



NATIONAL MALARIA CONTROL PROGRAM FIELD TRIP REPORT QUARTER 2– 2024-ENGA PROVINCE



TABLE OF CONTENTS

Summary Details, Plan and Preparation 2

Brief Summary Background & Malaria Drug Distribution 3

ANC LLIN Report4

Health Facility Visit Update 5

Malaria Situation in ENGA..... 6

Q2 Findings and Observations..... 11

Challenges and Way Forward, Achievements & Recommendations 12

Acknowledgement13



SUMMARY DETAILS

Name of Officer:	Ms. Nellie Jerry
Destination:	Enga Province
Date Travelled to Wabag:	15 th June, 2024
Date Returned to Port Moresby:	22 nd June, 2024
Nights away from Office:	7 Nights Away
Types of Document Attached:	Boarding Passes/Acquittals
PHO accompanying officer:	Ms. Rita Ephraims – Food Tech Officer/a. PHIO
Project Vehicle Used:	Hire Vehicle –Airport Hire Cars/Mt Hagen
Assisting Project Driver:	Maip

PEOPLE MET WITH:

- Dr. Betty Koka – Public Health Director, Enga PHA
- Mr. John Masili – Deputy Director Public Health, Enga PHA
- Mr. Likas Lakain – Provincial Disease Control Manager
- Officers in Charge, Doctors and staff of Health Facilities visited in the Province

PURPOSE OF VISIT:

A Regional Malaria Coordinator visit to the province is part of The National Malaria Control Program with the Provincial Malaria Supervisor for the following;

1. Distribution of Malaria Commodities Rapid Diagnostic Tool Kits (RDT Test), Artemisinin Combined Therapy (ACTs) and Primaquine
2. Distribution of Long Insecticidal Treated nets LLINs for Antenatal Mothers
3. Conduct onsite training on Malaria Treatment Protocol (Update on New changes for Treatment, Treatment for Malaria in Pregnancy.
4. Ensure all Health facilities are correctly giving out Single dose Primaquine for PF cases
5. Collected Malaria Register Receipts and ANC receipts from Registers
6. Ensure that Health facilities are updating and maintain medical stock cards
7. Stock take of all Malaria commodities at Health facility level.

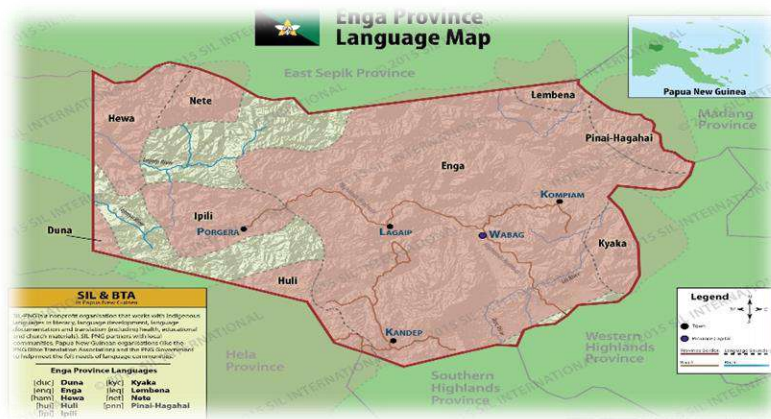
PLAN AND PREPARATION

A total of 8 days' plan was set for Enga trip to visit few accessible health facilities in Quarter (2) two. Due to Limited time, and RAM Partners having its half yearly Reflection and Learning Meeting Trip had to cut short. Also due to ongoing tribal fights in certain areas we could not travel up Sirunki way, or Kompam Ambum way and Tsak valley Wapenamanda. This was discussed with PDCM- Likas Lakain.



BRIEF SUMMARY BACKGROUND

Enga Province is one of the 7 Highlands province in Papua New Guinea and geographically situated in the northern region of Papua New Guinea, spans an area of 11,800 kilometers and has a population of 571,060 according to the 2021 census. The province comprises of six districts, Wapenamanda, Wabag, Kompiam, Porgera, Kandep and Laigam. It is the country’s sixth most populace province and shares the boundaries with Western Highlands, Southern Highlands, Hela, West sepik and East Sepik Provinces.



MALARIA DRUG DISTRIBUTION

Full stock of Malaria Drugs was supplied by AMS – Mt Hagen. Total of 14 cartons received. 450 RDTs, 38 ACT 12’s, 58 ACT 24’s and 120 PQ supplied.

Table1.1. Receiving Report for supplies Received from AMS Mt Hagen for Quarter 2.

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON	TOTAL QUANTITY	BATCH NUMBER	EXPIRY DATES	REMARKS
1 TO 9	9	RDT	50	450	H006BCO03D1	May-25	ITEMS IN GOOD CONDITION
10	1	ACT 12	24	24	B1APHO14	Mar-25	ITEMS IN GOOD CONDITION
11 TO 13	3	ACT 24	24	72	BIAPHO05	Oct-25	ITEMS IN GOOD CONDITION
11 TO 14	2	PQ	300	300	201223	Nov-26	ITEMS IN GOOD CONDITION
			160	160	201223	Nov-26	ITEMS IN GOOD CONDITION

- There were no major stock outs for the province. However, there were boxes of RDTs near to expire 07/24, so we had to rotate to EHP. A total of 7 cartons, 2 ACT 24 cartons and 3 cartons of Primaquine expiry date is 6/24.



ANTENATAL LLINs REPORT

- After Q1 650 nets were distributed from Buffer stock.
- In Q2 we distributed 400 nets.
- Remaining stock for buffer stock is 300

Table 1.1 Below is ANC nets Stock sheet after Q2 visit

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	CONTACT NUMBER	OFFICER SUPPLYING NETS	DOC NO.	STOCK IN	STOCK OUT	BALANCE	
#####	Nets brought from Mt Hagen			Nellie Jerry		2550		2550	
17/04/2024	Yampu HC	Monica Napi	71779918	Nellie Jerry	40905		100	2450	
17/04/2024	Sopas	Hilda Sokas	73105253	Nellie Jerry	40906		50	2400	
18/04/2024	Mambisanda HC	Maria Kokol	72928143	Nellie Jerry	40907		100	2300	
18/04/2024	Yalis HC	Evelyn	72442592	Nellie Jerry	40908		50	2250	
19/04/2024	Pumakos HC	Dawn Siune	72682772	Nellie Jerry	40909		50	2200	
19/04/2024	Kunqumanda HC	Elice Lapakio	71671865	Nellie Jerry	40911		50	2150	
19/04/2024	Wapenamanda HC	Kepson Masket	72732864	Nellie Jerry	40912		50	2100	
22/04/2024	Wabag UC	Diam Pako	74618769	Nellie Jerry	40910		100	2000	
23/04/2024	Tukusanda CHP	Julie Tumu	73595938	Nellie Jerry	40913		50	1950	
23/04/2024	Porea CHP	Rodney Wai	74847316	Nellie Jerry	40914		50	1900	
23/04/2024	Laiagam DH	Christy Yakakali	73293421	Nellie Jerry	40915		150	1750	
24/04/2024	Aiyakos HC	Jacky Sulu	70236813	Nellie Jerry	40917		50	1700	
24/04/2024	Kompiam DH	Anneth Pyakali	72366205	Nellie Jerry	40918		150	1550	
25/04/2024	Porgera HC	Maem Parakisan	73079301	Nellie Jerry	40916		100	1450	
25/04/2024	Tumundan CHP	Agnes Malibo	71458536	Nellie Jerry	40919		50	1400	
26/04/2024	Yaibos HSC	Ruth Mendi	71458536	Nellie Jerry	40920		50	1350	
		End of Q1						1350	
08/05/2024	Yango HC	Sr. James Lucy	74887481	Rita Ephraims	44901		50	1300	
13/05/2024	Kepelam	Unda Wailyo	71896388	Rita Ephraims	44903		50	1250	
14/05/2024	yapum HC	Joycelyn Jogn	73360704	Rita Ephraims	44908		50	1200	
15/05/2024	kandep DH	Jackling Warat	73194411	Rita Ephraims	44807		50	1150	
15/05/2024	Pokolip HC	John Basi	72554367	Rita Ephraims	44909		50	1100	
16/05/2024	Porgera HC	Maem Parakisan	73079301	Rita Ephraims	40508		100	1000	
23/05/2024	Kompiam DH	Anneth Pyakali	72366205	Rita Ephraims	40509		100	900	
27/05/2024	Wabag UC	Takim P	74829663	Rita Ephraims	40511		100	800	
27/05/2024	Sangurap HC	Jacklyn beno	7360 3421	Rita Ephraims	40510		50	750	
27/05/2024	Sopas	Anneth Pyakali	74829663	Rita Ephraims	40512		50	700	
	Quarter 2							700	
19/06/2024	Sangurap HC	Jacklyn beno	73603421	Rita Ephraims	44911		50	650	
20/06/2024	Mambisanda HC	Shaun Pyaur	79542558	Nellie Jerry	44912		100	550	
20/06/2024	Unda HSC	Nilyo Tumbiro	737417736	Nellie Jerry	44913		50	500	
20/06/2024	Wapenamanda HC	Sharon Ipatas		Nellie Jerry	44913		50	450	
21/06/2024	Wabag UC	Takim P	74829663	Nellie Jerry	44915		150	300	
								300	
	TOTAL NETS DELIVERED TO HF						2550	2250	



HEALTH FACILITY SUPERVISORY VISIT UPDATES

The total number of Reporting Health Facilities in Enga is 41. There are 33 accessible Health facilities and 8 are inaccessible. Of the 41 Health facilities 24 are government and while the other 17 are run by various Church agencies

For this quarter we visited 7 out of the 33 of the accessible Health facilities, which is 21 % of the coverage of accessible health facilities.

Table 1. Shows the facilities visited in Enga during Quarter 2 Health facility Supervisory visit.

DISTRICT	HEALTH CENTRE	DATE VISITED
WABAG	SOPAS UC	19/06/2024
WABAG	WABAG HOSPITAL	21/06/2024
WABAG	SANGURAP UC	19/06/2024
WAPENAMANDA	MAMBISANDA HC	20/06/2024
WAPENAMANDA	WAPENAMANDA UC	20/06/2024
WAPENAMANDA	UNDA HSC	20/06/2024
WAPENAMANDA	KUNGUMANDA HSC	20/06/2024

NHIS REPORTS STATUS FOR 2024

Quarter 1 (January to April)

- Total Reports Required: 246 (January to June (41 HF's x 4months)
- Total Reports Received: 222 reports
- % of Reports Received: 90 % of reports submitted
- Total Still Pending: 24



Enga Province Malaria Report - 2024

Enga Province

MALARIA REPORT January to June 2024

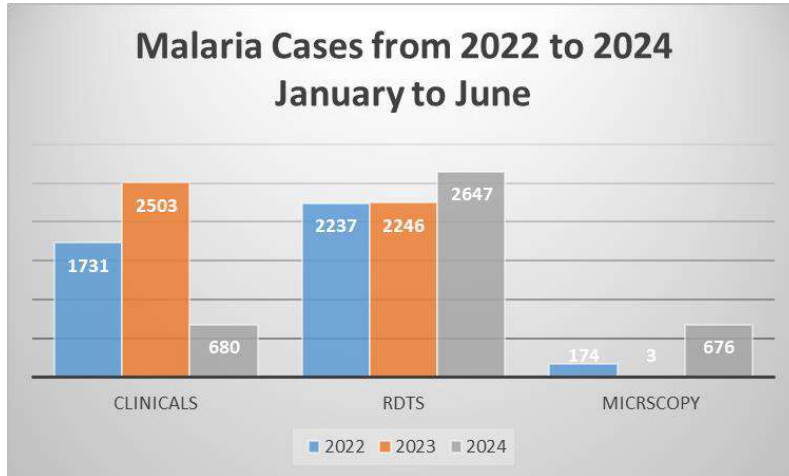
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Code	Facility	No of reports	OUTPATIENT		INPATIENT		DEATHS		Slides Examined			RDT Examinations			
			Clinical	RDT	Clinical	RDT	Clinical	RDT	No. Exam	+ve %	+ve % falcip	No. Exam	+ve %	+ve % falcip	Failed
90101	Kambia SC	4	18	9	0	0	0	1	0	0	0	0	0	0	0
90102	Kandep HC	6	0	3	0	0	0	0	0	0	0	0	0	0	0
90103	Longap HC	5	0	0	0	0	0	0	0	0	0	0	0	0	0
90104	Tiptip SC	6	1	0	0	0	0	0	0	0	0	0	0	0	0
90107	Walupim SC	5	0	1	0	0	0	0	0	0	0	0	0	0	0
90108	Yapum SC	5	21	27	7	0	0	0	0	0	0	7	100	71.4	0
KANDEP District		31	40	40	7	0	0	1	0	0	0	7	100	71.4	0
90201	Kompiam HC	6	30	134	1	7	0	0	0	0	0	0	0	0	0
90202	Lapalama SC	5	34	92	0	0	0	0	0	0	0	327	8.3	6.4	0
90203	Londor SC	5	9	4	1	0	0	0	0	0	0	1	100	100	0
90204	Yangisa SC	5	5	188	0	0	0	0	0	0	0	0	0	0	0
90205	Araguli SC	6	0	25	0	0	0	0	0	0	0	31	32.3	9.7	0
90206	Yampu HC	6	18	60	6	5	0	0	6	33.3	33.3	359	15.3	7.2	0
90207	Anditale SC	5	56	30	7	6	0	0	0	0	0	15	33.3	26.7	0
90208	Aiyokos SC	6	2	25	0	0	0	0	0	0	0	0	0	0	0
90209	Marambe SC	6	17	73	1	2	0	0	17	0	0	38	36.8	10.5	18.4
90210	Kaipores HC	6	0	8	0	1	0	0	0	0	0	8	75.0	12.5	0
90211	Kassi CHP	6	0	0	0	0	0	0	0	0	0	0	0	0	0
90212	Monokam CHP	6	0	0	0	0	0	0	0	0	0	1	0	0	0
KOMPIAM District		68	171	639	16	21	0	0	23	8.7	8.7	780	15.1	7.7	0.9
90301	Laiagam HC	6	77	418	1	0	0	0	27	37.0	22.2	261	2.3	1.9	0.4
90303	Mulitaka HC	5	200	289	0	0	0	0	0	0	0	0	0	0	0
90304	Paiela SC	6	19	142	0	0	0	0	0	0	0	161	47.8	39.1	0
90305	Porgera UC	5	0	1675	0	0	0	0	563	100	99.3	589	50.3	35.8	41.8
90306	Tambitanis SC	6	0	0	0	0	0	0	0	0	0	0	0	0	0
90310	Paiam DH	6	0	0	0	0	0	0	0	0	0	0	0	0	0
90311	Kepelam SC	5	0	0	0	0	0	0	0	0	0	3	0	0	0
90309	Yango SC	5	3	23	0	0	0	0	0	0	0	112	20.5	20.5	0
90312	Porea CHP	6	19	13	0	1	0	0	0	0	0	2	50.0	50.0	0
90313	Tukusenda CHP	5	6	46	7	0	0	0	0	0	0	91	58.2	51.6	0
LAGAIP/PORGERA District		55	324	2606	8	1	0	0	590	97.1	95.8	1219	37.4	28.7	20.3
90402	Lakopenda SC	6	14	0	0	0	0	0	0	0	0	0	0	0	0
90403	Maramuni SC	5	5	145	0	5	0	0	0	0	0	13	38.5	23.1	0
90404	Sopas UC	5	8	11	0	0	0	0	35	17.1	14.3	36	5.6	2.8	0
90405	Wabag HO	5	51	36	1	1	0	0	0	0	0	0	0	0	0
90406	Sangurap UC	6	1	145	0	0	0	0	2	0	0	419	33.4	17.7	0.7
WABAG District		27	79	337	1	6	0	0	37	16.2	13.5	468	31.4	16.7	0.6
90501	Pumakos SC	5	0	1	0	0	0	0	0	0	0	18	16.7	11.1	0
90502	Unda SC	5	9	8	0	0	0	0	0	0	0	46	8.7	2.2	30.4
90503	Mambisanda DH	4	2	3	1	4	0	0	26	30.8	23.1	21	14.3	14.3	0
90504	Wapenamanda UC	6	8	7	0	0	0	0	0	0	0	0	0	0	0
90505	Yaibos SC	5	4	12	0	0	0	0	0	0	0	13	46.2	38.5	0
90506	Yalis SC	4	4	7	0	0	0	0	0	0	0	50	10.0	2.0	0
90508	Topaka SC	6	1	4	0	0	0	0	0	0	0	8	25.0	0	12.5
90509	Kungumanda SC	6	5	4	0	0	0	0	0	0	0	17	58.8	47.1	0
WAPENAMANDA District		41	33	46	1	4	0	0	26	30.8	23.1	173	19.1	11.6	8.7
Enga Province		222	647	3668	33	32	0	1	676	87.1	85.5	2647	28.7	19.4	10.3



MALARIA SITUATION IN ENGA PROVINCE -2024

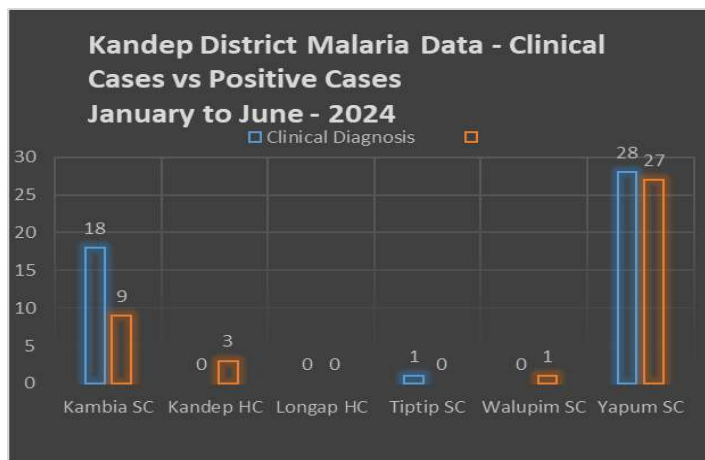
The Graph 1 below indicates Malaria cases reported through Clinical, Malaria RDT and Malaria Microscopy from January to June over the years from 2022 to 2024 (Data Extracted from eNHIS)



- Clinical cases have gone down from last year 2023. In Q1 we have targeted facilities with high clinical cases and have run training with staffs advocating to cut down or stop reporting clinical diagnosis and most have improved in reporting.
- We have more confirmed cases by RDTs for this year compared to 2023 and 2022.
- We also have more confirmed cases by Microscopy for this years compared to 2023 and 2024. For Microscopy we also have misreported cases coming from facilities who does not have microscopy. (Refer to Graph 2). But also have improved from microscopy sites, reports are coming in.

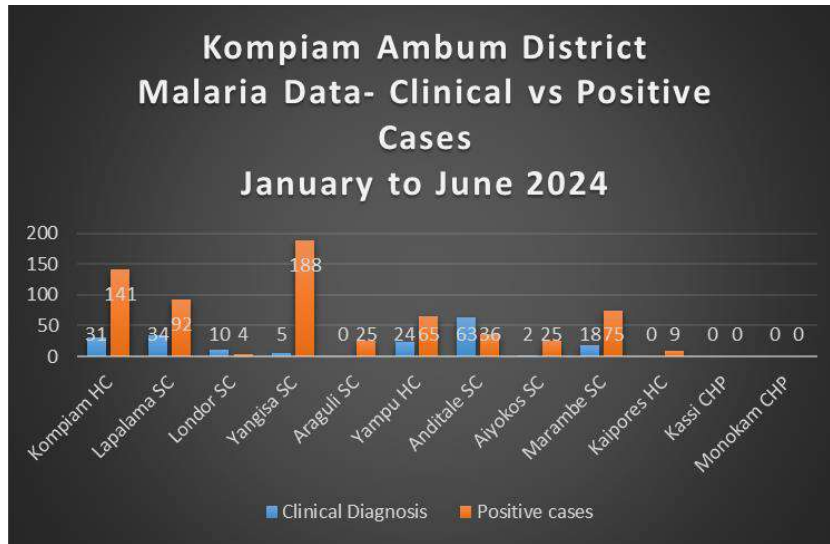
Below is list of Graphs from 1.1 to 1.5 of showing the clinical cases vs Positive cases by districts reported through eNHIS from January to June for this year, 2024.

Graph 1.1; Shows Malaria Positive cases vs Clinical cases from January to June, 2024 for Kandep District.



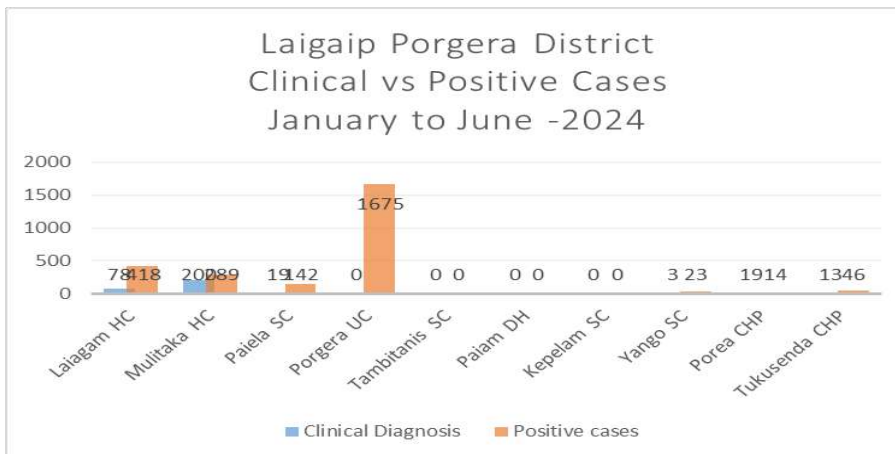
- Yapum HSC reporting high cases in both clinical and positive cases. This might be double reporting as the figures are similar.
- Kandep HC reporting only clinical cases and nil positives.

Graph 1.2; Shows Malaria Positive cases vs Clinical cases from January to June, 2024 for Kompiam/Ambum District.



- Almost all facilities in the district is reporting high clinical cases compared to positive.
- Anditale HSC being the highest with 63 clinical cases.
- This district is known for tribal fights and most times during HF visits these facilities are not reached.

Graph 1.3; Shows Malaria Positive cases vs Clinical cases from January to June, 2024 for Laigaip/Porgera District.

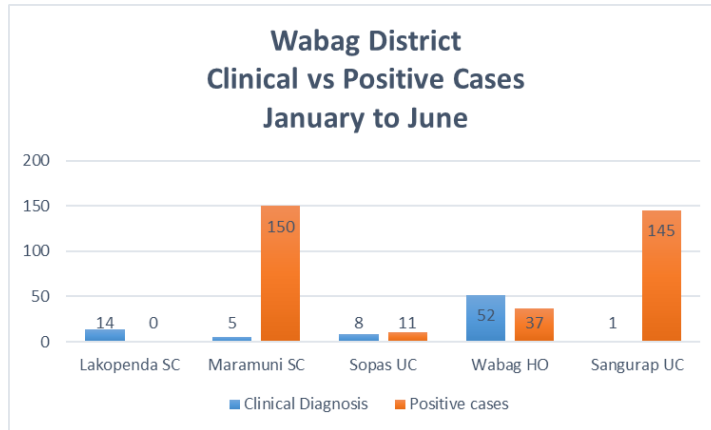


- Multitaka reporting high clinical cases for the district.



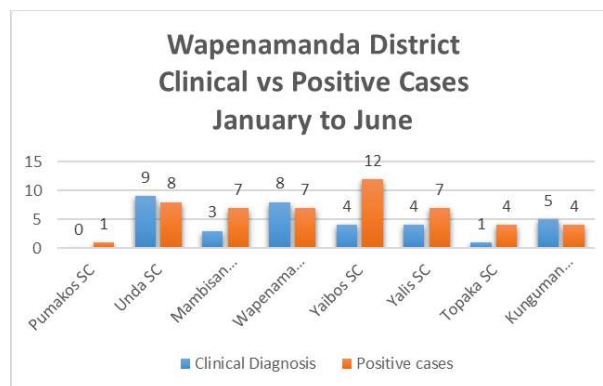
- After Q1 visit with CQI training in Laiagam HC and Porgera UC they have improved in reporting only positive cases and less clinical. Porgera UC with Nil clinical and 78 clinical cases for Laiagam was reported in Q1 before training done with staff 's and remained at that figure. Staffs are now well aware and reporting well.
- Although training done with staffs in Q1 at Porea, they are still reporting high clinical than positive cases. We will continue to run in-house training in Q3.

Graph 1.4; Shows Malaria Positive cases vs Clinical cases from January to June, 2024 for Wabag District



- Maramuni, Sangurap and Sopas are doing well in reporting less clinical's than positive cases.
- Wabag hospital and Lakopenda reported high clinical cases than positives.
- Still having issues with reporting at the main hospital. The main Laboratory has done well in recording now in Malaria registers. Training done with OIC in Q1, and now they have improved. However, Submission of reports to Medical records is late. This has been discussed with staff at the Lab to improve in submitting to medical records before reports reaches PHIO.

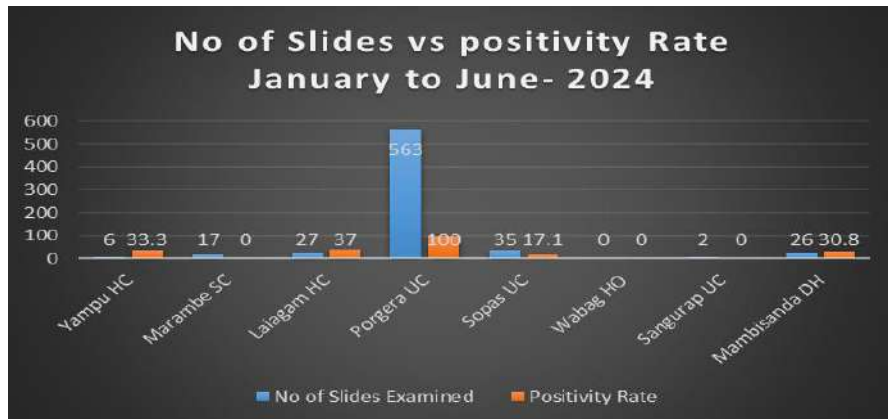
Graph 1.5; Shows Malaria Positive cases vs Clinical cases from January to June, 2024 for Wapenamanda District



- Unda and Kungumanda reported more clinical cases than positives. Training done with staff during Q2 visits.



Graph 2 shows the Microscopy Data for Enga Province from January to June, 2024



- We have misreported cases coming from Marambe UC, Sangurap UC and Sopas HC as these facilities does have Microscopy. Referral cases to other Facilities were also tallied and entered thus shown in reports.
- Mabisanda, Yamphu, Porgera and Laiagam are actively doing Malaria Microscopy.
- Wabag hospital although has Microscopy, no supplies of reagents as per OIC so they are focusing on doing RDTs.



Quarter 2 Findings and Observations

*All facilities visited stock cards were not given as this was a rushed and short visit. All HF's visited no Stock cards available from previous RMC visits.

HEALTH FACILITY	RDT/ ACT STOCK MANAGEMENT	TREATMENT	ANC LLIN	REPORTS
SOPAS UC	*Stock of ACTs and RDTs are well kept in Store room. They had adequate stock of ACTs and RDTs so we only supply primaquine. Near to Expire PQ and RDTs was removed from Shelf.	*After training in Q1, Has improved and Recording well in Malaria Register	recorded well in ANC register. However we did not collect outstanding receipts in Q2 as OIC for MCH was not available and no other staff available to	January to May eNHIS reports submitted
WABAG HOSPITAL	*Stock of ACTs and RDTs are well kept in Store room. Verified stock on hand and removed near to expired RDTs and replenish new stock of ACTs and RDTs for the next 3 months.	*After training done in Q1 with OIC they have now improved in Recroding in Malaria Register. Previously they were recording in a Record book for RDTs done. However treatments given out to positive patients are not stated as they are referred to the Pharmacy with Prescription.	ANC nets are well kept and recorded in ANC register books and nets are well accounted.	Janaury to May reports submitted and updated on eNHIS
SANGURAP UC	*Stock of ACTs and RDTs are well kept in Store room. They had adequate stock of ACTs and RDTs so we only replenish to cover for the next 3 months	*Records well in Malaria Register. Treatments given out for Positive patients are recorded well Malaria Register.	ANC nets are well kept and recorded in ANC register books and nets are well accounted. Supplied new stock of ANC nets	Janaury to June reports submitted and updated on eNHIS
MAMBISANDA H	*Stock of ACTs and RDTs are well kept in Store room. Verified stock on hand and removed near to expired RDTs and PQ's and replenish new stock of ACTs and RDTs to cover for the next 3 months.	*Malaria Register in at the Lab is well recorded by Lab Tech officer, however Malaria Register at the outpatients is not fully updated well by staffs. We did inhouse training with OIC and said to improve.	ANC nets are well kept and recorded in ANC register books and nets are well accounted. Had stock outs so we issued new nets .	Janaury to April reports submitted and updated on eNHIS
WAPENAMANDA	*Stock of ACTs and RDTs are well kept in Store room. Verified stock on hand and removed near to expired RDTs and PQ's and replenish new stock of ACTs and RDTs and to cover for the next 3 months.	*Records well in Malaria Register. Treatments given out to patients are recorded in Register. However positives are still not specified in Register. Trained staffs available during visit.	ANC nets are well kept and recorded in ANC register books. Had low stock so we issued new stock of nets.	Janaury to June reports submitted and updated on eNHIS
UNDA HSC	*Stock of ACTs and RDTs are well kept in Store room. Verified stock on hand and removed near to expired RDTs and PQ's and replenish new stock of ACTs and RDTs and to cover for the next 3 months.	*Records well in Malaria Register. Treatments given out to patients are recorded in Register.	ANC nets are well kept and recorded in ANC register books. Spplied new stock of Anc as they had nil stock	Janaury to May reports submitted and updated on eNHIS
KUNGUMANDA HSC	*Stock of ACTs and RDTs are well kept in Store room. Verified stock on hand and removed near to expired RDTs and PQ's and replenish new RDTs only to cover for the next 3 months.	*Records well in Malaria Register. Treatments given out to patients are recorded in Register. However positives are still not specified in Register. Trained staffs available.	ANC nets are well kept and recorded in ANC register books.They still had adequate stock so did not supply new nets.	Janaury to June reports submitted and updated on eNHIS



OVERALL CHALLENGES AND WAY FORWARD

1. High number of Clinical Cases reported in 2023 and less number in RDT and Microscopy cases captured on NHIS reports.
 - **WAY FORWARD:** Started off in Q1 with in house training in all 18 facilities visited. We will continue to run in-house training in Q3, as Q2 trip was short.
2. EPHA still has no No Permanent staff for PMS at the moment.
 - **WAY FORWARD:** During Q1 visits PHA assigned Rita Ephraims accompanied RMC for visits. We hope this position is filled sooner.

ACHIEVEMENTS

- Although during short visit we managed to cover 7 facilities and training done with staffs in 2 facilities. Otherwise facilities who are having stock outs are coming into town to collect supplies.
-

RECOMMENDATIONS

- PMS/RMC to continue refresher training on the 3T (Testing, Treatment, Tracking). We will continue to do On- Site training on Malaria treatment protocol and ensuring that Health Facilities are reporting well through NHIS. We will also do a CQI training for the hospital later this year for other districts and also include Nursing College as well.
- Enga Provincial Health Authority to work with District Health Team with HF's Staff to use Emergency runs and other runs into town to collect drugs and nets when they have stock outs.
- Requesting for use of Project vehicle in the coming RMC visits. RMC is not responsible for taking care of the hire car drivers. Hire cars are sending drivers without allowances and funds for accommodation. Another burden added to RMC which don't feel comfortable with.



ACKNOWLEDGMENT

- **National Department of Health - National Malaria Control Program** for its continuation work and fight against Malaria throughout the country.
- **Rotary Against Malaria** for its tremendous support done in assisting the work of NMCP through providing RDTs, ACTs, Primaquine, ANC nets, logistics and also financial support to make this program a success.
- **AMS Mt. Hagen** for supplying and delivering these quarters supply of RDTs, ACTs and Primaquine.
- **Enga Provincial Health Authority** for understanding and supporting the work of malaria program to continue its RMC activities in the province.
- **Ms. Rita Ephraim's** for stepping in to assist and travel with RMC during Q2 Health Facility visits. We greatly appreciate your assistance despite your busy schedule and work responsibilities within PHA.
- **All the staff of the visited HFs** for their work in malaria control within their catchments.
- **Airport Hire car** for their continuous support in driving the team around to deliver to health facilities and bringing us safely back to our bases.
- **Wabag Lodge** - for the safe and secured accommodation provided.

THE END

