

Quarter 2 visit – Gulf _ Field Trip Report



Kerema & Kikori District



Report by: Aileen Watakapura

Date: 1st June to 17th June 2024 _ Kerema Field Trip

Date: 17th June to 22th June 2024 _ Kikori Field Trip

People involved in Kerema District:

1. HMMO_ Mr. Joseph Kuadima
2. Driver – Junior Gary Kopi
3. CHW Terapo- Gabriel Tokauyo as accompanying officer
4. OIC Terapo Melanie
5. Volunteers/Escorts/Boat skippers and crews
6. GPHA _ Public Health Director - Mr. Kunsy Donnie
7. Health Staffs of all the health facilities visited in the Kerema district.
8. RMC _Aileen Watakapura

People involved in the Kikori District

1. GPHA Boat Skipper_ Mr. Nick Forova
2. GPHA Driver_ Muns
3. Health Staffs of Kikori Urban Clinic/ Kikori Health Centre/ Karauti/Baimuru and Kapuna
4. District Health Coordinator – Mr. Timothy Ananias
5. RMC _ Aileen W
6. GPHA - Disease Control officer – Ms. Barbara Kevea
7. Volunteers/Escorts/Boat skippers and crews

Key Activities

1. Health Facility visit
2. Drug distribution
3. ANC Net Distribution
4. Follow up on reports, registers,
5. Ensure adequate supplies of all malaria commodities at the facility
6. Ensure Stock card maintenance
- 7.

Summary

This is a brief summary report for the quarter one field trip to Kerema and Kikori Districts of Gulf province. Quarter 2 visit to the province commenced late in the quarter in the 4th week of May and was completed in June 3rd week. We successfully visited most of the accessible health facilities in the two districts, x4 facilities in the Kikori district and x9 facilities in the Kerema district. Since it was the end of the 2nd quarter, most of the health facilities in the Kerema district had very low stock of ACTs during the time of visit and some of them had benefited from the buffer stock that was left in the province while only one or two facilities stocked out of ACTs. Kikori district received their supplies earlier and so had adequate stock during our visit. Only Karauti has limited supplies since they haven't received their supplies like the rest of the other facilities.

Quarter 2 was a very wet quarter, the weather was not good for traveling since we were faced with continuous rains causing flooding in most of the communities along the river, slippery road conditions leading to inaccessibility by road to places like Iokea and we couldn't reach the facility. We also experienced rough seas and low tides causing low water levels making it difficult for traveling and we had to follow longer routes by boat in both districts.

We distributed a total of 200 ANC LLIN nets to 3 health facilities in the Kerema district and 12 bales are left in the storage while 16 bales (800 nets) for Kikori district was transported by the total energy ship to Kapuna has not reached the facility yet since the boat got stucked in the Kikori waters due to low tide.

Apart from wet weather challenges, the Kikori tropicair flights were disrupted due to the weather and runway causing an incident which led to temporary suspension of flights for an indefinite period which got us stuck up in Kikori for another four days and had to travel by sea to Kerema and then to Pom over the weekend.

Despite all those challenges, we completed all the activities as planned successfully in the two districts. I would like to acknowledge the support from the HMMO officer on the ground Mr. Joseph Joe for all his efforts and support during our visits to the province.

Partners support

We would like to acknowledge the support we received from GPHA, especially the public health director Mr. Kunsy and his disease control team including Ms. Barbara Kevea Leprosy Officer who travelled with us during the Q2 visit to the 4 facilities in Kikori. We are fortunate to have a very supportive district health team in Kikori as well that has always supported us with all the logistics arrangements including transportation (vehicle, boat) whenever we are there in the district. We would like to acknowledge the District Health Coordinator, Mr. Timothy Ananaias and his team, Robin Sone and everyone else including the driver and skipper who assisted us during this Q2 field trip whilst there in Kerema/Kikori and made it possible for us to complete our monitoring visit.

Catholic health services had been a major support as well in terms of logistics as well. They sometimes pick up supplies for those facilities that needed buffer stocks and do distribution. In this quarter 2 visit they have really assisted well since we didn't have a vehicle after returning from Kikori so they assisted us

will distribution of buffer stocks to Terapo and Malalaua since they also have a trip going that way as shown in the picture below.



Figure 1 We also received support from other implementing partners in Gulf such as Kerema Catholic Health Services who often assisted us with logistics/vehicle to do distribution of ACT buffer stocks to facilities that stock out fast



Figure 2. Leprosy is still endemic in the Kikori district, pictured; GPHA Disease Control officer, Ms. Barbara Kevea did monitoring and evaluation at Kapuna District Hospital. We traveled together to the 4 facilities of Kikori district in which GPHA also supported us with fuel.



Figure 3. Logistics support received from GPHA in terms of vehicle, boat and sometimes fuel

Health Facility Visit Summary

We physically visited a total of 16 health facilities in the Gulf province during quarter one monitoring visit. 10 health facilities in the Kerema district were visited while only Lokea was not accessible due to bad weather and slippery road condition however, they were able to travel down by boat to meet us half way and submit their reports plus collect their supplies. Ihu from the Kikori district was also not accessible due to rough seas. They travelled in later in the week and collected their supplies at the PHA office. The rest 5 health facilities from Kikori were visit during quarter one monitoring visit.



Figure 4. Left; Mr. Adamson from Putei HSC performing RDT for a child who has fever while pictured on the right are two staffs of Terapo HSC doing RDT tests during school survey at Terapo Elementary school_Kerema District. This is one of the box in the checklist to tick of observing staffs perform RDT.

Hard to reach facilities

The hard to reach facilities in the Gulf province are mostly the mountain facilities where there is only bush track which take up to 3 to 4 days to come into town and no road access but can only be accessed by air. Most of the facilities are catholic run which includes, Kamina, Kanabea, Hawabango and Bema while Kaintiba is a government run facility. OIC Bema was in town so we were able to drop off some supplies with her and advised her to share it with the neighboring mountain facilities if possible. For the rest of the facilities we packed them and the catholic health M&E team picked up the supplies to store at their facility so whenever the staffs travelled into town they will collect the supplies from there since the North Coast Aviation air services operation is still closed.

Malaria Commodities and Drug Distribution

1. Antimalarial (AL) and RDT distribution

There was a major stock out of Antimalarials Artemeter Lumafentrine from the main RAM store as well as through out all the AMSs around the country as well as the main AMS store at Badili so for quarter 2 Gulf was unfortunate to be supplied with only one month's supply which was not enough to even last them for a whole month as well since the quantification list that was used for packing was out dated resulting in less quantity supplied to fast stock out facilities such as Malalaua, Terapo, Lese Haviara/Oalai, etc. The facilities really faced a major shortage since malaria cases has risen due to continuous wet weather in the province and the type of activities the locals are doing out doors. During the wet weather most of the locals usually go out fishing in the swamps, creeks, throwing nets to catch fish therefore exposing themselves to mosquitoes during those times. So most of the facilities have seen a rise in the number of malaria positive seen at the out patients daily in the past 6 months.



Figure 5. How people live in the communities and the type of activities that they are involved in also contribute to their overall health as shown in these pictures. Communities exposing themselves to mosquito bites while going fishing in the rivers banks, creeks, etc. during wet weather.



The drugs for mountain facilities that was left in the storage was used as buffer stock since we were unable to deliver it due to no small airplanes flight operations in the province and also the mountain facilities are not seeing plenty cases like the coastal facilities. Thanks to the HMMO there who is always stepping in to assist facilities with supplies from the buffer.

Distribution for the 2nd quarter commenced in Kerema district on the 29th of May to 7th June 2024 aiming the facilities that have almost stocked out or nil stock at the time of distribution. It was unfortunate we have received only a month supply. Almost all the facilities that were visited have nil stock or almost stock out at the time of distribution.

Unlike Kerema district, the 4 facilities from Kikori district excluding Orokolo and Ihu have received their supplies prior to the visit and they still have adequate supplies at the time of visit. Only Karauti has limited supplies and were almost about to finish during the time of the visit since they hadn't received their Q2 supplies which was still there at Kikori HCl pharmacy.

We also reminded all the facilities visited of the current low stock of AL in the country and asked them to use their supplies well.

Those figures from the below table are derived from the distribution list. Refer to the stock sheet for quantities supplied per facility etc.

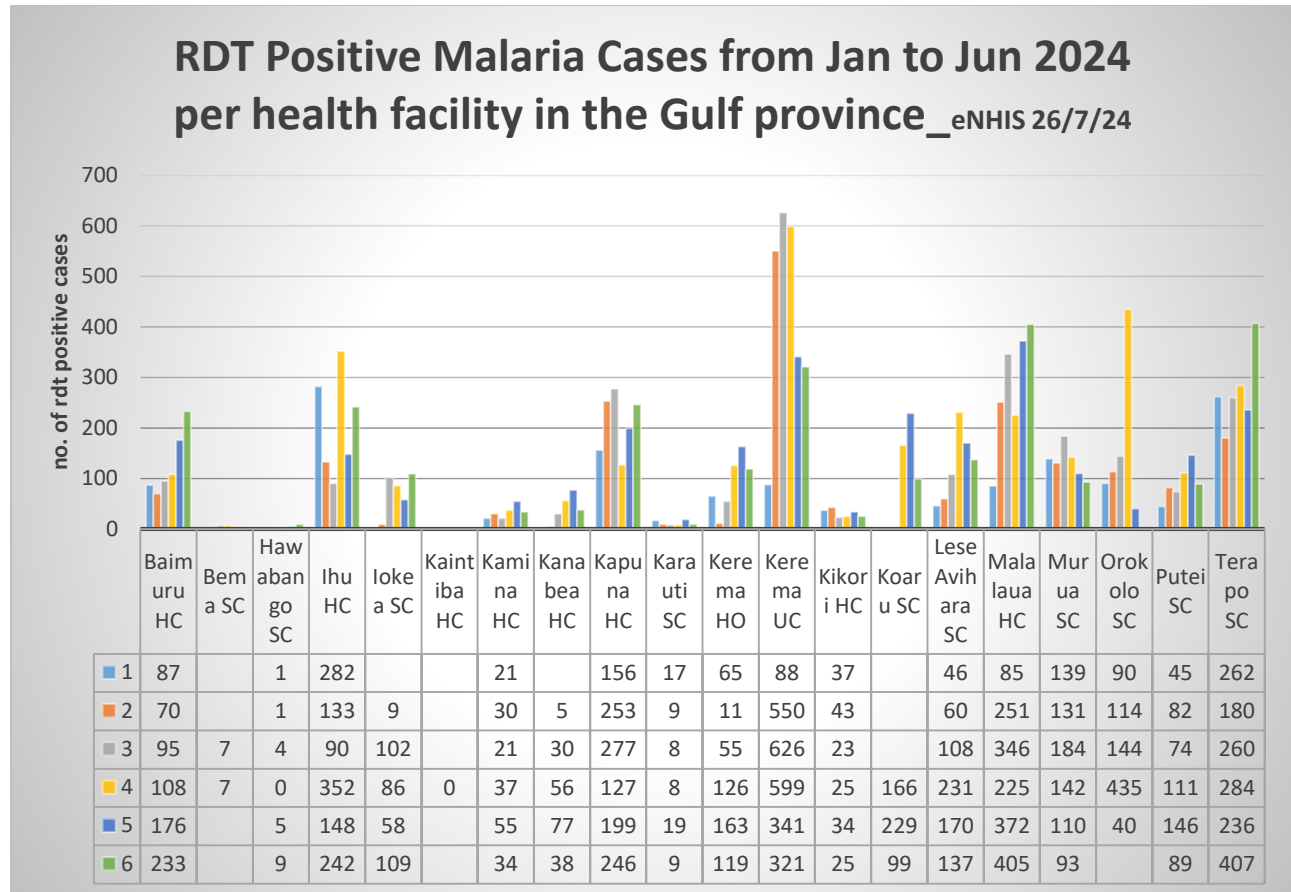
Items	Districts	RDT Boxes of 25	ACT 6 Boxes of 30	ACT 12 Boxes of 30	ACT 18 Boxes of 30	ACT 24 Boxes of 30
Total quantity for distribution	Kerema	1455	25	0	39	71
	Kikori	310	6	0	9	17
Total Actually Distributed	Kerema	944	25	0	39	71
	Kikori	310	25	0	39	17
Remaining Balance	Kerema	511	0	0	0	0

We've supplied almost everything from the Q2 supplies. We have 11 cartons of RDTs remaining in the storage containers and just a few stocks, less then 6 boxes each from the mountain supplies which GDNs have already been signed.



Figure 6. HF visit at Kapuna dispensary doing physical stock count

Table below shows the number of positive malaria cases that each health facilities are seeing for the past 6 months which clearly indicated an increase in the number of positive malaria seen daily at the out patients each month therefore this also means we are using more antimalarial for treating malaria then before.



2. Stock card management

Stock card issue is still a challenge, not many facilities are keeping track of their supplies using stock cards. Most are giving reasons such as man power shortage, but most times we see that man power is not an issue. It is pure staff ignorance or lack of understanding on how to use it we are not too sure but we hope to cover this topic in the up-coming CQI training for each facility and get everyone understand the importance of stock card to monitor flow of drugs and other commodities.



Figure 7. A staff of Koaru HSC showing us her stock cards for malaria commodities she was keeping

3. IPTp Therapy

All the facilities visited which were providing ANC services are practicing IPTp therapy. However, some facilities are reporting stock out of fansidar. Others are using expired Fansidars which were within the first 6 months of expiry while awaiting new supplies from their orders from AMS.

4. Primaquine

During quarter 3 visit, we were able to distribute primaquine. We distribute a total of 588 boxes of primaquine to all the facilities visited. All facilities are practicing the single dose primaquine policy.

5. ANC LLIN Net Distribution

We received new supplies of 16 ANC bales from the RAM store on the 28.5.24 since we distributed all the 800 from our stock in quarter one. For quarter 2, we only distributed 200 nets in the Kerema district and now has 600 nets remaining in the storage.

For Kikori, the bales were transported by the total energy ship that was bringing the Kapuna supplies as well. However, the stocks didn't reach the facility yet since the ship got stuck along the way due to low water levels. The team packed a total of 16 ANC bales for Kikori district which is yet to reach the facilities. We've advised the Kapuna team to do distribution once the supplies arrived at their end.

Below is the stock sheet for distribution done at Kerema district in this quarter visit.

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE
05/03/2024	BALANCE BROUGHT FORWARD TO 2024	AILEEN WATAKAPURA	OPENING BALANCE		800		800
07/03/2024	MALALAU	Mr. Akita. Kurua	Aileen Watakapura			100	700
07/03/2024	Terapo	Mr. Gabriel Tokayo	Aileen Watakapura			50	650
08/03/2024	Putei	Mr. Adamson Bataneo	Aileen Watakapura			50	600
11/03/2024	Murua	Mrs. Hapare Wake	Aileen Watakapura			50	550
11/03/2024	Kerema Urban Clinic	Marisa Kawi	Aileen Watakapura			150	400

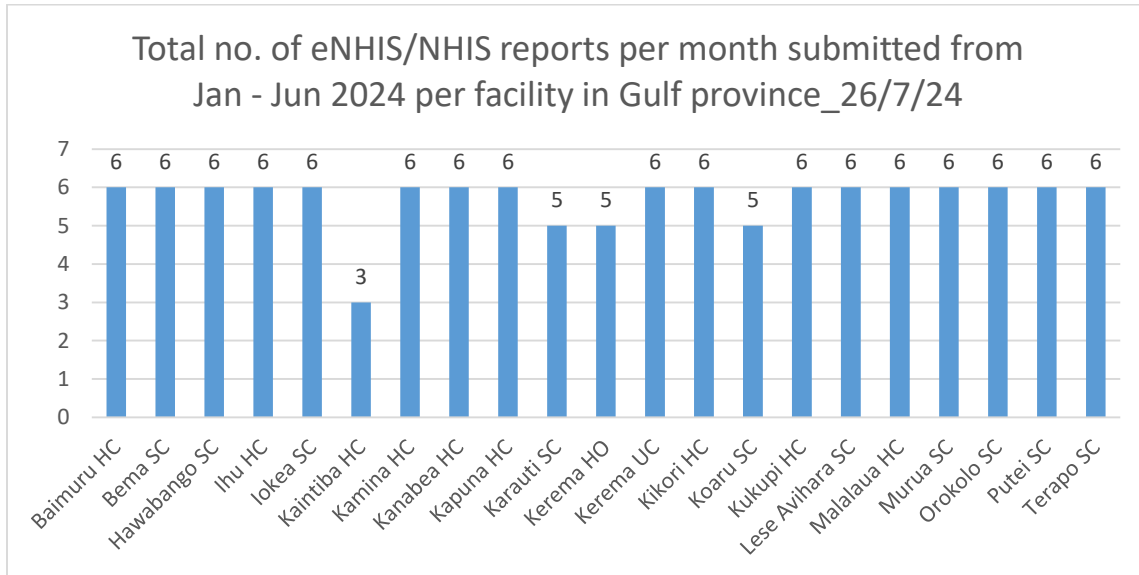
13/03/2024	lokea	Serah Milaura	Aileen Watakapura			50	350
13/03/2024	Stock count						350
17/03/2024	DONBOSCO BOARDING SCHOOL		JOSEPH Kuadima			350	0
							0
28/05/2024	New Stock Supplied to Kerema District				800		800
29/06/2024	Terapo HSC	Gabriel Tokaiyo	Joseph Kuadima	48009		100	700
03/06/2024	Kukupi HSC	Maria Morehia	Aileen Watakapura	48016		50	650
05/06/2024	Putei HSC	Adamson	Aileen Watakapura	48011		50	600
10/06/2024	Stock count		Aileen Watakapura				600
							600
11/06/2024	New Stock Supplied to Kikori District/Kapuna	Vincent Wranian	Aileen watakapura	48012	800		1400
19/07/2024	Kikori HC	Sr. Anea	Aileen Watakapura	48012		100	1300
							1300
							1300
	TOTAL NETS DELIVERED TO HF				2400	1100	

Malaria Reports

For Gulf, almost all the facilities have submitted their 6 months' reports. Only 2 or 3 facilities has missing reports for one month or two months. Kaintiba HC only submitted 3 reports since they did not operate fully since beginning of this year.

Kikori is doing well with timely reporting. 5 out of the 6 facilities have submitted all 6 months reports from January to June. Only Karauti has one outstanding report that is yet to be submitted. The four facilities that went through the continuous quality improvement training or malaria refresher training are doing really well with their reporting. The number of clinical cases being reported has really decreased to 1 or 2 discrepancies and a few from some Kikori and Kapuna said to be data from the aid posts under their facility. Aid posts are reporting clinical cases when they ran out of RDTs. Orokolo and Ihu were not included in the CQI training therefore the number of clinical cases being reported by their facilities are still high likewise for the facilities in the Kerema district.

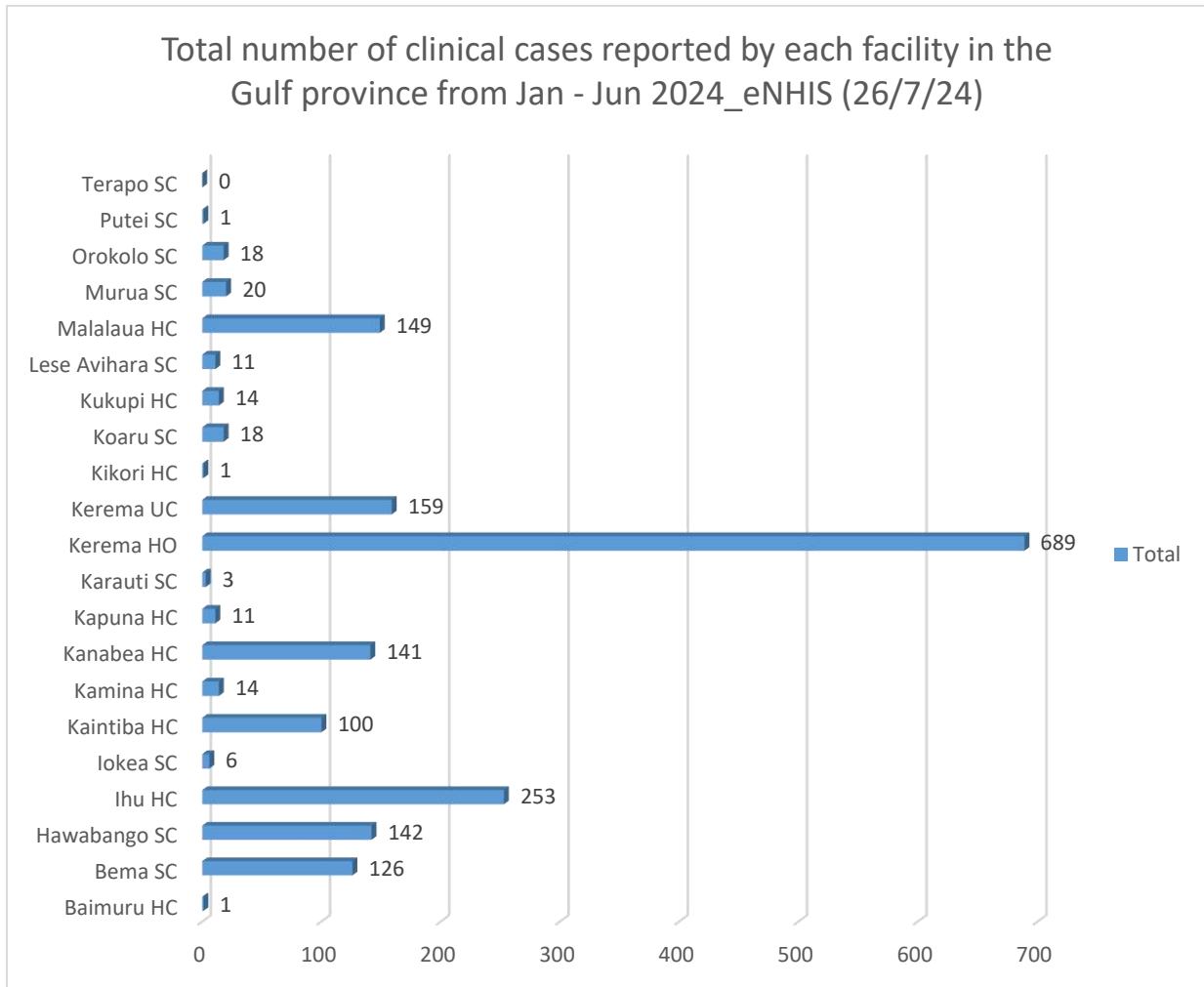
Table showing number of malaria reports submitted per month from Jan to June 2024 per the eNHIS statistics



We are strongly discouraging clinically treating patients for malaria. If the RDT is negative, then we look for other causes and treat the patient and not give AL unless the RDT result is positive. We advise staffs to reassess patients after one or two days in fever still persists. In one or two cases where the parasite density is low and RDT was not able to detect it during the first visit it usually turns out positive on a retest.

Per the test below, most of the facilities are still reporting clinical cases comes, especially from the Kerema district in which Kerema hospital is leading with 689 clinical cases being reported within this first 6 months from January to June 2024 followed by urban clinic with 159 and Malalaua with 149 clinical cases. We'll have to confirm with the facilities (Urban clinic and Malalaua) if those cases are reported from the facility or from the aid posts and data. Refer to table below.

Table below showing the total number of clinical cases being reported by each facility



Continuous Quality Improvement training

We are planning for the CQI training to be done in each facility in the Kerema district so every staff are involved and will be well informed and do the right things in terms of improve and quality malaria data being recorded and reported.

School Survey

We conducted only one school survey in the Kerema district and was unable to do for Kikori since they have closed for the term 2 break during our visit. We did school survey for the Terapo elementary school. Prior to the survey we did a bit of awareness on Malaria, signs and symptoms, treatment compliance and simple prevention measures in the community with the whole school, elementary to grade 8. Later we did the school survey. We tested a total of 90 students and found 12 positive cases and treated them accordingly.



Figure 8. Pictures showing school children at Terapo listening to the malaria awareness and later elementary students taking part in the survey

Assisted with distribution of supplies to CMVs

While during the trip, we were accompanied by Mr. Gabriel T from Terapo HSC who is the person in-charge of malaria at the facility and he also supervises the CMVs around their catchment area assisting them with supplies, collecting their reports etc. so during our visits we assisted him do distribution to all some of the CMVs in their catchment before going to facility visit at Koaru and Kukipi HSC.



Figure 9. Above left is CHW Gabriel issuing AL supplies for a CMV and on the Right is the HMMO Joseph with one of his CMVs at Koaru HSC

Challenges

1. Malaria Drug Shortage was a major issue faced in the province however, we managed to pull through with the buffer stocks from the mountain facilities, however if still supplies not available soon, we will be expecting to see severe cases and most likely malaria deaths if worse comes to worse due to lack of full treatment and high transmission rate.
2. Selling of malaria drugs on the street is also a major challenge however we need to confirm how it ends up on the streets. Some staffs from certain facilities have brought it to our attention that their colleagues are selling mala 1 to the public.
3. Most health facilities don't maintain stock cards to control the flow of drugs
4. No Provincial Malaria Officer in the province to oversee the program apart from the HMMO officer
5. Wet weather causing increase of malaria cases seen daily at the out patients and also causing constraints for travelling public

Recommendation

1. GPHA to take into account the high burden of malaria in the province and have some back up plans in place for such issues as malaria drug shortage and purchase from other sources to sustain their population while awaiting new stocks to arrive from AMSs, RAM etc.
2. GPHA to send out warning notice to all facilities on selling of antimalarial on the streets and deal with respective staffs accordingly.
3. All dispensers, personals responsible for dispensaries must be trained and upskilled in using stock cards to control flow of drugs in each facility
4. GPHA to recruit a provincial malaria officer under the disease control unit to oversee the malaria program apart from RAM officers

Pictures showing some highlights of the Gulf Trip



Figure 10. continuous wet weather in Gulf_Kikori District Hospital on reporting forms



Figure 11. Barbara Kevea updating TB/HIV and Leprosy officer at Kapuna



Figure 11. Mr. Robin Sone and Ms. Barbara with the Facility Manager Mr. Jasper at Kikori HC discussion way forward for the TB/Leprosy Program at Kikori HC



At Yosipie _Distribution of nets and antimalarial to Koaru and Kukipi