist with the distribution of LLINs to pregnant mothers during their patrols to villages as well malaria positive patients. Moreover, they were supplied nets for their patrol as well as register books for records.



Figure 4. Supplying nets to partners Marie Stopes, Kiunga

HOME-BASED MANAGEMENT OF MALARIA (HMM) PROGRAM

The HMM Program for Western Province is now active in two districts namely South and North since the recruitment of a new HMM Officer, **Joyleen Reken** in Kiunga for North Fly District.

In South Fly District, the HMM officer did one Supervisory visit in quarter one and in North Fly District, we had an induction and Orientation with the new officer and did one integrated visit together with the officer five health facilities and one refresher training in Kiunga Hospital.

Although there are no HMM officers in Delta Fly District, the CMVs are faithfully doing their work and submitting to the nearest reporting facility. The HMM program in South Fly District has been greatly supported by the WPHA and PATH organization in terms of logistics during visits and training. Below is evidence of CMV activities in Delta Fly District.



Figure 5. Junior Giniha from MFD health going through CMVs reports

MALARIA SCHOOL SURVEY (MSS)

In this first quarter one (1) visit, we did two malaria school surveys only in Middle Fly District. A total of 179 students were tested for malaria and spleen. The results indicated that none of the elementary school students were positive for malaria (all negative results) and none of the students checked had enlarged spleen.



Figure 6. Giving awareness to students before conducting Malaria School Survey

KEY CHALLENGES (on going issue)

- No Provincial Malaria Supervisor in the province nor malaria district officers in the district to coordinate malaria program in the respective districts
- Logistic issues; no program vehicles and dinghies in the three districts. Mostly assisted by partners.
- Other anti-malarial brought into the province and are being sold in shops
- Staff in some facilities still not abiding with the National Malaria Treatment Protocol.
- Some OICs or staff designated to enter data in the tablets are still not fully trained to use the tablet when reporting through eNHIS because some sections are not completed.
- Health facilities still not accountable for the ANC nets supplied but are requesting nets and reporting stock out of ANC nets.
- Inaccessible health facilities that are accessible only by planes cannot be reached as the planes to those areas are only chartered and no regular flights
- Weather and geographical impediments still is a big challenge which often hinder program activities in the province



Figure 9. One of the malaria commodities found in shops

RECOMMENDATIONS

Western Provincial Health Authority (WPHA) to monitor and regulate policies to people selling malaria commodities in the province

- Since there is **no Provincial Malaria Supervisor in the province, more responsibility to be given to HMM officers on the ground to coordinate malaria programs in each district**
- OICs or person in charge of ANC nets to do monthly stock take of nets against registers as to ensure there is **accountability** in the issuing of nets and drugs at provincial level as well as at facility level
- OICs in facilities to assign officer to be in charge of dispensary so stock cards can be maintained effectively
- Although health facility monthly report is submitted on time, PHIO needs to ensure the data submitted is quality data because some HF's are submitting false information. E.g., Rumginae HC reporting stock out for few months when actually they have supplies of ACTs but have nothing of a single weight band.
- The functional laboratories in the province need to consistently participate in the External Quality Assessment with the Central Public Health Laboratory (CPHL) so the technicians can assess their microscopy performance
- Finally, we need to have Malaria Continuous Quality Improvement (CQI) refresher training on every aspect of malaria in the Province in this year per our discussions with the PHA in every district.

ACKNOWLEDGEMENTS

- The Western Provincial Health Authority in Daru
- PNG-Australia Transition to Health (PATH) –WPHA
- The North Fly District Health team in Kiunga
- Papua New Guinea Sustainable Development Program (PNGSDP)
- Australian Doctors International (ADI)
- World Vision (WV)
- The Evangelical Church of Papua New Guinea Health Services (ECPNG)
- The Catholic Christian Health Services in Kiunga (CCHS)
- The Middle Fly District Health team in Balimo
- RAM Logistics, Admin Staff and Accounts for the continuous support for visit to be successful.

QUARTER ONE VISIT IN PICTURES



Figure 7. Going through eNHIS with Kamusi Clinic staff



Figure 11. Faithful CMV from Aragi Village, Balimo



Figure 8. Meeting with Kiunga Hospital Manager and Medical Records team