



**NATIONAL MALARIA CONTROL PROGRAM  
ROTARIANS AGAINST MALARIA  
QUARTER TWO FIELD TRIP REPORT CENTRAL PROVINCE  
May 01<sup>st</sup> – May 21<sup>st</sup> 2024**



**QUARTER TWO FIELD TRIP REPORT**



**Provincial Malaria Supervisor : Sylvia Kapin**

**Destination : Central Province**

**Date Travelled : 01.05.24 – 21.05.24**

**Type of documents attached: GDNs, Acquittals, Vehicle Log, HF Checklist**

**Other RAM Officers:**

**Salome Yaot (HMMO Central)**

**Vellgie Ava (RMC Supervisor)**

**Bagu Bagu (Driver)**

**Accompanying Officer:**

- **Mr. Albert Adilla (MLA Kwikila, Rigo)**
- **Mr. Waffa Miri (CHW – Kupiano)**
- **Mr. Pana Rim (PDCO CPHA - Goilala)**

**Purpose of Travel: Q1 Health Facility Supervisory Visit, distribution of RDTs/ACTs & ANC LLIN**

**PEOPLE MET WITH OR INFORMED:**

Dr. William Lagani – Director Public Health Central PHA  
Mr. Anthony Mai – Provincial Elementary School Coordinator  
Mr. Leslie Saulmai – Kamali Head Teacher- Hula Cluster Chairman  
Mr. Pana Rim – PDCO CPHA  
Mrs. Wendy Dunstan – District Health Coordinator Kairuku  
Mr. Philip Vagi – District Health Coordinator Hiri-Koiari  
Mr. Villiwa Puana – Provincial Health Information Officer CPHA  
Ms. Grace Babone - Provincial Elementary Teachers Trainer Coordinator

**OBJECTIVE**

The purpose of this trip is to:

- Ensure availability of RDTs, ACTs, Primaquine, and ANC Nets in Health Facilities and all accounted for.
- Check Health Facility Malaria Registry/Antenatal Net Registers for data analysis
- Integrate Health Facility visit with HMMO field trip
- Follow-up on e-NHIS report at Facility level
- Onsite Refresher training for Health Workers
- Ensure proper management of stock by maintaining the usage of stock-cards
- Conduct Malaria Prevalence School Survey (Wet Season)
- Conduct Continuous Improvement Initiative Training in the Districts

**1. BACKGROUND INFORMATION OF CENTRAL PROVINCE**

The beautiful Central Province is located on the southern coast of the country and according to the National Population Estimate 2021 it has a total population of 362 768 and is 29, 500 square kilometres (11, 400sq mi) in size. The most populated District is where Malaria is most prevalent and has the highest consumption rate of Malaria Commodities. Kairuku-Hiri District surrounds Port Moresby and stretches from Gulf Province to Gaire Village, south east of Port Moresby. The inland areas in the Owen Stanley Range include the Sogeri Plateau and the area surrounding the Kokoda Track. The most disadvantaged communities are those living along the

Kokoda Track. The land surrounding these communities has poor agricultural potential and there is poor access to services. Goilala District is also at a disadvantage due to the geographical location. Supplies are sent through chartered aircrafts and occasionally by road, to Tapini Health Centre. Rigo and Abau District are accessible by road, and sea as well. Abau district is located in the south east of Central Province. It covers the coastal areas of west of Milne Bay and the mountains and valleys of the Owen Stanley Ranges. There is increased agricultural activities in the coastal plains, especially north of Kupiano, and incomes are from garden and sea food sales.

Located near the country's capital city, the people of Central Province should enjoy numerous advantages, like enhanced economic growth due to better access to trade, business opportunities, and government contracts. Superior infrastructure, such as roads and public transportation, supporting both residents and businesses. Proximity to the capital also offers increased employment opportunities, high-quality education and healthcare facilities, and a vibrant cultural scene. Political influence is more accessible, allowing for greater engagement in national affairs. Additionally, the area benefits from tourism spillover, technological advancements, and easy access to resources, contributing to its overall prosperity.

*The estimation of the total population uses a series of different datasets to calculate the population of an administrative area, and in Central Province that includes the Urban Structural Listing and Household Survey for the Long Lasting Insecticidal Net Distribution by RAM. The Population Estimate has a 3% margin of error at the national level.*

#### **National Statistical Office**

<b>District</b>	<b>LLG</b>	<b>Population</b>
<b>Abau</b>		<b>57,542</b>
	Amazon Bay Rural	13,464
	Aroma Rural	29,612
	Cloudy Bay Rural	14,466
<b>Goilala</b>		<b>56,798</b>
	Guari Rural	5,674
	Tapini Rural	19,087
	Woitape Rural	32,037
<b>Kairuku-Hiri</b>		<b>175,706</b>
	Hiri Rural	50,411
	Kairuku Rural	33,439
	Koiari Rural	32,043
	Kuni Rural	12,074
	Mekeo Rural	24,884
	Vanapa Brown Rural	22,402
<b>Rigo</b>		<b>72,722</b>
	Rigo Central Rural	22,402
	Rigo Coastal Rural	26,178
	Rigo East Rural	14,253
	Rigo North Rural	9889



**Map of Central Province-National Research Institute**

## **2. ACHIEVEMENTS**

- First Quarterly Visit by PMS without Supervision- Visited 24 Health Facilities and Supplied 29 Health Facilities
- There was no major stock out of RDTs, ACTs, PQ and ANC LLINs at all the Accessible Health Facilities
- Managed to complete 6 school surveys in three Districts, Kairuku, Rigo and Abau. One school survey done in the inaccessible District –Yongai, Goilala
- Communication through Whatsapp for resupply avoiding stock-outs for more than a week
- First organized-trip by CPHA with RAM to Yongai, Goilala District
- One Malaria Continuous Quality Initiative (CQI) Training done for Hiri-Koiari District with the presence of Mr. Puana (PHIO-CPHA). 10 Health Workers attended.
- Distributed a total of 2850 ANC LLINs to Health Facilities
- Distribution of 38 bicycles to Active Community Malaria Volunteers

## **3. SUMMARY OF SUPERVISORY VISIT**

This is the second quarter field trip report for Central Province in 2024. This visit commenced on the 01<sup>st</sup> of May in Hiri, Kairuku, Rigo then Abau District. From the 01<sup>st</sup>-3<sup>rd</sup> May, the Health Facilities under Hiri were visited. On the 06<sup>th</sup> May, the team travelled to Agevairu to commence Health Facility Visit for Kairuku District. Due to the weather and closure, Yule Island, Akufa and Waima was not visited but supplies sent. In Rigo, Kokorogolo and Boku was not physically visited but supplies sent. From quarter-one there was enough supplies provided for Iruna and Boru hence not visited this quarter, including Bam Clinic due to the road condition. A week after, CPHA Organized a trip to Goilala, in response to a suspected outbreak and stock-out in Yongai Sub-Health Centre.

**The Table shows the Accessible Health Facilities visited**

Health Facility Visit Summary					
DATE	Health Facility	District	Date	Health Facility	District
01.05.24	Papa	Hiri	08.05.24	Kanosia	Kairuku
01.05.24	Porebada	Hiri	09.05.24	Agevairu	Kairuku
02.05.24	PAU	Hiri-Koiari	09.05.24	Kuriva	Hiri-Koiari
02.05.24	Tubusereia	Hiri-Koiari	09.05.24	Doa	Hiri-Kairuku
02.05.24	Laloki Hosp.	Hiri-Koiari	14.05.24	Hula	Rigo
02.05.24	Goldie	Hiri-Koiari	15.05.24	Kwikila	Rigo
03.05.24	Sogeri	Hiri-Koiari	16.05.24	Kak SHC	Rigo
07.05.24	Kubuna	Kairuku	17.05.24	Boregaina	Rigo
07.05.24	Bakoiudu	Kairuku	18.05.24	Upulima	Abau
08.05.24	Inauaia	Kairuku	20.05.24	Moreguina	Abau
08.05.24	Bereina	Kairuku	20.05.24	Kupiano	Abau
08.05.24	Veifa'a	Kairuku	09.06.24	Yongai	Goilala

This shows above 80% coverage from both quarter 1 and 2.

	Qtr 1	Qtr 2
<b>Total number HFs</b>	42	41
Total Number Accessible	29	28
Total Number Reached	26	24
% Coverage (Accessible)	89.7	85.7
% Coverage (Total HFs)	61.9	58.5

#### 4. ANTENATAL LLINS REPORT

The distribution of ANC LLIN is ongoing, a total of 1500 Nets were distributed in the last quarter from 27<sup>th</sup> February- 27<sup>th</sup> March 2024. For the Second Quarter, Central received 1300 nets which is divided as 12-bales for Hiri-Kairuku, 8 bales for Rigo and 6 bales for Abau District. Upon the distribution, reports from Quarter-one distribution of nets been accounted for in the ANC Register are as follows for the following months March-May, a total of 1287 ANC LLIN accounted for from Q4 2023 – Q1 2024.

There are still issues of Health Staff not recording names in the ANC Register but only recording in the Health Facility A3 ANC Register. For every visit, staff are continuously reminded to record and account for all LLIN given during Ante-Natal Care, upon first visit.

Date	Health Centre	Person Receiving	Stock-in	Stock-out	Balance
05.04.24	Akufa	Sr. Celestine		100	50
02.05.24	PAU Clinic	Sr. Pala		50	50
06.05.24	Received from RAM	Sylvia Kapin	600		600
07.05.24	Bakoiudu	Raphael Emai		50	550
08.05.24	Inauaia	Marierose Efi		50	500
08.05.24	Veifa'a	Yvonne Imamoeva		50	450

09.05.24	Yule Island	Lawrence Beata		50	400
09.05.24	Agevairu	Mary Aiso		50	350
09.05.24	Kuriva	Aloysius Kenea		50	300
10.05.24	Akufa	Stanley Tumav		100	200
<b>14.05.24</b>	<b>Received from RAM</b>	<b>Sylvia Kapin</b>	<b>650</b>		<b>850</b>
14.05.24	Hula HC	Sonia Nitua		50	800
15.05.24	Kwikila HC	Albert Adila		150	650
17.05.24	Boku	Naba Moga		50	600
17.05.24	Kokorogoro	Lydia Asao		50	550
20.05.24	Moreguina HC	Joseph Tinz		100	450
20.05.24	Kupiano HC	Waffa Miri		150	300
20.05.24	Bam Clinic	Waffa Miri		50	250
18.05.24	Kwikila	Albert Adila		100	150
09.06.24	Yongai	Antoniette Ile		100	50
	<b>TOTAL NETS DELIVERED TO HF</b>				
				<b>2900</b>	<b>2850</b>
					<b>50</b>

### The ANC LLIN Accountability in the Central Province

<b>Previous Years</b>	<b>2024</b>					
	<b>January</b>	<b>Feb</b>	<b>Mar</b>	<b>April</b>	<b>May</b>	<b>Jun</b>
<b>580</b>	<b>197</b>	<b>277</b>	<b>317</b>	<b>425</b>	<b>137</b>	<b>49</b>

From the Table, it is clear the nets distributed-580 from previous year have been accounted for in the first and second quarter.

Due to workload, staff tend to forget to record and new staff attending, not aware that they have to record in both the Health Facility registry (A3 size) as well as the ANC LLIN registry (A4 size).

### **5. RDTS AND ACT SUPPLIES PROCURED REPORT**

For Central Province, the buffer stock from Quarter-one catered to the commencement of Quarter-two distribution before receiving the NDOH Procured-supply on the 06<sup>th</sup> May, 2024 from RAM Logistics Team.

*Pictured below is the Packing List – showing the three-month supply for Quarter-two distribution*



## PACKING LIST



DESTINATION: CENTRAL PROVINCE SHIPPER: RAM CONSIGNMENT/WAYBILL NO. \_\_\_\_\_  
 PACKAGING DATE: 12.03.2024 INVOICE NO. \_\_\_\_\_ ACTION OFFICER: ROBIN DATE: 17/04/2024

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON	TOTAL QUANTITY	TOTAL IN BASIC UNITS	BATCH #	EXPIRY DATE	WEIGHT PER CARTON (Kg)	TOTAL WEIGHT (Kg)	VOLUME PER CARTON (m <sup>3</sup> )	TOTAL VOLUME (m <sup>3</sup> )
1 TO 26	26	RDT	50	1300	39,000		Dec-25		0		0
27 TO 30	4	ACT 6	20	80	2,400		Jun-26		0		0
31 TO 33	3	ACT 18	24	72	2,160		Jun-26		0		0
34 TO 39	6	ACT 24	24	144	4,320		Nov-25		0		0
40 TO 42	3	PQ	400	1200	120,000	JMP-101	Nov-26		0		0
43	1	RDT	16	16	1,600	JMP-101	Nov-26		0		0
		ACT 18	14	14							
44	1	ACT 6	2	2							
		ACT 24	22	22							
45	1	PQ	306	306					0		0
<b>TOTAL</b>		<b>45</b>							<b>0</b>		<b>0</b>

TOTAL SUMMARY		ITEM	PACKETS	INDIVIDUAL UNITS	SOURCE (GF/GoPNG)
No. of Cartons	45	RDT	1316	test kits	
Weight (Kg)	0	ACT6	82	2,460 blister pkts	NDOH
Volume (m <sup>3</sup> )	0	ACT 12	NOT SUPPLIED	blister pkts	NDOH
		ACT18	86	2,580 blister pkts	NDOH
		ACT 24	166	4,980 blister pkts	NDOH
		PRIMAQUINE	1216	121,600 tablets	NDOH

### 6. DISTRIBUTION QUANTITY FOR EACH FACILITY

The table shows the quantity of ACTs/RDTs supplied to each Facilities and the dates supplied. There was a continuation of supply even after Q2 HF Visit and Distribution.

DATE	DESCRIPTION	RDT 40kits	ACT 6 30 blisters per box	ACT 12 30 blisters per box	ACT 18 30 blisters per box	ACT 24 30 blisters per box	PQ 7.5mg
01.05.24	POREBADA	15	0	1	0	1	0
02.05.24	GOLDIE	7	0	2	2	4	0
02.05.24	LALOKI	4	0	2	2	2	5
03.05.24	SOGERI	0	0	2	1	1	10
03.05.24	UPULIMA	10	0	2	3	0	7
06.05.24	SOGERI	0	0	1	0	1	0
07.05.24	KUBUNA	25	2	2	2	2	21
07.05.24	BAKO	0	1	1	1	0	0

08.05.24	INAUAIA	0	1	1	2	2	0
08.05.24	BEREINA	30	0	2	1	2	40
08.05.24	KANOSIA	30	2	2	2	2	15
09.05.24	YULE Island	24	1	1	1	2	15
09.05.24	AGEVAIRU	0	0	0	2	3	0
09.05.24	KURIVA	0	2	4	3	7	0
10.05.24	AKUFA	45	4	4	4	6	32
11.05.24	BROWN-KURIVA	2	0	0	0	2	0
14.05.24	HULA	5	1	0	1	0	0
15.05.24	KWIKILA	20	0	2	1	1	0
16.05.24	KWIKILA	3	0	0	0	0	0
16.05.24	KAK	0	1	1	0	0	0
17.05.24	BOREGAINA	10	1	1	1	2	10
17.05.24	KOKOROGORO	10	1	1	1	1	10
17.05.24	BOKU	10	1	1	1	1	15
17.05.24	DOROBISORO	11	1	1	1	1	15
18.05.24	UPULIMA	10	0	0	0	0	0
20.05.24	KUPIANO	40	2	2	2	3	36
24.05.24	AGEVAIRU	0	4	4	4	6	60
24.05.24	BEREINA	0	5	4	5	6	70
23.05.24	KURIVA	0	1	2	3	3	0
21.05.24	UPULIMA	10	2	1	1	2	15
20.05.24	BAM	7	1	1	1	1	15
20.05.24	MOREGUINA	20	2	3	1	5	0
27.05.24	SOGERI	0	0	0	0	24	0
31.05.24	KWIKILA	50	2	0	2	4	60
31.05.24	AKUFA	66	4	4	5	5	50
03.06.24	KURIVA	0	3		4	10	15
09.06.24	YONGAI	100	6	0	8	8	150
10.06.24	VEIFA	0	3	0	3	6	20
14.06.24	KURIVA	3	0	0	1	1	0
14.06.24	BEREINA	0	4	0	8	10	40
18.06.24	KANOSIA	4	2	0	3	3	40
20.06.24	TINNE, YONGAI	100	4	0	4	6	40
28.06.24	INAUAIA	10	2	0	0	6	20
28.06.24	KUBUNA	11	3	0	0	6	40

Despite poor reporting, delay and not maintaining Stock-cards at Facility level, there is still continuous supply of RDTs and ACTs to the Facility in-between quarterly visit ensuring that there is no stock-outs at Facility level.

## **7. SCHOOL PREVALANCE SURVEY**

The school survey was done in six schools, two from each District- Kairuku, Rigo and Abau. First survey is done in April during wet season and follow-up survey in October dry season. Due to clashing activities

during the month of April, and the survey not having a separate budget from the Quarterly-Visit budget, it was planned together with the Quarter-two visit hence the dates below.

District	Elementary School	Date	Total Students surveyed	Total Negatives	Total PF	Total NPF	Total mix	Total Positives	Positivity Rate	Treatment	Type of RDT used	Fever in the last 24hrs	Own a net in the family	Does not own a net in the family	Use a Net the night before	Enlarged spleen
Kairuku	Wama	10/05	58	50	4	2	2	8	13.8%	0	Biocredit	19	52	6	41	Nil
Kairuku	Kubuna	07/05	97	78	13	4	2	19	19.6%	19	Biocredit	10	96	1	93	Nil
Rigo	Kamali	15/05	111	111	0	0	0	0	0.0%	0	Biocredit	1	86	25	80	Nil
Rigo	Sivi Tatana	16/05	88	87	0	1	0	1	1.1%	1	Parascreen	0	58	30	56	Nil
Abau	Upulima	20/05	117	116	0	1	0	1	0.9%	1	Parascreen	9	113	4	111	Nil
Abau	New Town	20/05	130	130	0	0	0	0	0	0	Parascreen	0	94	36	94	Nil
Goilala	Yongai	11/06	171	154	13	2	2	17	9.9%	17	Biocredit	16	23	148	17	1

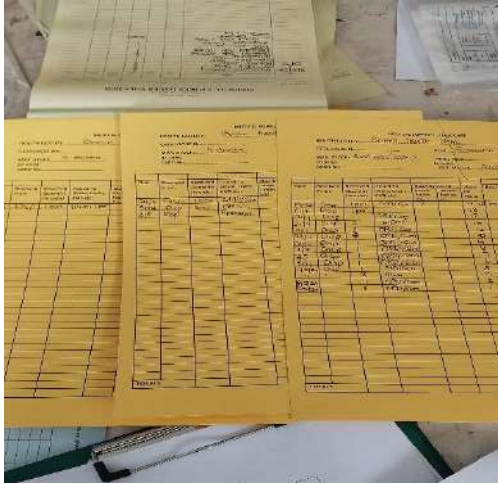
High prevalence of Malaria in Kairuku District thus very high consumption rate of Malaria Commodities. The survey identified high transmission of Plasmodium falciparum. For Kubuna Elementary, 90% of the students were present, hence the result proves local transmission and with the current weather, there is a major need for vector control in that area. For Wama Elementary, since it was a Friday, majority of the students were not present but from the result, definite representation of local transmission. The children tend to move with the Parents to and from town during pay week, so for an almost accurate representation of the positivity rate, the survey should be done mid-week and not on a Friday.

For the only school in Goilala District, despite the high altitude, result indicates local transmission, with a higher number of Plasmodium Falciparum cases. With the geographic challenge, all parties should ensure continuous supply of Malaria Commodities, avoiding stock-outs to control the number of cases. Compliance of treatment is also very important at this time.

## **8. STOCK CARDS REPORT**

All Facilities visited during this quarter have been introduced already on how to update the stock cards but are yet to maintain and update regularly. In Hiri – Sogeri HC is the only facility maintaining stock-cards of RDTs/ACTs and Primaquine which is under the care of CHW Kaiviti. For Kairuku – Doa has maintained stock cards and updated well for the whole Clinic, and Agevairu the stock cards are maintained by Sr. Mary Aisi and anti-malarials locked away in a closet for proper management. Bereina is also one of the facilities that maintains their stock-cards. For Bakoiudu, the staff was re-introduced again on how to properly fill-in the cards as well. In Rigo- Kwikila Hospital has a working-system of recording daily hence the use of stock-cards is not applicable, the Pharmacist has maintained stock-count and update well for the Hospital. Hula, KAK and Boregaina need to improve on their record-keeping and emphasis is done during our visit to the facilities. For Abau-Moreguina has stock-cards but

are not maintaining them well. Kupiano Hospital Mr. Waffa Miri is maintaining the stock-cards for anti-malarials only.



**Stock-cards maintained at Bereina Health Centre's Dispensary**



*Pictured here Miss Yaot making emphasis again on how to use and maintain stock-cards, with CHW Raphael at Bakoiudu.*

**9. HOME BASED MALARIA MANAGEMENT PROGRAM UPDATE**

During this quarter's visit from 06<sup>th</sup> May- 10<sup>th</sup> May covering the Kairuku District, the HMM Officer Miss Yaot accompanied the team to do her supervisory visit as well as carrying out School Survey. There were issues raised by CMV Supervisors in Bereina and Agevairu as well as Kuriva regarding the bicycles that were distributed and late reporting that needs addressing.

With the support of Miss Yaot, CMVs assisted in the School Prevalence Survey in Kubuna and Wama Elementary. Inclusion of CMVs in activities during quarterly visits by RMC/PMS boosts their morale in working especially when it is volunteering work. The four volunteers involved in the school surveys this quarter have received bicycles, they have been very active in their work. Three from Kairuku and one from Rigo.

**The table shows the number of bicycles presented to CMVs**

CMV Sites	Number of Bicycle Distributed	Dates
Kuriva, Brown river and Edevu	19	24/04/24
Agevairu	6	29/04/24
Bereina	5	29/04/24
Bereina	2	29/04/24
Sogeri	1	1/05/24
Kwikila	5	02/05/24

## **10. CONTINUOUS QUALITY INITIATIVE TRAINING FOR MALARIA**

The Regional Malaria Coordinators and Provincial Malaria Supervisors are to conduct CQIs in their respective Provinces to ensure collective understanding of the ongoing Malaria Program. From current practice to updated treatment protocols, the RMC/PMSs must ensure all Health Staffs are aware of any changes and improve if need be. As part of the quarterly Health Facility Visits and Distribution, RMC and PMS conduct onsite refreshers which serves as a Continuous Medical Education in the field and CQI will enhance the current knowledge.

For Central Province, CQI conducted this quarter for Hiri-Koiari district and the team was privileged enough to have the Provincial Health Information Officer Mr. Villiwa Puana attend. The challenges faced when filling-in the NHIS Monthly Form were discussed, despite not having the OICs present, for sustainability it was good for the officers to learn so in the event that the task is presented to them, they will be in a better position to complete reports accurately and submit on time.

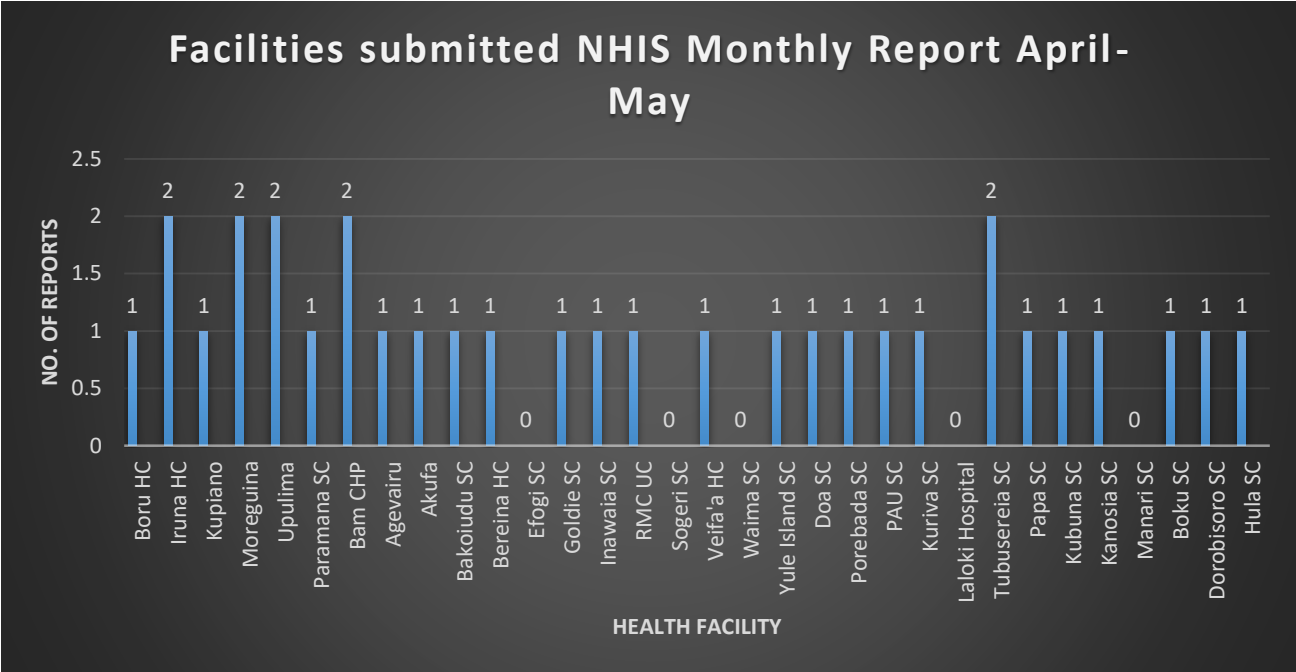


*Pictured here CQI for Hiri-Koiari Health Staff at the RAM Conference Room Date:14<sup>th</sup> July*

## **11. NHIS MONTHLY REPORTS SUBMISSION Source: eNHIS (05.06.24)**

Code	Facility	No of reports	OUTPATIENT		INPATIENT		DEATHS		Slides Examined			RDT Examinations				
			Clinical	RDT	Clinical	RDT	Clinical	RDT	No. Exam	+ve %	+ve % falcip	No. Exam	+ve %	+ve % falcip	Failed	
30101	Boru HC	1	0	3	0	0	0	0	0	0	0	8	37.5	25.0	0	
30102	Irua HC	2	0	158	0	0	0	0	0	0	0	329	47.4	39.5	0	
30103	Kupiano HC	1	5	29	2	10	0	0	0	0	0	79	36.7	24.1	0	
30104	Moreguina HC	2	36	273	5	3	0	0	0	0	0	718	44.8	19.8	0	
30105	Upulima SC	2	11	56	0	0	0	0	0	0	0	205	28.8	17.1	0	
30106	Parasana SC	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
30107	Bam CHP	2	0	32	0	0	0	0	0	0	0	134	23.9	19.4	0	
<b>ABAU District</b>			<b>11</b>	<b>52</b>	<b>552</b>	<b>7</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1473</b>	<b>40.8</b>	<b>24.0</b>	<b>0</b>	
30201	Fane SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30203	Ononge SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30204	Tapai HC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30205	Wotape HC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30206	Yongai SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30207	Tororo SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>GOLALA District</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
30301	Agevatu SC	1	0	103	0	2	0	0	0	0	0	175	58.9	40.6	0	
30302	Akufa SC	1	0	236	2	0	0	0	0	0	0	272	86.8	75.0	0	
30303	Bakokutu SC	1	3	24	0	1	0	0	1	100	100	58	41.4	29.3	0	
30304	Berina HC	1	0	169	2	0	0	0	0	0	0	289	58.5	41.5	0	
30305	Elagi SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30306	Goldie SC	1	0	19	0	0	0	0	0	0	0	45	42.2	28.9	0	
30307	Inarata SC	1	0	80	0	0	0	0	0	0	0	155	51.6	42.6	0.6	
30308	RMC LIC	1	3	5	0	0	0	0	0	0	0	6	100	100	0	
30309	Sogeri SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30310	Vaila's HC	1	14	195	3	2	0	0	0	0	0	349	55.9	48.1	0	
30311	Waimea SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30312	Yule Island SC	1	0	20	0	2	0	0	0	0	0	63	31.7	22.2	0	
30313	Daa SC	1	0	109	0	0	0	0	0	0	0	337	32.3	21.7	0	
30314	Porebada SC	1	0	3	0	0	0	0	0	0	0	3	100	100	0	
30315	Pau SC	1	3	26	0	0	0	0	1	0	0	144	18.1	5.6	0.7	
30316	Kuriva SC	1	1	63	0	0	0	0	0	0	0	93	67.7	45.2	0	
30317	Laliki Hospital	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
30318	Tubuanata SC	2	0	15	0	0	0	0	0	0	0	80	18.8	10.0	0	
30319	Papa SC	1	0	10	0	0	0	0	0	0	0	54	18.5	16.7	0	
30320	Kubuna SC	1	0	37	0	0	0	0	0	0	0	53	69.8	60.4	0	
30321	Kanosa SC	1	1	82	0	1	0	0	0	0	0	186	44.1	28.0	0	
30322	Minari SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
<b>KAIRUKUHURI District</b>			<b>18</b>	<b>25</b>	<b>1196</b>	<b>7</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>50.0</b>	<b>50.0</b>	<b>2362</b>	<b>50.7</b>	<b>38.4</b>	<b>0.1</b>
30401	Boku SC	1	3	70	1	0	0	0	0	0	0	120	58.3	43.3	0	
30402	Dombosoro SC	1	0	0	0	0	0	0	0	0	0	0	0	0	0	
30403	Hula SC	1	3	2	0	0	0	0	0	0	0	54	3.7	3.7	0	
30404	Kak SC	1	4	2	0	0	0	0	0	0	0	72	2.8	2.8	0	
30405	Kwikila HC	1	0	141	1	0	0	0	0	0	0	361	39.1	23.8	1.1	
30406	Bonepaina SC	2	0	192	0	0	0	0	0	0	0	612	29.7	18.3	0	
30407	Kokorogoro SC	1	0	57	0	0	0	0	0	0	0	125	45.6	34.4	0	
<b>RIGO District</b>			<b>8</b>	<b>10</b>	<b>464</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1344</b>	<b>33.8</b>	<b>22.1</b>	<b>0.3</b>	
<b>Central Province</b>			<b>37</b>	<b>87</b>	<b>2212</b>	<b>16</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>50.0</b>	<b>50.0</b>	<b>5179</b>	<b>43.5</b>	<b>30.1</b>	<b>0.1</b>

For this quarter, there were no deaths reported according to e-NHIS. There is still clinical diagnosis been reported, despite continuous emphasis during visits to not make Clinical Diagnosis. Moreguina recorded the highest number of clinical cases – 36 from outpatient and 5 from inpatient.



The above graph was derived from the eNHIS Data downloaded on the 05/06/24 hence reports for June is not captured and for the following Facilities with a single report would be a delay in submission for the month of May because it was the fifth day of the following month and reports should be submitted before the seventh day of the following month. All Facilities in the Goilala District have not submitted their reports. There is still a need for improvement on timely reporting.

**12. YONGAI HEALTH CENTRE – SUSPECTED OUTBREAK**

Yongai in Goilala District is under Waitape Rural (LLG). The district itself is known for its rugged terrain and remote location, which makes access challenging.

There were reports to CPHA of a possible outbreak of Malaria in Yongai HC in Goilala District. There were four deaths, RDT positive in late March as verbally reported by staff hence the PDCO Mr. Pana Rim organized a charter flight to Yongai for follow-up, hence the PMS and RMC Central prepared the supplies for the trip.

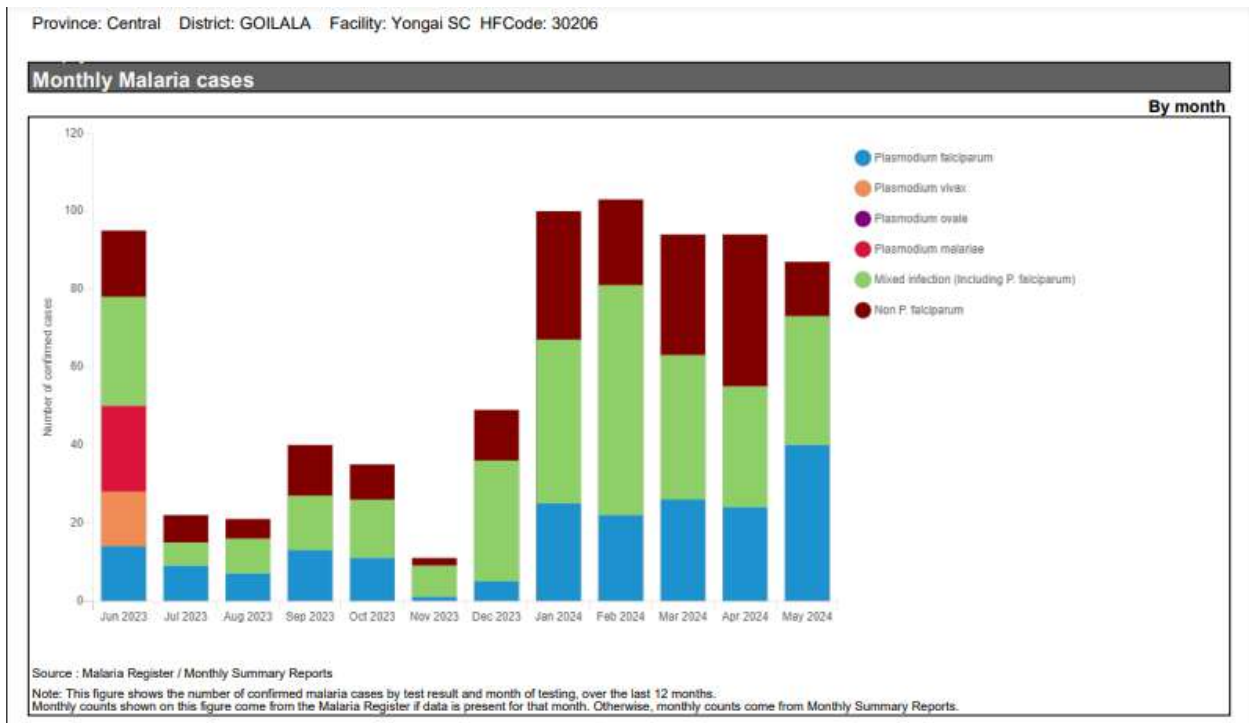
There was evidence of local transmission. Children less than a year old were tested positive. Not only adults are moving around but children as well. The common activity is the Gold Panning which encourages the majority of the people to move to and from the site bringing in the malaria parasite hence there is local transmission.

School Survey was done, a total of 150 students were tested and a total of 16 students tested positive. 16 LLINs were given to the positives. Majority of them did not have fever 24hours before, are very well healthy carriers.

Majority of the cases are from Tinne village, which is a day’s walk from Yongai station. Despite having supplies been packed, there was a delay in bringing the supplies to the affected site. Physical stock-count was done and RAM Supplied RDTs and ACT from Quarter 4 2023 have not arrived until the recent months, poor coordination by the District and CPHA hence there is an increase in cases due to stock-out.

**The Graph below shows the number of cases reported in Yongai, Goilala from Jan 2023-May2024**

**eNHIS Dashboard**



**13. FINDINGS AND OBSERVATIONS**

- Not all the facilities received ACTs/RDTs/PQs in the 100% Kits from AMS. Majority of the Kits delivered are AidPost kits which contained 1x box each from all 4 ACT categories
- Notification letters written to Elementary School Coordinator did not reach the schools, hence the team had to inform the schools upon visit but with good response and support from the selected schools.
- Agevairu staff not specifying positives – Reason new staff at outpatient
- Doa clinic has surplus supplies – maintained and updated in their stock-cards. They have 14 in-date and 7 expired Fansidars but was advised by OIC to still use.
- Akufa has an increase in cases hence there is an increase in their supplies. Last supply of ANC Nets was distributed to positives and not Pregnant Mothers, this must not happen again.

- Inawaia CHP has an increase in cases reported -Mainohana AidPost's HF Registry showed a total of 189 RDT done in the month of March-April alone, with 47 Positive cases
- There is an increase in Malaria Cases in Yongai from January to May, according to the Health Facility Registry due to lack of supplies; the 2023 Quarter 4 supplies and 2024 Quarter 1 supplies have not reached the facility until May 2024.
- There is already local transmission in the Goilala District despite the high altitude and cold climate.

#### **14. RECOMMENDATIONS**

- PMS to spend more time with OICs/NOs to correctly fill-in NHIS Forms from Health Facility, spend more time on in-house training during quarterly visits
- Coordinate with Catholic Health and CPHA to integrate activities/trainings when they are bringing in officers from the facilities
- School Surveys in a district – Health Facility staff to take responsibility of this program
- Involve Community Malaria Volunteers in any organized programs by RAM/CPHA
- PMS to regularly visit Provincial Health Information Officer to improve data quality.
- Involve CPHA staff i.e. District Health Coordinators, PHIO, PDCO to sit-in a Continuous Quality Improvement Training.
- PMS to coordinate with CPHA and visit all inaccessible Health Facilities especially the Goilala District and maintain flow of supply and in-house training of Staff to improve reporting since there is already local transmission.
- Continuous Malaria Initiative Training of Trainers for RMCs and PMSs

#### **15. ACKNOWLEDGEMENTS**

1. Central Provincial Health Authority
2. Rotary Against Malaria
3. National Malaria Control Program
4. Diocese of Bereina - Catholic Health Services
5. Provincial Elementary Teachers Trainer Coordinator - Grace Babone
6. PDCO Mr. Pana Rim to organize the visit to one of the inaccessible Health Facility

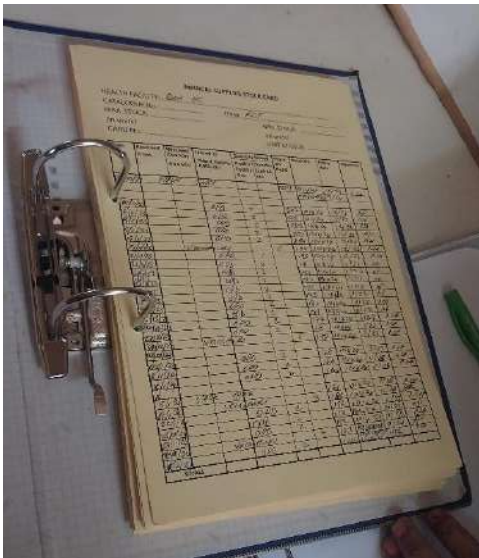
Yongai CHP



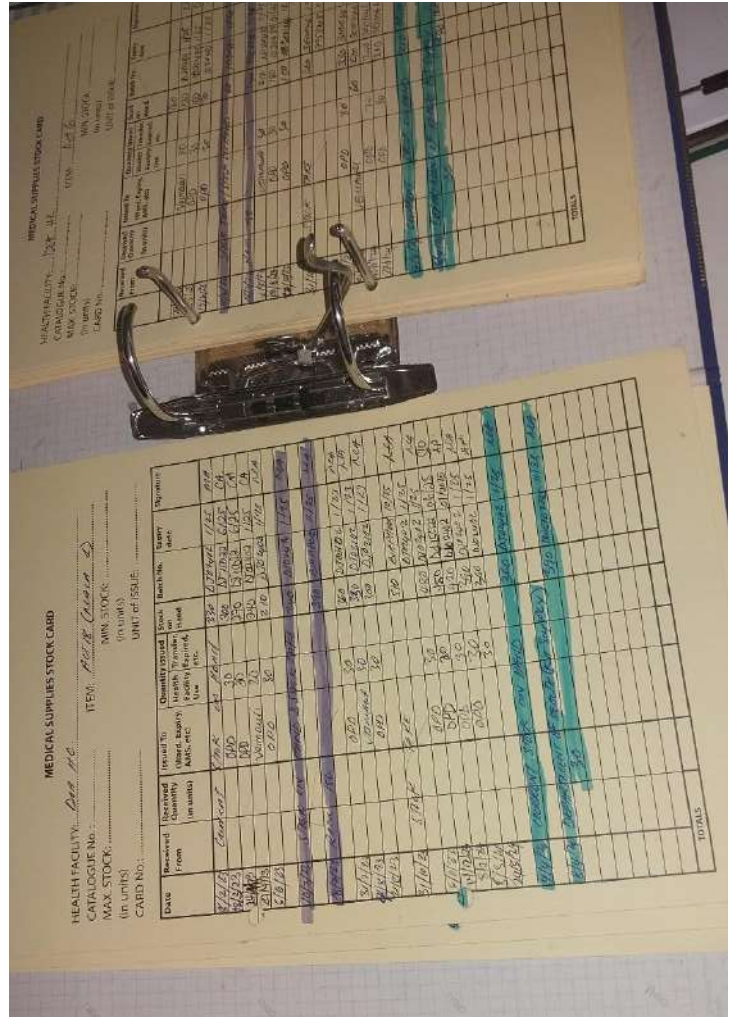
Vellgie going through On-site refresher with Sr. Ile



Vellgie doing RDT on patients from Tinne Village



Very Well maintained stock-cards from Doa HC





The PDCO Mr. Pana Rim giving awareness to students in Yongai, Goilala



Physical stock count/check at Hula HC



Malaria HF Register check at KAK SC



Kubuna HC - Kairuku

## Collective Pictures from the School Surveys



