

## Q2-2024 FIELD TRIP REPORT FOR JIWAKA



**Nr. Elly from Ketepam HSC (right) and the Regional Malaria Coordinator Ms. Agatha Gola (left) conducting Malaria School Survey Program at Pukmie Elementary School in Anglimp South Waghi, Jiwaka Province.**

**VISITING OFFICER:** AGATHA GOLA (RMC)

**ACCOMPANYING OFFICERS IN THE FIELD:** MR. BOSH ALAH (JIWAKA PROVINCIAL MALARIA ERADICATION OFFICER)

**DATE OF VISIT:** 3.06.24-17.06.24

**NIGHTS AWAY FROM THE OFFICE:** 15 NIGHTS

**TYPE OF DOCUMENTS ATTACHED:** PHOTOGRAPHS

**PURPOSE OF VISIT:** MALARIA M & E VISIT FOR QUARTER 2-2024

TABLE OF CONTENTS:

Table of Contents.....2

Executive Summary .....3

Background of Jiwaka Province & Health Services in Jiwaka.....4

Aid Posts & Malaria Prevalence by Altitude.....5

Purpose of Visit, Jiwaka PHA team met with and Type of transport used.....6

Highlights of Q2-2024 visit.....7

ANC LLIN Update & Malaria Stock Update.....8

Malaria Data Updates from 2019-2024 .....9-10

Health facilities visits, findings & observations and activities implementation.....10-14

Update on PNG Malaria Treatment Protocol, Achievements & Key Challenges.....14-15

Recommendations.....15

Acknowledgement.....16

Photographs.....17

## EXECUTIVE SUMMARY

This is the second quarter of 2024 monitoring and evaluating visit for the National Malaria Control Program to Jiwaka Province. The visit was done for a period of 14 days, which started on the 3<sup>rd</sup> of June and ended on the 17<sup>th</sup> of June 2024.

Logistic preparations were done in Port Moresby and the Jiwaka PHA team were notified through the formal Provincial Notification Letter from the Program Manager of the National Malaria Control Program prior to travel into the Province.

Before the commencement of actual visits to Health Facilities, briefing was done between the Director of Public Health, Malaria Eradication Officer and the Regional Malaria Coordinator.

Due to the 3 days' delay with the Malaria Program Vehicle CAU 559, the schedule the visit was split between the RMC and the MEO to complete the visit on time as scheduled. So, the MEO visit the health facilities in North Waghi District while the RMC visited facilities in Anglimp South Waghi District and together we physically visited the 5 facilities in Jimi District which were once inaccessible due to the bad road condition. So, a total of 23 health facilities were visited, which brings the accessible coverage percentage to 127.8%.

Drug supplies for the 3(Koinambe HC, Tsendiap HSC & Togban HSC) air accessible facilities in Jimi were consigned and delivered successfully by the RAM LLIN team who were doing general bed net distribution in this quarter's visit and Ambullua HSC will be delivered once the RAM LLIN team resume after their mid-year review meeting.

During this visit, Malaria School Survey was also conducted by the RMC with the assistance from the 3 other health staffs from the nearby health facility. A total of 108 students were surveyed and all results were negative.

## BACKGROUND OF JIWAKA PROVINCE

Jiwaka is one of the provinces in the Highlands region of Papua New Guinea with mountains that rise up to over 3,600 meters. It is made up of three districts namely; North Waghi, Anglimp South Waghi and Jimmy. North Waghi and Anglimp South Waghi are situated in the valleys and parts in the mountains while Jimi District is the northern district that has a low lying valley which goes down to almost 400 meters in the West and rises to high altitude in the East. This is the district with high endemic malaria in Jiwaka Province. The provincial capital is temporarily located in Kurumul. The Jiwaka Provincial Health Headquarter is also in Kurumul.

The province covers an area of 4,798 km<sup>2</sup>, and there are 343,987 inhabitants (2011 census). Jiwaka province officially came into being on 17 May 2012, comprising three districts previously part of Western Highlands Province.

Jiwaka is located in a very fertile land (Waghi Valley). The Waghi River runs between the valley and most of the people benefit out of it. Besides the Waghi River, the land is naturally fertile and people harvest the best food from it. The 3 resources of the Jiwaka people are coffee, tea and human resources.

Economy in the province is mainly generated through subsistence farming, piggery and poultry and Human Resource. Cash crops in the province are mainly coffee, tea and fresh vegetables.

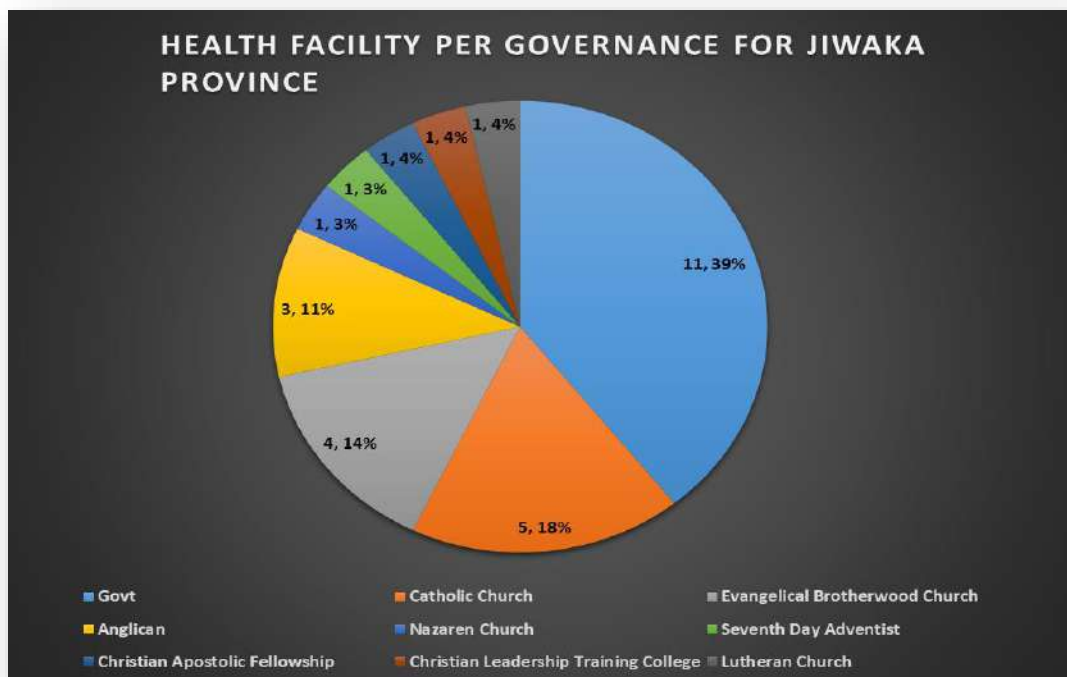
Infrastructure is slowly improving but in few selected local areas. It is deteriorating in most parts of the three districts. The road to Jimi District is extremely bad and risky in most parts, however, upgrading is recently done from Banz to Kol, which is a bit okay in good weather.

Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

## HEALTH SERVICES IN JIWAKA

Jiwaka has a total of 28 reporting health facilities. Of the 28 reporting health facilities and as per the District, Jimi District has 9 reporting health facilities, North Waghi has 8 and Anglimp South Waghi has 11. Twenty-three (23) out of the 28 health facilities are accessible by road while the 4 in Jimi and 1 in Anglimp South Waghi are air accessible. It is governed by both the Jiwaka Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 28 reporting health facilities per governance.



## AID POSTS

Jiwaka has 89 Aid Posts of which 8 are inactive while the 81 are active or functioning.

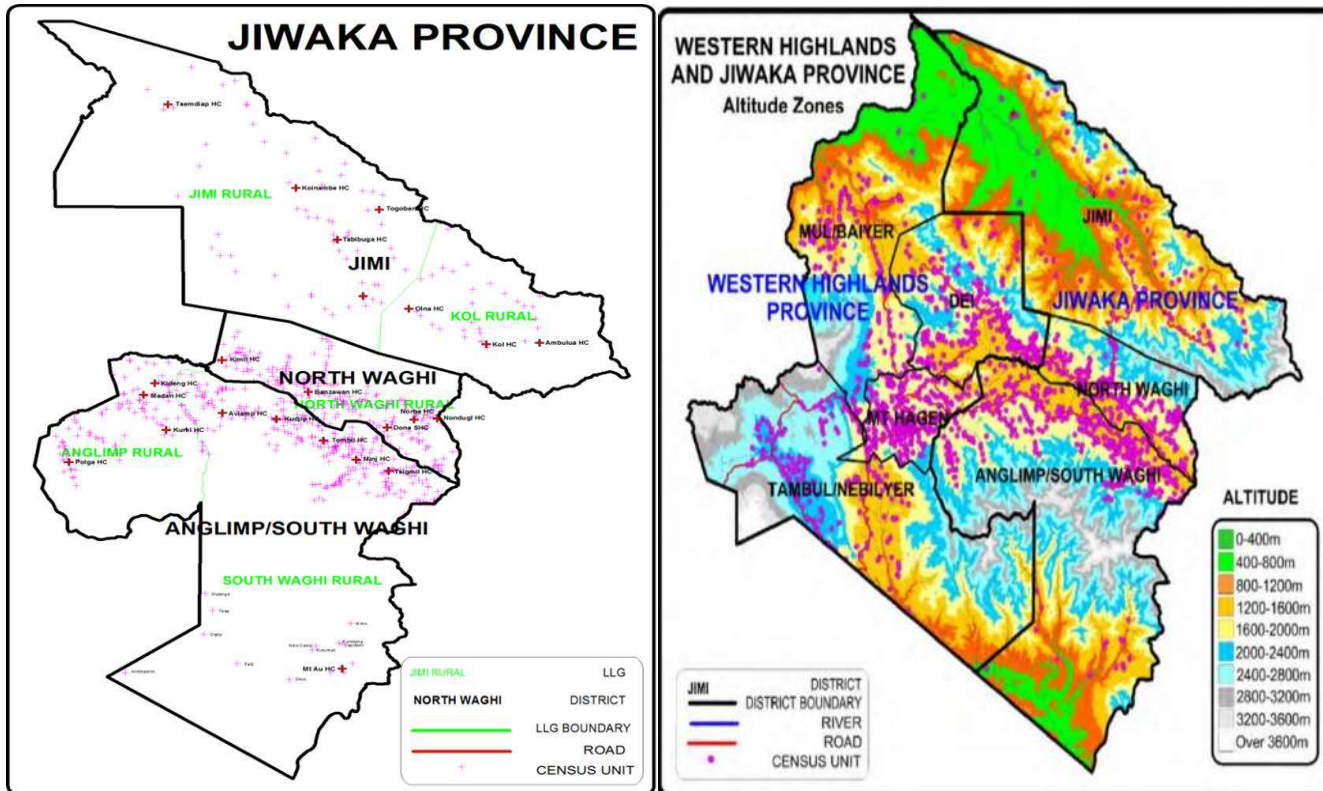
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid Posts.

**MALARIA PREVALENCE BY ALTITUDE**

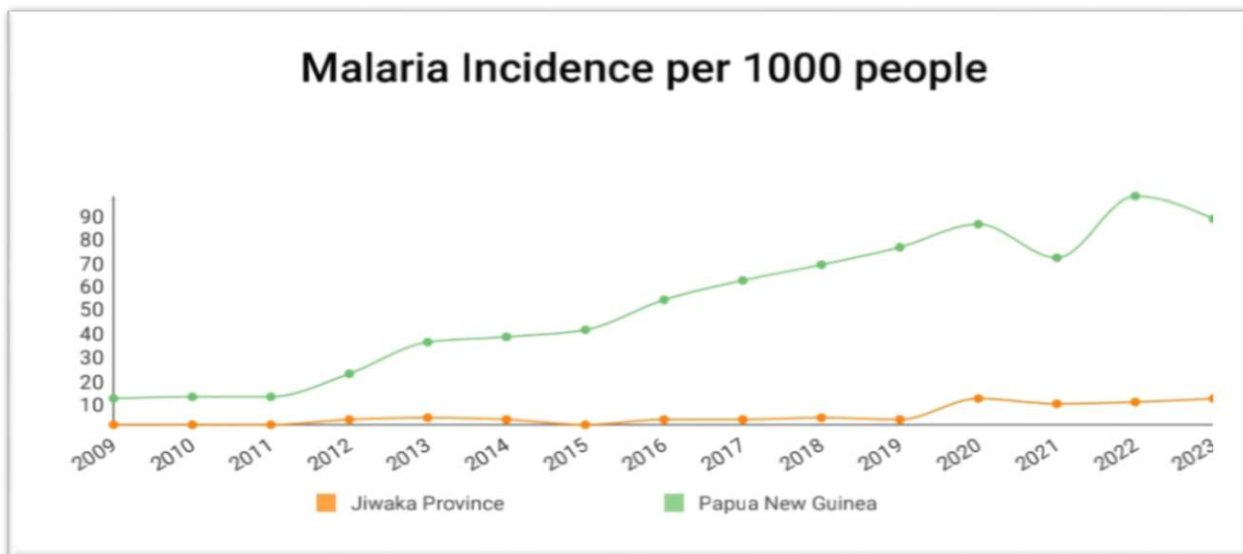
Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

Figure 1. Shows the sketch of 3 Districts for Jiwaka Province.

Figure 2. Shows the altitude zone for Jiwaka & WHP.



Graph 2. Malaria prevalence rate for Jiwaka Province compared to the rest of PNG from 2009-2023.



Source: e-NHIS Jiwaka Province Health Indicators.

## PURPOSE OF VISIT

The purpose of this visit is to;

- distribute mRDTs, ACTs, Primaquine tablets and Antenatal Long- lasting insecticidal Nets to all reporting health facilities,
- do active stock rotation of antimalarial from one health facility to another, i.e. from low consumption rate to high consumption rate,
- run continuous quality initiative trainings to health facility's OIC and staffs/trainees where needed,
- check on Health Facility Malaria Registers and Antenatal bed net registers & collect,
- stocktake on all malaria commodities at the health centres and replenish where necessary,
- monitor medical supply stock cards for mRDT, ACTs, Primaquine tablets and update,
- check on how well the malaria data is entered into the e-NHIS tablet and whether all sections under malaria is correctly reported,
- malaria data verification and validation through the use of Monthly Malaria Report against the raw data in the reporting tools at the facility,
- coach OICs on how to enter malaria data correctly and completely under malaria sections of the e-NHIS tablet
- make sure e-NHIS monthly reports are sent on time and
- make sure intermittent preventative treatment in pregnancy (Fansidar prophylaxis for antenatal women) is implemented and documented in the ANC Registration book.
- liaise with Remote Sensing Team to solve discrepancies found in the e-NHIS tablet with regards to Malaria Program and also the general use and function of the tablet.

Table 1. JIWAKA PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Sr. Kolly Bang	Director of Public Health	72464470	kollynhm@gmail.com
Mr. Bosh Alah	Malaria Eradication Officer	79410079	alahbosh39@gmail.com
Mr. Joe Ingak	PHA Driver	74264193	nil
Mr. Augustine Kumba	District Health Officer-Jimi District	73301580	nil

Table 2. TYPE OF TRANSPORT USED:

Vehicle	Malaria Program Vehicle
Vehicle Used	LBX 513, LBX 514, ICC 396 & CAU 559
Color	RAM Color, Blue Yellow
Type	Toyota Land Cruiser 10 seater
Registration Validity	10.04.2025(LBX 514)
Safety Sticker Validity	26.07.25 (LBX 514)
Duration of use	Days
Driver	Mr. Dominic Pora & Joe Ingak
Contact	73204135 & 74264193

The Malaria Program vehicle CAU 559 was assigned to use for this 2<sup>nd</sup> quarter visit, however, due to its mechanical fault and couldn't started, it was worked on by the PHA's mechanic for the first 3 days. The LBX 513 was then given to RMC by RAM LLIN team to use so it was used for 6 days and swapped with another Malaria Program vehicle Isuzu D-Max ICC 396. The motive was for the RAM LLIN M&E Officer to use the land cruiser 10-seater in Simbu because of the bad road condition while the RMC can use the D-Max on flat roads in Anglimp South Waghi in Jiwaka. It was again swapped after 2 days because RMC was to visit Jimi District, hence needed a 10-seater for the Jimi roads. However, it was then swapped with LBX 514 due to smooth tyres. So, the LBX 514 was used for Jimi District and continued over to WHP's Q2 visit and parked at IMR-Goroka after the RMC returned to Port Moresby RAM Office.

## HIGHLIGHTS OF Q2- 2024 RMC's VISIT

### 1. Health Facility Visits Summary for Quarter 2-2024:

Jiwaka has a total of 28 reporting health facilities. Of the 28, 5 are air accessible health facilities located in Jimi District and 1 in Anglimp South Waghi District, 5 are located in Jimi District and are hard to reach most times with bad weather. However, in this visit, the 5 inaccessible health facilities in Jimi were visited after a while. The balance of 18 are accessible by road and reachable, hence, visited in every quarterly visits. So, a total of 23 health facilities were physically visited as shown in table 3 below.

Table 3. shows the summary of the visit in Q2.

<b>Total number HFs</b>	<b>28</b>
Total Number Accessible	18
Total Number Reached	23
% Coverage (Accessible)	127.8 %
% Coverage (Total HFs)	82.1%

### 2. Update on Drug Supplies for the 5 air accessible health facilities.

Out of the 5 Air accessible health facilities in Jiwaka, 3 (Koinambe HC, Tsendiap HSC & Togban HSC) already collected their drug supplies via the RAM LLIN Officers and PHA staff.

### 3. Stock out of Malaria RDT Kits, ACTs & Primaquine Tablets:

Of the 23 health facilities visited, 2 facilities had stock out of mRDTs, 2 in Jimi District had stock out of both mRDTs, ACTs and Primaquine tablets.

### 4. Total mRDTs, ACTs & PQ distributed during Q2 visit:

Table 4. Shows the total malaria commodities supplied to Jiwakas' health facilities in Quarter 2 visit.

Year	Quarter	Malaria RDT Kits	ACTs( blisters)	Primaquine Tablets
2024	2	10 725 kits	2820 blisters	25 400 tablets

### 5. ANC LLIN Update:

There was a total of 39 bales of nets borrowed from the general bed nets at Ramu-Gusap to Kurumul-Jiwaka PHA yard and stored there as Jiwaka and WHP's stocks. 19 bales were for Jiwaka and 20 bales for WHP.

So, during this 2<sup>nd</sup> quarter visit, 15 bales were distributed to health facilities while 4 were left in the container for air accessible health facilities in Jimi.

Table 5. Shows the ANC LLIN distribution to health facilities in Jiwaka Province.

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS
22.05.24	JPHA MALARIA	Agatha Gola(RMC)	Kila Tom-RAM Logistics	50408	950		950	New Stocks supplied by RAM. Taken up to Jiw aka from Ramu/Gusap
22.05.24	WH PHA MALARIA	Agatha Gola(RMC)	Kila Tom-RAM Logistics	50409	1000		1950	New Stocks supplied by RAM. Taken up to Jiw aka from Ramu/Gusap
7.06.24	Tsigmil HC	Thomas Paul	Agatha Gola-RMC/Bosh Alah-MEO	30070		50	1900	Issued upon HF visit
10.06.24	Aviamp HSC	Sr. Janet	Agatha Gola-RMC/Bosh Alah-MEO	30071		50	1850	
10.06.24	Banz Day 2 Urban Clinic	Judith Nani-SIC	Agatha Gola-RMC/Bosh Alah-MEO	30072		50	1800	
11.06.24	Kindeng HC	Mr. Jack Wambil	Agatha Gola-RMC/Bosh Alah-MEO	30073		50	1750	
11.06.24	Tsendiap HSC	Delivered by Jonathan Tei(RAM LLIN)	Agatha Gola-RMC/Bosh Alah-MEO	30074		100	1650	
12.06.24	Dona HSC	Issac Komni	Bosh Alah-MEO	41039		50	1600	
12.06.24	Banz Day 1 Urban Clinic	Freda Kosnga-CHW	Bosh Alah-MEO	41040		50	1550	
13.06.24	Polga HSC	Jacob Dumu-CHW	Bosh Alah-MEO	41041		50	1500	
14.06.24	Kumbants HSC	Sr. Ruth Mullul-OIC	Agatha Gola-RMC/Bosh Alah-MEO	30076		50	1450	
15.06.24	Tabibuga HC	Emma Mais-CHEO	Agatha Gola-RMC/Bosh Alah-MEO	30077		100	1350	
15.06.24	Waramants HSC	Wilson Kapi-OIC	Agatha Gola-RMC/Bosh Alah-MEO	30078		50	1300	
15.06.24	Kol HC	Kenneth Guan-HEO/OIC	Agatha Gola-RMC/Bosh Alah-MEO	30079		50	1250	
16.06.24	Olna HSC	Mark Tongil-CHW	Agatha Gola-RMC/Bosh Alah-MEO	30080		50	1200	
18.06.24	WH PHA MALARIA	Agatha Gola-RMC	Agatha Gola-RMC/Bosh Alah-MEO	30081		1000	200	
18.06.24							200	Remaining stocks left for Koinambe HC, Togban HSC & Ambullua HSC.
<b>TOTAL NETS DELIVERED TO HEALTH FACILITIES</b>					<b>1950</b>	<b>1750</b>	<b>200</b>	

## 6. Malaria Stock Update

The RDTs, ACTs & Primaquine that were used for the distributions were from the Q1 -2024 buffer stocks and additional Q2 supplies from AMS/HAGEN (NDOH stocks).

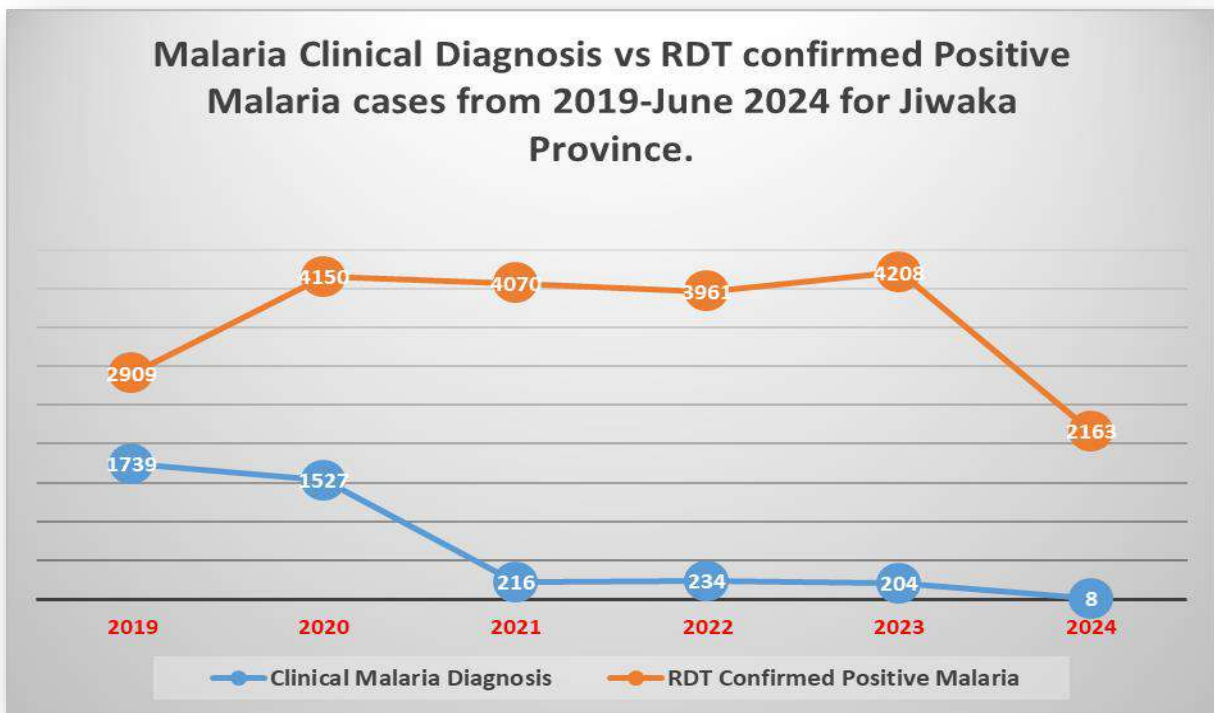
Table 6. Shows the quantities of Malaria commodities from both sources.

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
<b>Q1 Buffer Stocks</b>	3975 kits	150 blisters	240 blisters	270 blisters	360 blisters	32 000 tablets
<b>Batch #</b>	H006B003D	KD-656	A1APH005	B1APH019	A1APH006	220721
<b>Exp Date</b>	Jul-24	Dec-25	Mar-24	May-25	Aug-24	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
<b>AMS/NDOH Stock</b>	8750kits	0 blisters	1440 blisters	2160 blisters	0 blisters	38 000 tabs
<b>Batch #</b>	H006C005D		B1APH004	B1APH005	A1APH006	KE23075
<b>Exp Date</b>	May-25		Oct-25	Oct-25	Aug-24	Jan-26

## 7. Malaria School Survey Program

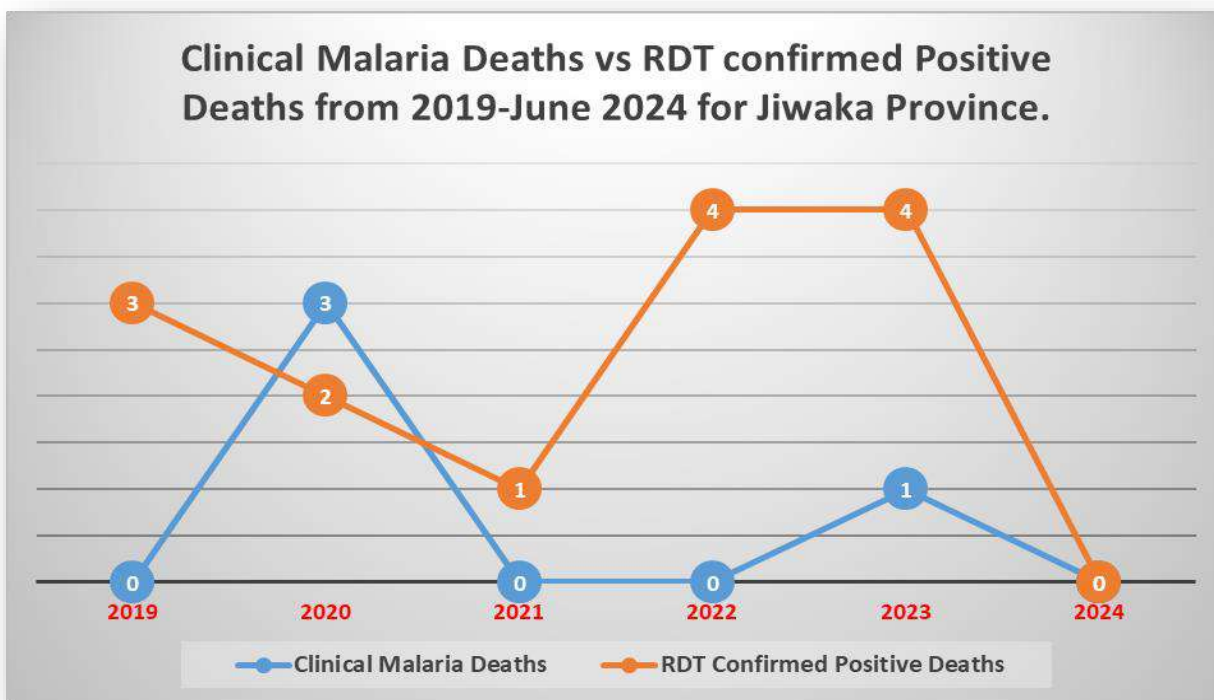
RMC met and briefed with the Elementary Coordinator from Jiwaka Education Department for the Malaria School Survey Program and he agreed to it and thanked the RAM & Jiwaka PHA for this vital Program to the vulnerable population in the schools so the school survey was successfully conducted. A total of 108 students from Pukmie Elementary School were surveyed and all results were negative.

Graph 3. Malaria Clinical Diagnosis vs RDT Confirmed Positive Malaria



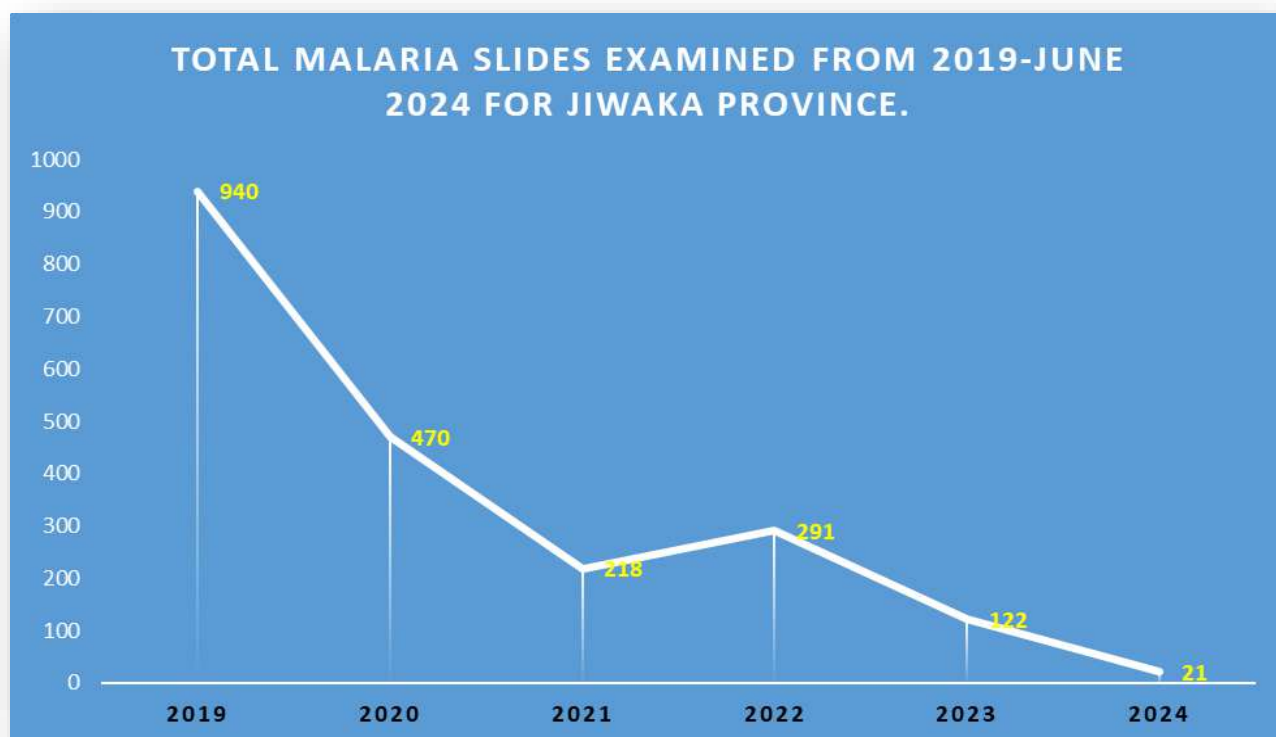
Source: e- NHIS Malaria Report

Graph 4. Clinical Malaria Deaths vs RDT Positive Deaths.



Source: e-NHIS Malaria Report

Graph 5. Malaria Microscopy Data for Jiwaka Province.



Source: e-NHIS Malaria Report

Table 7. Health Facilities visited, findings & observations and activities implemented.

District	Health Facility	Date of visit	e-NHIS Monthly Report	IPTP(Fansidar Prophylaxis)	Medical Supply Stock Cards	ANC LLIN Accountability	Activities done
Anglimp South Waghi	Minj HC	7.06.24	<ul style="list-style-type: none"> <li>Using e-NHIS tablet.</li> <li>4 Months reports submitted, 1 pending.</li> <li>No Clinical Malaria Diagnosis done.</li> </ul>	Administering 3 doses. Inconsistent in registration. I will do group training to ANC staffs in Q3.	Excellent updated before but inconsistent recently with the new HEO/OIC.	100%	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts.
Anglimp South Waghi	Tsigmil HC	7.06.24	<ul style="list-style-type: none"> <li>Using e-NHIS tablet.</li> <li>5 Months reports submitted already.</li> <li>No Clinical Malaria Diagnosis done.</li> </ul>	Administering 3 doses. Excellent registration by the ANC Officer.	Misplaced by the former OIC, reintroduced twice. Trained the new OIC to update regularly.	100%	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts.
Anglimp South Waghi	Minjmu CHP	7.06.24	Not yet coded. Reporting under Minj HC. Not performing Clinical Diagnosis.	Administering 3 doses. Excellent recording by the former HEO/OIC, however, inconsistent with the new OIC and staffs.	Well-kept but occasionally updated.	Very poor accountability.	Stock take on SoH, CQI training done & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts

Anglimp South Waghi	Aviamp HSC	10.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January &amp; Feb reports submitted.</li> <li>•No Clinical Malaria Diagnosis done.</li> </ul>	Administering 3 doses. Well done with its registration.	Well kept, however, not updated despite several trainings. Trained OIC again to update.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Tombil HSC	10.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both Jan &amp; Feb reports not submitted.</li> <li>•No Clinical Malaria Diagnosis done.</li> </ul>	Administering 3 doses of Fansidar, however inconsistent in registration.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Banz Day 2 Urban Clinic	10.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January report submitted.</li> <li>•Feb report pending submission.</li> <li>•No Clinical Malaria Diagnosis done.</li> </ul>	Excellently done	Well-kept but occasionally updated	100%	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Dona HSC	11.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet</li> <li>•Both January &amp; Feb reports pending submission.</li> </ul>	Administering 3 doses, however inconsistent in registration..	Well kept, however, occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Ketepam HSC	11.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both January &amp; Feb report pending.</li> </ul> <p>OIC has never entered Malaria data into the e-NHIS tablet simply because she doesn't know how to enter. Coached her and she did hands on by entering March Malaria data.</p>	Excellently done.	Excellently done.	100%	Stock take on SoH, CQI training to OIC & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Norba HSC	11.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•Both January &amp; Feb report pending.</li> </ul>	Excellently done.	Well kept, however, occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Kindeng HC	11.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January report submitted.</li> <li>•Feb report pending</li> <li>•No Clinical Malaria Diagnosis done.</li> </ul>	Administering 3 doses. However, unable to assess the registration as the book was misplaced.	Excellently done.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Fatima HSC	12.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•Both January &amp; Feb reports submitted.</li> <li>•No Clinical Malaria Diagnosis done.</li> </ul>	Well done.	Excellently kept and updated.	Unable to do stock count. OIC locked her office and took the key away.	Stock take on SoH, & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Madan CHP	12.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both January &amp; Feb reports yet to be submitted.</li> <li>•No Clinical Malaria</li> </ul>	Administering 3 doses, however, still using the old pink so	Well-kept but occasionally updated.	100%	Stock take on SoH CQI training to SIC & Replenished with malaria commodities.

			Diagnosis done as per HFMR book & tally sheets. •Coached SIC on how to enter malaria data.	unable to register.			Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	CLTC Clinic	12.06.24	•Using e-NHIS tablet. •January report submitted •Feb report yet to be submitted. •No Clinical Malaria Diagnosis done and reported.	Well done	Well-kept but occasionally updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
North Waghi	Banz Day 1 Clinic	12.06.24	•Using e-NHIS tablet. •Both January & Feb reports submitted. •No Clinical Malaria Diagnosis done or reported.	Well done	Excellent kept and updated.	100%	Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Anglimp South Waghi	Polga HSC	13.06.24	•Using e-NHIS tablet. • Both January & Feb reports submitted. •No Clinical Malaria Diagnosis done or reported.	Well done.	Excellent done before. However, occasionally updated with new officer. Trained a new N/O on how to update MSSCs.	100%	Stock take on SoH CQI training to new N/O & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Jimi	Kumbants HSC	14.06.24	•Using e-NHIS tablet. •January report submitted. •Feb report pending submission. •No Clinical Malaria Diagnosis done or reported.	Well done.	Well-kept by the HEO/OIC but not updated at all. Trained the OIC again on how to update MSSCs.	100%	Stock take on SoH CQI & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Jimi	Tabibuga HC	15.06.24	•Using e-NHIS tablet. •January report pending submission. •Feb report submitted. •No Clinical Malaria Diagnosis done & reported.	Administering 3 doses of Fansidar. However, not registered so trained the OIC on how to register.	Excellent done before. However, when the OIC was replaced, updating of MSSCs is done occasionally.	Few nets unaccounted for. Talked to the new OIC to keep the nets in his office.	Stock take on SoH, CQI training & Replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Jimi	Waramants HSC	15.06.24	•Using e-NHIS tablet. •January report submitted. •Feb report pending submission. •No malaria Clinical diagnosis done and reported in Jan.	Excellent done	Excellent done.	100%	Stock take on SoH, & replenished with malaria commodities. Checked on HFMR book/receipts & ANC LLIN receipts
Jimi	Kol HC	15.06.24	•Not yet coded. However, it is visited in every quarterly visits but unable to visit in this quarter due to landslide and locals demanded huge money to pass through.	Excellent done as observed in previous visits	Excellent done by former HEO/OIC. However, need to check on with the new OIC.	Unable to do physical stock count.	

Jimi	Olna HSC	16.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•Both January &amp; Feb reports pending submission.</li> </ul>		Not yet introduced.		Drug supplies are arranged to be consigned via Protocol Logistics from AMS-Hagen.
North Waghi	Kimil HC	19.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both January &amp; Feb reports pending submission.</li> </ul>	Administered 3 doses of Fansidar.	Not yet introduced.		OIC collected drug supplies from the PHO.
Anglimp South Waghi	Kudjip Nazaren Hospital	19.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both January &amp; Feb reports pending submission.</li> </ul>		Not yet introduced.		Drug supplies are arranged to be consigned via Protocol Logistics from AMS-Hagen.
North Waghi	Nondugl HC	21.06.24	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January report submitted.</li> <li>•Feb report not yet.</li> <li>•No Clinical Malaria Diagnosis reported.</li> </ul>		Not yet introduced		Drug supplies are arranged to be consigned via Protocol Logistics from AMS-Hagen
Jimi	Togban HSC	Air accessible, deteriorating road.	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•Both January &amp; Feb reports pending submission.</li> </ul>	Administering 3 doses of Fansidar.	Not yet introduced.		Drug supplies consigned via RAM LLIN team and delivered successfully.
Jimi	Tsendiap HSC	Air accessible	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both January &amp; Feb reports pending submission.</li> </ul>	Administering 3 doses off Fansidar. Need to check on the registration in the next visits.	Introduced already in 2021. Will check in the next visits.	Not physically visited so unable to check.	OIC to pick up drug supplies from the PHO.
Jimi	Koinambe HC	Air accessible	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January report submitted.</li> <li>•Feb report still pending.</li> <li>•No Clinical Malaria Diagnosis reported.</li> </ul>	Administered 3 doses. Need to check on register in the next visits.	Introduced already in 2021. Will check in the next visits.	Not physically visited so unable to check.	OIC collected drug supplies from the PHO.
Jimi	Ambullua HSC	Air accessible	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>• Both January &amp; Feb reports pending submission</li> </ul>	Administered 3 doses. Will check registers in the next visits.	Introduced already in 2021. Will check in the next visits.	Unable to verify, not physically visited.	OIC to pick up drug supplies from PHO.
Anglimp South Waghi	Mt. Au HSC	Air accessible	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January report submitted.</li> <li>•Feb report pending submission.</li> <li>•No Clinical Malaria Diagnosis reported.</li> </ul>	Administering 3 doses.	Not yet introduced.	Unable to verify, not physically visited.	Drug supplies collected by DHO-Jimi from the PHO.

Anglimp South Waghi	Kurki HSC	Accessible hf. Temporarily closed due to locals stole a vehicle for Jiwaka PHA.	<ul style="list-style-type: none"> <li>•Using e-NHIS tablet.</li> <li>•January report submitted.</li> <li>•Feb report pending submission</li> <li>•No malaria clinical diagnosis done.</li> </ul>	Administering 3 doses of Fansidar. Will check on registers in the next visits.	Introduced already. Will check in next visits.	Drug supplies to be collected by OIC.
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### UPDATE ON MALARIA TREATMENT PROTOCOL FOR PNG

- ✓ Single dose Primaquine for positive Pf cases is implemented.
- ✓ 14-day Primaquine after completion of ACT for Non-Pf & Mixed Infections is implemented.
- ✓ ACT in first trimester is disseminated to OICs and staffs. However, most of them requested for a formal circular from the NMCP-NDOH to confirm and implement.
- ✓ Well versed with the administration of Artemether 40mg & 80mg injection.
- ✓ Some staffs are now using Artesunate 60mg injection for severe positive malaria cases after several onsite trainings on how to dilute and administer for both intramuscular and intravenous. Trainings will continue for the benefit of all other new staffs and trainees.
- ✓ 3 doses of fansidar for Antenatal women is implemented.
- ✓ Doxycycline prophylaxis for inbound travelers is disseminated. However, as mentioned by staffs, not many people seek for prophylaxis. People just travel and only visit health facilities when they feel ill.
- ✓ Staffs are aware of the 2<sup>nd</sup> line treatment of Malaria, however, most of them are not using as they don't have case that require 2<sup>nd</sup> line treatment and
- ✓ the contra-indications of Primaquine is disseminated and staffs are aware of these.

### ACHIEVEMENTS

1. Visited 100% coverage of accessible health facilities in the first quarter visit for 2024 despite very bad weather in the Highlands.
2. Malaria Clinical Diagnosis decline dramatically from 2020-2023.
3. Drug supplies of air accessible health facilities will now be consigned via the Protocol Logistic from the AMS-Hagen through the main bimonthly supply system.
4. Medical Supply Stock Cards introduced to all accessible health facilities and most are well maintained and updated.
5. Most Health Facilities are implementing and documenting Intermittent Preventative Treatment in Pregnancy in the A3 ANC Register Book.
6. Jiwaka PHA assigned one of its drivers to drive the Project vehicle during the entire visit.
7. Trained 1 OIC who has never entered malaria registers/data into the e-NHIS tablet since its introduction simply because she was confused and doesn't know how to enter. After training, she successfully entered Malaria registers for March under observation of RMC. She passed it and was so happy.
8. Jiwaka PHA has purchased a new desktop for PMS & MEO to use for Malaria Program.

### KEY CHALLENGES

#### PHA Level

- ✓ PMS supplying more than the required ACTs and RDTs to Aid Posts, CHPs and even the reporting Health Facilities.
- ✓ GDNs are not properly filled by the PMS or most times didn't even fill when issuing drugs, which make it really hard to maintain accountability.
- ✓ PMS not accompanying RMC for visits, only the MEO is faithfully accompanying and assisting RMC during the quarterly visits.

#### Health Facility Visits

- ✓ Very bad weather hindered visits to Jimi District.
- ✓ Landslide hindered visit to 1 health facility.
- ✓ Rotation of OIC/staffs and new recruitment require more trainings and sensitization of Malaria Program. Some of the work under Malaria Program that were best performed by former OICs are now seen to be dropped or not the same.

- ✓ Medical supply stock cards not updated in some facilities.
- ✓ Poor accountability of RDTs, ACTs & Primaquine in some health facilities.
- ✓ Malaria RDT registers not fully entered into the e-NHIS monthly report
- ✓ Misreporting, that is, report false RDT, ACT & PQ stock out when actual physical stock counts are available.
- ✓ Only few aging and new OICs are not well versed with the usage of e-NHIS tablet, hence, so many discrepancies found in the Malaria monthly report submitted.
- ✓ Few health facilities have issues with accountability of Antenatal Long-Lasting Insecticidal Nets.

## RECOMMENDATIONS

### PHA

- ✓ Jiwaka PHA to continue its support in assisting the Malaria Program by providing a driver/vehicle/fuel during quarterly visits.
- ✓ PMS & MEO to coordinate and conduct Malaria School survey in April for the Province.
- ✓ PMS must fill all GDNs accurately and completely when issuing Malaria commodities to facilities for accountability and reporting purposes.

### RMC

- ✓ Continue CQI trainings
- ✓ Start bed net distribution to boarding institutions and prison camp in the 2<sup>nd</sup> quarter visit if new supplies are received.
- ✓ Will visit Jimi Health Facilities in the 2<sup>nd</sup> quarter if the weather and road permit.

## ACKNOWLEDGEMENT

I would like to sincerely thank the following important people, Departmental heads, organization and business sectors for making this trip a success. My word of gratitude to the;

1. Nation Department of Health – National Malaria Control Program.
2. Rotary Against Malaria – Regional Malaria Coordinator Program.
3. Jiwaka Provincial Health Authority Team.
4. The Malaria Eradication Officer, Mr. Bosh Alah from Jiwaka PHA for faithfully accompanying RMC during the quarterly visits.
5. All the staffs of the 23 reporting Health Facilities visited
6. The driver, Mr. Dominic Pora (Malaria Program Vehicle) & Mr. Joe Ingak from Jiwaka PHA

**Cheers to everyone in the Fight Against Malaria!**

**Field Trip Report compiled by;**

**Ms. AGATHA GOLA – Regional Malaria Coordinator for Jiwaka Province.**

PHOTOGRAPHS OF QUARTER 2 VISIT:



CQI Training conducted by RMC to the OIC & staffs of Minjmu CHP in Jiwaka.



CQI Training conducted by RMC to the staffs of Aviamp HSC.



RMC met and briefed with the Elementary Coordinator from Jiwaka Education Department for the Malaria School Survey Program and he agreed to it and thanked the RAM & Jiwaka PHA for this vital Program to the vulnerable population in the school so the School survey was successfully conducted.



RMC giving health education on Malaria to the Pukmie Elementary students & their teachers before conducting Malaria school survey Program on them.



Drug supplies and ANC LLIN bales for Tsendiap HSC (air accessible) in Jimi were packed and consigned via RAM LLIN officer and was successfully delivered.



RMC(left) and Nr. Elly(right) from Ketepam HSC conducted Malaria School survey on Pukmie Elementary School Students.



RMC conducted CQI training to the OIC & staffs of Kumbants HSC in Jimi District.



RMC conducted CQI Training to staffs of Waramants HSC in Jimi District.



Driver pointing to Waramants HSC & Kol HC at the back of the blue Mountain. Visited the 5 inaccessible HF in Jimi.



RMC & MEO visited Olna HSC in Jimi. District Health Officer Drove in and met RMC and his staffs and thanked RMC & RAM.