



By: Eustin Torot

Regional Malaria Coordinator WNB/Manus/Hela

RAM/NMCP

## QUARTER TWO FIELD TRIP REPORT SUMMARY

Name of Officers:	Eustin Torot
Destination:	Hela Province
Date Travelled:	11 <sup>th</sup> June 2024
Date Returned to Port Moresby:	23 <sup>rd</sup> June 2024
Nights away from the office:	12 Nights
Type of documents attached:	Ticket bud
PHO Accompanying Officer:	Roger Ali (PMS Hela PHA) Melisha Andrew (PDCO Hela PHA) Rex Lei ( Hela PHA Driver)
Purpose of Travel:	Quarter Two (2) Malaria Supervisory Visit and Drug Distribution

### PEOPLE MET WITH:

- Ms. Rebecca Puruma \_ Acting Director Public Health
- Ms. Melisha Andrew \_ Provincial Disease Control Officer
- Mr. Roger Ali \_ Provincial Malaria Supervisor

### OBJECTIVE

- Distribution of malaria RDT Kits, ACTs
- Ensure all health facilities are implementing Primaquine single dose policy
- Onsite refresher training on malaria diagnosis and malaria treatment protocol, IPTp
- NHIS Training on malaria reporting updates in revised NHIS Monthly Reporting form
- Ensure correct reporting of malaria cases in eNHIS
- Collection and follow-up on outstanding ANC net reports, NHIS Monthly Reports
- Stock takes on RDTs/ACTs, antenatal LLINs and all other malaria commodities
- Ensure that HF medical stock cards are updated and maintained at health facilities

## **BRIEF BACKGROUND OF HELA PROVINCE**

Hela is a province of Papua New Guinea. The provincial capital is Tari. The province covers an area of 10,498 km and there are 249,449 inhabitants (2011 census figures) Hela province officially came into being on 17 May 2012-comprising three districts previously part of Southern Highlands Province.

There were three districts in the province. However, one new electorate known as Komo Hulia LLG was approved in April 2022, Komo-Margarima Electorate. Each district has one or more Local Level Government (LLG) areas.

**Figure 1. Map indicating Hela Province in Reference to PNG**



## **EXECUTIVE SUMMARY**

The quarter two (2) supervisory and drug distribution visit to Hela Province started on the 11<sup>th</sup> of June 2024 to 26<sup>th</sup> of June 2024. This was the first visit to Hela Province since the Q4 of 2023. In this quarter, we were able to visit 11 of the 22 accessible Health Facilities. Due to security reason and logistical constraints, the team was unable to visit all facilities. We only achieved 50% of HF coverage in this Quarter.

From the 11 facilities visited, 5 were out of ACTs for more than two weeks prior to the teams visit and almost all facilities were out of stock of RDT. Also all facilities visited did not keep and maintained stock cards for malaria commodities. Furthermore, documentation of malaria M&E tools such as Malaria Register and ANC net register were poorly maintained in all the facilities visited. Also 10 bales of ANC nets stored in the PHA container was unaccounted for during the time period between the last visit in 2023 and the Q2 2024 visit.

All this issues were discussed with Provincial Disease Control Officer and Acting Public director Hela PHA to put in place system to improve the above problems. This was also discussed with the Provincial Malaria Supervisor Hela PHA to take lead in making sure Health Facilities and Hospital account for Malaria commodities and improve documentation of Malaria reporting tools.

It was also noted during the visit that most Health Facilities staff are not fully aware of the new malaria Treatment Protocols. Onsite training was done however staff needs continued routine visit from PMS and CQI training for Hospital and Health Facilities staff.

## HEALTH FACILITY VISITED

**Table 1. Health Facilities visited in Q2**

HELA PROVINCE

HEALTH FACILITY VISIT SUMMARY

2024

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HFs	38	38	38	38
Total Number Access	22	22	22	22
Total Number Reached		11		
% Coverage (Accessible)	0.0	50.0	0.0	0.0
% Coverage (Total HF)	0.0	28.9	0.0	0.0

PROVINCE	DISTRICT	HEALTH CENTRE	VISIT 1	VISIT 2	VISIT 3	VISIT 4	Total HC Visits 2022	Total Expected Visits in 2022	% of HFs visited in 2022	ACCESS	ROAD	BOAT	AIR	DISTANCE FROM PHO (IN HRS)	Accessibility	comments
HELA	KOMO MAGARIMA	MANANDA SC		14.06.2024			2	4	50.0	Road	1	0	0	2.5 Hrs	Accessible	Physically Visited
HELA	KOMO MAGARIMA	Para HC		14.06.2024			2	4	50.0	Road	0	0	0	2 Hrs	Accessible	Physically Visited
HELA	KOMO MAGARIMA	Komo HC		14.06.2024			2	4	50.0	Road	0	0	0	3 Hrs	Accessible	Physically Visited
HELA	TARI PORI	HANGAPO SC		13.06.2024			2	4	50.0	Road	1	0	0	0.5 hrs	Accessible	Physically Visited
HELA	TARI PORI	TARI HOSPITAL		20.06.2024			1	4	25.0	Road	1	0	0	0 Hrs	Accessible	Physically Visited
HELA	TARI PORI	HIWANDA HSC		13.06.2024			2	4	50.0	Road	1	0	0	0.5 Hrs	Accessible	Physically Visited
HELA	TARI PORI	WABIA RH		18.06.2024			2	4	50.0	Road	1	0	0	0.5 Hrs	Accessible	Physically Visited
HELA	TARI PORI	TIGIBI SC		18.06.2024			2	4	50.0	Road	1	0	0	1 Hr	Accessible	Physically Visited
HELA	TARI PORI	DAULI SC		18.06.2024			2	4	50.0	Road	1	0	0	1 Hr	Accessible	Physically Visited
HELA	TARI PORI	PORI SC		12.06.2024				4	0.0	Road	1	0	0	3 Hrs	Inaccessible	Physically Visited
HELA	TARI PORI	Halongali UC		13.06.2024			2	4	50.0	Road	1	0	0	0.5 hrs	Accessible	Physically Visited
<b>TOTAL</b>		10	0	11	0	0	19	44	43.2		9	0	0		11	

Hela province has a total of 38 registered health facilities. There are 22 accessible health facilities, 16 inaccessible. Thus of the 38 health facilities, 17 are government run facilities and 21 facilities are run by various church agencies. During the visit, we have visited a total of 11 accessible health facilities which is 50% coverage of accessible facilities visited and 28.9 coverage of total health facilities in Hela Province.

**RDTs AND ACT SUPPLIES PROCURED GLOBAL FUND/NDOH**

**Table 2. RDT and ACT supplied by Global Fund/NDOH**

Malaria Commodity		Expiry Date	Batch Number
ACT 6	NDOH	12/25	3E01046
ACT12	NDOH	11/25	BIAPH014
ACT 18	NDOH	5/25	BIAPA006
ACT 24	NDOH	10/25	BIAPH006
ACT 24	NDOH	5/25	BIAPH020
RDT	NDOH	5/25	H006C003D
PRIMAQUINE	NDOH	10/25	180622

**ANTENATAL LLINS REPORT**

In quarter two (2) visit, we issued a total of 250 nets (5 bales) to 4 Health facilities. There were a total of 15 bales (750) nets left in the Malaria Program container at Hela PHA after the Q4 2023 distribution, however 10 bales (500 nets) were unaccounted for at start of this quarter visit. No documentation of proof was provided for the missing nets thus were labelled as UNACCOUNTED NETS. During the visit it was also noted that documentation of issued and distributed nets were very poor at almost all Health Facilities. There were receipts of distributed nets retrieved from few facilities, however all ANC net register was not up to date and signed documents were missing. Only one Facility, Mananda HC had stock in hand at the time of the visit, all facilities were out of stock of ANC Nets. Discussion was done with Provincial Disease Control Officer and Provincial Malaria Supervisor about locating a safe place for next batch of ANC nets where they can be accounted for. Also PMS was refreshed on how to document issued nets to HF using a delivery docket.

**Table 3: Showing Balance from Q4 2023 and distribution of ANC nets in Q2**

	HELA Q4 remaining balance						650	15 bales in Hela container, HELA PHA
	HELA Q2 2024 OPENING BALANCE						250	
13.06.24	HANGAPOC HC	PATRICIA.K	EUSTIN TOROT	26530		50	200	
13.06.24	HIWANDA HC	EVA DANIEL	EUSTIN TOROT	26529		50	150	
13.06.24	HALONGALI	FRANCIS AMYZAGIKO	EUSTIN TOROT	26531		50	100	
13.06.24	TARI HOSP MCH	JACKLYN DABE	EUSTIN TOROT	26533		100	0	

## ACCOUNTABILITY OF MALARIA DRUGS SUPPLIES

All malaria RDT and ACTs are kept at a storage room in the white house Hela PHA. After quarterly Visits and distribution if Health Facilities run low of supplies they are expected to bring in their reports to PMS, Mr Roger Ali quantifies according to their reports and fills the Goods Delivery Note (GDN) of the required get their yellow copy and supplies are to be collected at Medical store upon sight of yellow GDN from the PMS. This was done in the first Quarter of the year as ACT/RDT were supplied without proper documentation accountability that led to Health Facilities stock Out of RDT/ACT.

## HEALTH FACILITY FINDINGS AND OBSERVATION AND STOCK MANAGEMENT

**Table 4. Observation Findings from Health Facility Visited**

<b>Health Facility</b>	<b>RDT/ACT STOCK MANAGEMENT</b>	<b>TREATMENT</b>	<b>ANC LLIN</b>	<b>REPORTS FROM JAN-MAY 2024</b>
<b>Pori HC 12/06/24</b>	Stock out of RDT/ACT  No Stock Cards Kept and Maintained	Staff not aware of the new Malaria treatment protocol. Onsite training done. New IPIT protocol not followed.	ANC register not updated. No signed delivery docket noted.	5 report Submitted
<b>Halongali UC 13/06/24</b>	Stock out of RDT  No Stock Cards Kept and Maintained.	Staff not aware of the New Malaria Treatment Protocols. Refresher training done	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets. 50 nets supplied	3 reports Submitted
<b>Hangapo HC</b>	Stock out of RDT/ACT  No Stock Cards Kept and Maintained.	Staff not aware of the new Malaria treatment protocol. Onsite training done. New IPIT protocol not followed.	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets. 50 nets supplied	5 report Submitted
<b>Hiwanda UC 13/04/24</b>	Stock out of RDT/ACT  No Stock Cards Kept and Maintained	Staff not fully aware of the New Malaria Treatment Protocols. Refresher training done	Misplaced the Net register.	4 report Submitted
<b>Manada HC 14.06.24</b>	Stock out of RDT  Only one half box of ACT 24 was noted in the Pharmacy. No Stock Card Kept and maintained.	Staff not fully aware of the New Malaria Treatment Protocols. Refresher training done	20 nets in stock at the time of the visit. ANC register not updated .	5 report submitted

<b>Komo HC</b> <b>14/06/24</b>	1 box of RDT 1 box of ACT 18 1 box Of ACT 24 stored in the Pharmacy. No stock card used in the HF	Officers not aware of the new treatment protocol.	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	3 report submitted
<b>Para HC</b> <b>14/06/24</b>	Stock out of RDT  No stock card kept and maintained in the HF. Few ACT noted in the HF	Officers not aware of the new treatment protocol. Onsite training done with the staff	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	5 reports submitted
<b>Wabia HC</b> <b>18/06/24</b>	Stock out of RDT/ACT  No Stock Cards Kept and Maintained	Staff not aware of the new Malaria treatment protocol. Onsite training done. New IPIT protocol not followed.	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	5 report submitted
<b>Tigibi Hc</b> <b>18/06/24</b>	Stock out of RDT/ACT  No Stock Cards Kept and Maintained	Staff not aware of the New Malaria Treatment Protocols. Refresher training done	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	5 report submitted
<b>Dauli HC</b>	Stock out of RDT  Only 1 box of ACT 12 was noted in the HF  Stock cards not kept and maintained	Attending staff not aware of the new Treatment Protocols. Onsite training was done	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	5 report submitted

## **TARI HOSPITAL REPORT: DATE OF VISIT: 20/06/24**

The team only visited 3 departments that stores and uses Malaria Commodities.

- Pharmacy
- Lab
- MCH

Both RDT and Microscopy are done in the Lab. All department in the Hospital usually sends patients to the Lab for either RDT or microscopy. Once the result is given, the patient takes the result to the clinician where a prescription is issued if the result is positive for the pharmacy to supply treatment. Once the RDT quantity is low the Lab sends their request for supply from the pharmacy.

Most of the clinician are not aware of the new malaria treatment protocol in place and the report from the Lab are sometimes not submitted in time for the PHIO to do monthly report. Most often the commodities supplied to these departments are by of Stock on Hand and not report submission based. Thus accountability of malaria commodities is very poor.

The hospital is providing antenatal clinic for pregnant mothers thus ANC nets is supplied to the department. Most of the staff are not aware of the new IPTP treatment protocol thus an onsite training was done with the attending staffs. ANC register is kept well but missing signed issued docket.

The team was unable to meet with the PHO during this quarter visit

### **SUMMARY OF FINDING**

- 5 out of 11 facilities visited had stock out of ACT/RDT for more than 2 weeks and 9 out 11 facilities had stock out of RDT for more than two weeks
- Documentation and record keeping using malaria M&E tools is very poor in all facilities visited
- Most staff from Health Facilities visited are not aware of the new Malaria Treatment Protocol including the new IPTP guidelines
- 6 out of 11 facilities had stock out of Primaquine during the time of the visit
- All facility had stock out of ANC nets except for Mananda UC. However, ANC register was not Updated in all facilities
- Stock cards not kept in all facilities visited
- Clinical Case reporting from Health facilities is a big issue

### **eNHIS TABLET**

All 11 Health Facility visited currently have a functional eNHIS tablet and are currently using it for monthly submission of reports. Facilities were encouraged to do daily correct entries and submission of monthly reports on time as late reporting is still happening in some facilities. Facilities are to report any issues with the tablet VIA Provincial Malaria WhatsApp group so PHIO can be notified and action can be taken to sort out the issue.

### **IPTP**

All attending staffs from the 11 facilities visited are not aware or still not sure of the new IPTp treatment guidelines. Onsite training was done in each facilities and PMS is encourage to do routine supervisory visit specifically to do continues training to improve knowledge this issue. 7 out of 11 facilities visited were stock out of Fancidar at the time of the visit. Most staff mentioned that they do supply 3 dosages for pregnant mothers but not following the new guidelines and recording of second and third dose is usually done in the mother's clinic books

**Table 5. Report summary from the Month of January 2024 to May 2024**

**Hela Province**

**MALARIA REPORT January to May 2024**

Date Printed: 24/06/2024 14:22:08

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
210401	Benalia SC	5	37	2	0	0	0	0	0	0	0	0	0	0	0
210403	Juni SC	1	0	0	0	0	0	0	0	0	0	0	0	0	0
210404	Karinja SC	5	4	0	0	0	0	0	0	0	0	7	14.3	14.3	14.3
210405	Komo HC	3	0	0	0	0	0	0	0	0	0	0	0	0	0
210406	Manada SC	5	0	6	0	0	0	0	0	0	0	24	33.3	12.5	4.2
210407	Margarima DH	5	258	0	1	0	0	0	0	0	0	0	0	0	0
210408	Panduaka SC	5	1	0	0	0	0	0	0	0	0	46	6.5	6.5	23.9
210409	Wabia SC	5	111	8	4	1	0	0	0	0	0	0	0	0	0
210411	Tigibi SC	5	11	4	0	0	0	0	0	0	0	0	0	0	0
210412	Dauli SC	5	0	8	0	0	0	0	0	0	0	0	0	0	0
210415	Paua SC	4	0	0	0	0	0	0	0	0	0	0	0	0	0
210416	Walagu SC	5	450	44	0	0	0	0	0	0	0	20	75.0	75.0	0
210414	Para SC	5	5	1	0	0	0	0	0	0	0	0	0	0	0
<b>KOMO/MARGARIMA District</b>		<b>58</b>	<b>877</b>	<b>73</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>97</b>	<b>27.8</b>	<b>22.7</b>	<b>13.4</b>
210501	Guala SC	5	0	3	0	0	0	0	0	0	0	0	0	0	0
210502	Kelabo SC	5	4	2	0	0	0	0	0	0	0	0	0	0	0
210503	Kopiago HC	5	13	67	0	0	0	0	1	0	0	66	62.1	30.3	0
210504	Koroba DH	5	10	38	1	10	0	0	0	0	0	115	27.0	27.0	0
210505	Mogoro Fugwa SC	5	1	7	2	1	0	0	0	0	0	62	11.3	8.1	0
210506	Paga SC	5	167	153	4	0	1	0	1	100	0	110	68.2	67.3	0
210508	Pureni SC	5	0	0	0	1	0	0	0	0	0	7	0	0	0
210510	Hedemari SC	5	0	3	0	0	0	0	0	0	0	23	8.7	8.7	0
210512	Kagoma SC	4	2	0	0	0	0	0	0	0	0	4	0	0	0
210513	Wanikipa SC	4	37	233	0	4	0	0	0	0	0	271	86.0	81.2	0
210514	Kakarene SC	5	0	3	0	0	0	0	0	0	0	11	0	0	0
210516	Maria CHP	5	1	3	0	0	0	0	0	0	0	0	0	0	0
210517	Aluni CHP	4	17	7	0	10	0	1	0	0	0	34	20.6	20.6	8.8
<b>KOROBA/KOPIAGO District</b>		<b>62</b>	<b>252</b>	<b>519</b>	<b>7</b>	<b>26</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>50.0</b>	<b>0</b>	<b>703</b>	<b>56.3</b>	<b>51.1</b>	<b>0.4</b>
210507	Pori SC	5	348	475	3	4	0	0	0	0	0	815	56.2	16.1	0.9
210803	Hangapo SC	5	0	6	0	0	0	0	0	0	0	4	100	75.0	0
210804	Idawi SC	1	7	0	0	0	0	0	0	0	0	0	0	0	0
210805	Karida SC	2	0	0	0	0	0	0	0	0	0	0	0	0	0
210806	Pajaka SC	5	0	1	0	0	0	0	0	0	0	0	0	0	0
210807	Tani Walete SC	5	1	2	2	0	0	0	0	0	0	3	0	0	0
210808	Tari HP	5	24	2	3	0	1	0	0	0	0	0	0	0	0
210809	Hiwanda SC	4	8	0	0	0	0	0	0	0	0	0	0	0	0
210810	Hungi SC	3	0	1	0	0	0	0	0	0	0	0	0	0	0
210811	Halongali SC	3	0	0	0	0	0	0	0	0	0	7	0	0	0
210812	Pal UC	5	0	7	0	0	0	0	0	0	0	13	30.8	23.1	0
<b>TARI/PORI District</b>		<b>43</b>	<b>388</b>	<b>494</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>842</b>	<b>55.3</b>	<b>16.3</b>	<b>0.8</b>
<b>Hela Province</b>		<b>163</b>	<b>1517</b>	<b>1086</b>	<b>20</b>	<b>31</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>50.0</b>	<b>0</b>	<b>1642</b>	<b>54.1</b>	<b>31.5</b>	<b>1.4</b>

- ✓ Timely submission of monlty report is still an issue for some facilities in the province
- ✓ Clinical case reporting is still an issue in all facilities
- ✓ Two clinical death and one RDT Death recorded in in this reporting period

## CHALLENGES

- Security concerns is still an issue in Hela Province due to ongoing tribal conflicts
- Logistical constraints
- No proper storage facility for Malaria Commodities in Hela PHA
- Lack of routine supervisory visit to HF by PMS
- Most staff not aware of the New Treatment Protocols
- Documentation and record keeping through the Malaria M&E Tools is still a challenge
- Health Facilities Not Keeping and Maintaining Stock Cards at the Facility Level

## RECOMMENDATION

- PMS to take lead in doing supervisory visit and strengthen system of accountability and reporting
- Plan CQI for staff in Q3
- Increase/Revive partnership with other Partners to improve logistical issue
- Plan for 6 monthly visit to the Province once reporting and accountability improves
- Distribution of Stock Cards to be done by PMS to all Facilities
- PMS to create a platform/mode of communication, ideally a WhatsApp Group so every officers in Health Facilities can communicate efficiently
- Increase PMS routine trip to HF to improve in clinical casse reporting
- Proper planning is needed

## ACKNOWLEDGEMENT

1. HELA PHA Administration for the continues support towards the National Malaria program and the Logistical support provided in this Quarter Visit
2. Hela PHA staff who worked together with the RAM team during the quarter one visit,
  - Mr. Roger Ali- Provincial Malaria Supervisor
  - Mr. Rex Lei- HELA PHA Driver
  - Ms. Melisha Andrew- HELA PHA PDCO
3. All OIC/Staff from the visited Facilities
4. The Global Fund for the continuous funding of Malaria Commodities and funding Q2 Hela Health Facility Malaria Supervisory Visits and malaria commodities distribution

**PHOTOS**



**Health Facility Visit to KOMO HC**



**Onsite Training with Pori HC Staff**



**Health Facility Visit to Manada HC**

**END OF REPORT**