



**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
QUARTER ONE FIELD TRIP REPORT
MOROBE PROVINCE
APRIL 2024**



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Date Travelled to Lae: 01.04.24
Date Returned to Port Moresby: 26.04.24
Total nights in the field: 25 nights
Funding Source: Global Fund

OBJECTIVE

This was the second quarter trip of 2024, to carry out the routine Malaria Health Facilities (HF)s visits and Drug Distribution in Morobe Province.

The main objectives;

- Visit all accessible HFs and ensure that there is adequate supply and **NO STOCK OUT** of Rapid Diagnostic Test (RDT) kits, Artemisinin-based Combination Therapy (ACT)s, Primaquines (PQs) and other malaria commodities including Antenatal Care (ANC) nets in all HFs,
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and complete treatment is given to the confirmed positive cases as per National Malaria Treatment Protocol. And that all data is recorded and Reported timely on the National Health Information System (NHIS),
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs whether visited or not, this includes *Community Malaria Volunteers (CMVs) under Home Management of Malaria (HMM) Program*,
- Provide support and assistance to the Provincial Malaria Control team for efficient program monitoring and evaluation (M&E).
- Strengthen Continuous Quality Improvement (CQI) activities in Morobe Province.

BRIEF BACKGROUND INFORMATION OF MOROBE PROVINCE

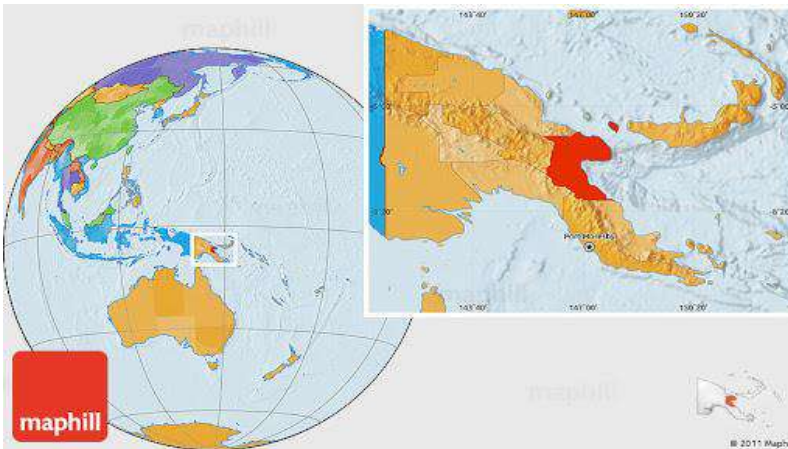
Morobe is the largest Province in Papua New Guinea (PNG) that covers a landmass of 33,705 km². It is also the most populous province in the country. According to **2011 census**, there was a population of **674,810**, and approximately **999, 835** with a **2.00%** growth rate according to **NHIS (April 19, 2024)**.

The province is located on the North Eastern part PNG and shares common borders with Madang, Eastern Highlands, Gulf, West New Britain, Central and Oro provinces. Lae City is the Provincial Capital located in the centre of the country and is the second largest after the Nation's capital Port Moresby City.

Morobe province has **10 administrative districts** since 2022 with 55 Registered Reporting HF and 352 Aid Posts (AP)s. As per 2023 NHIS Malaria Report only 53/55 HFs are currently reporting.

The province also has diverse geography, which includes highlands, mountains, valleys, coastal areas and islands. Each of these regions present unique challenges to service delivery, and in this case for quarterly malaria supervisory visits with drugs and ANC nets distribution.

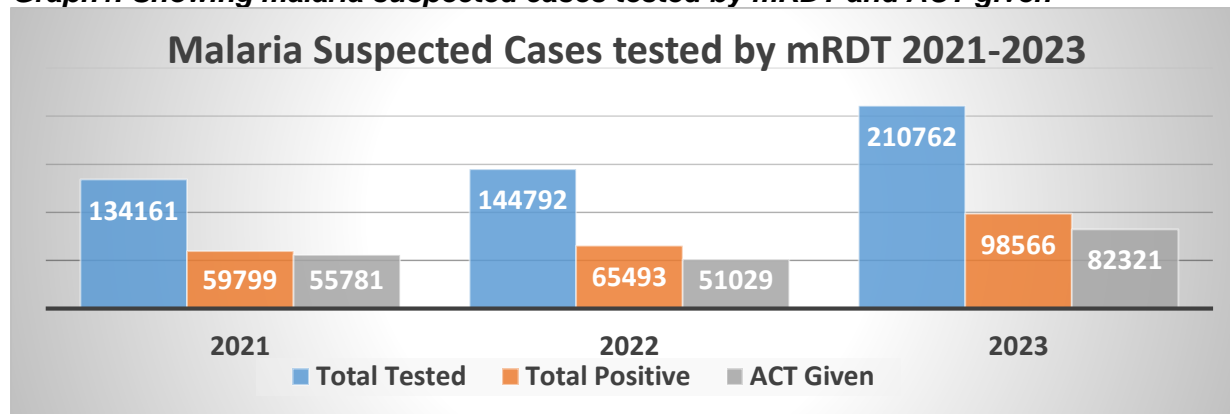
Figure1. Map of showing Morobe province in PNG.



1. MALARIA SITUATION IN MOROBE PROVINCE

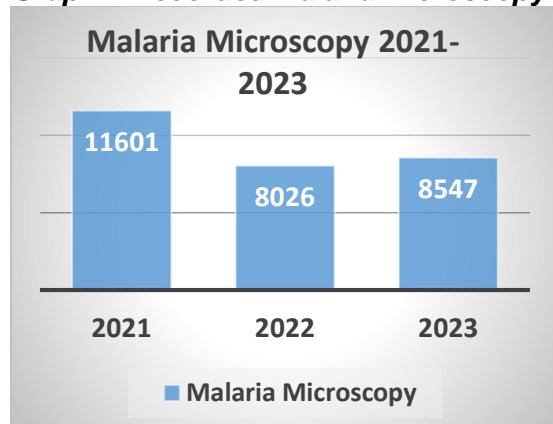
The Malaria Situation in the province in the last three years of **Global Fund (GF)-malaria grant cycle (2021-23)**, as per NHIS Reports (23.02.24) was highlighted in the **Q1 Field Trip Report**. The below graphs highlight the same report with more updated data as of (29.04.24) for a more realistic picture.

Graph1. Showing malaria suspected cases tested by mRDT and ACT given



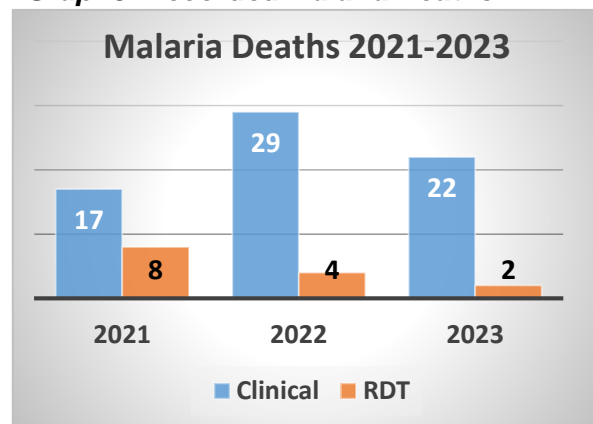
Source: NHIS Malaria Summary Report (29.04.24)

Graph2. Recorded Malaria Microscopy



Source: NHIS Malaria Report (29.04.24)

Graph3. Recorded Malaria Deaths



Source: NHIS Malaria Report (29.04.24)

Graph 1 shows increased number of RDTs done on suspected Malaria cases in 2023 compared to the last 2 years. This may also mean;

- Uninterrupted supply of malaria commodities to all HFs resulting in NO Nil Stock of RDT kits,
- Active case detection activities from HFs and from CMVs and
- Improved reporting coverage, which captures reports from aid-posts and from CMVs that were previously undetected hence unreported,
- **20 additional e-NHIS** reporting tablets given by ADB in April 2023 are well utilized.

However, not all positive cases were given ACTs and this could possibly be from stock outs in remote HFs while awaiting stock replenishment.

Graph 2 shows the microscopy diagnosis drastically dropped since 2021, however is gradually increasing in 2023. And for **graph 3**, there was a drastic increase in clinically diagnosed deaths in 2022 and then a drop in 2023. While for RDT confirmed deaths, there been a steady decline since 2021.

It is hoped that this steady decline is maintained or NO MALARIA DEATHS to be reported starting this year as a way forward to **(National Malaria Strategic Plan 2021-2025). National Mortality (cases/100,000 pop) to reduce to ≤0.40 % by 2024.**

NHIS REPORTING UPDATES

NOTE: It is important to also note the percentage of reports in which the 3-years' data is obtained from:

- 564/636 expected monthly reports for 53 active Reporting HFs in **2021= 89%**
- 566/624 expected monthly reports for 52 active Reporting HFs in **2022= 91%**
- 591/636 expected monthly reports for 53 active Reporting HFs in **2023= 93%**

Therefore, malaria data presented above may vary as more outstanding reports get captured.

Quarter 1 2024 malaria data as of (29.04.24) is highlighted below:

Jan-2024: 44/53 expected monthly reports= 83%

Feb-2024: 41/53 expected monthly reports= 77%

March-2024: 30/53 expected monthly reports= 56%

The following HFs have not submitted any reports between Jan-Mar 2024:

1. Yamaya CHP -Menyamyia district
2. Wemasam and Yalumet -Kabwum district
3. Braun Hospital- Finschaffan district
4. Angau Hospital- Lae district

NB: For Angau Hospital, it was identified that the clinical section of the Outpatient Tally sheet is often misunderstood for patients showing potential malaria symptoms and not as suspected cases, hence the figures are tallied before a confirmatory diagnosis is done. This confusion has been discussed with relevant authorities in the hospital awaiting relevant immediate actions.

2. STOCK SITUATION- mRDT, ACT, PRIMAQUINE and ANC LLIN

Table 1. Buffer stock as of 22.02.24 after Q1 distribution.

Malaria Commodity	Quantity in provincial transit store	Source
RDT	3250 boxes/25 test kits	NDoH (AMS Lae)
ACT 12	86 boxes/ 30 blisters	Global Fund (RAM)
ACT 18	19 boxes/ 30 blisters	Global Fund (RAM)
ACT 24	218 boxes/ 30 blisters	Global Fund (RAM)
PQ	4450 containers/ 100 tablets	NDoH (AMS Hagen)
ANC Nets	27 bales/ 50 nets	Global Fund (RAM)

The above stock was used as buffer as well and brought forward to support part of Q2 distribution in April 2024.

Table 2. Indicates quantities of commodities used for Q2,2024 distribution.

Malaria Commodity	Total	Batch Numbers	Funding Source
RDTs	22500 boxes/ 25 test kits	H006D007D	NDoH
ACT6	462 boxes/ 30 blisters	3E01046	NDoH
ACT 12	862 boxes/ 30 blisters	B1APH015	NDoH
ACT 18	312 boxes/ 30 blisters	B1APH001	NDoH
ACT 24	264 boxes/ 30 blisters	C1APH004	NDoH
PQ	1500 containers/100 tabs	151122	NDoH
ANC Nets	25 bales/ 50 nets		GF

These stock were used to ensure that there was **NO STOCK OUT**, and for all HF's to receive Q2 malaria commodities whether visited or not, based on their monthly reports and consumption needs.

ANTENATAL CARE NETS

Distribution of ANC nets is also supported by GF; where treated mosquito nets are issued to pregnant women upon their first visit to the ANC clinic.

Between Jan-April 2024, a total of 89 bales x 50 (4450 ANC nets) were distributed to HF's that provide ANC services, a total of 2871 receipts (64%) collected and more expected as more ANC mothers receive nets from respective HF's.

Additional 25 bales (1250 ANC nets) were supplied by RAM on April 15 and distribution shall continue with coordinated support by the Provincial Malaria team, to ensure all pregnant women receive nets records in respective clinics. **Thus NO ONE should be left out.**

STOCK MANAGEMENT AT HF LEVEL- Stock cards

Stock Cards are paper based stock inventory system for monitoring daily movement of malaria commodities at the HF level. Some HF's also have their own manual stock management books and Stock cards are not always utilized.

m-Supply tablets which were also introduced to manage inventory of medical supplies issued through AMSs are also used to manage malaria commodities, as done by Buang HC (Bulolo district).

HF such as Milfordhaven HC, Haikost HC, Mary Queen of Peace Clinic, and Centre of Mercy clinics in Lae, and Aseki HC and Kwaplalim HC in Menyamya district and now Sialum HC in Tewai Siassi district are constantly maintaining stock-cards along with mSupply tablets.

3. INTERMITTENT PREVENTATIVE TREATMENT in PREGNANCY (IPTp)

IPTp is when Fansidar is given to Pregnant women as a malaria prophylaxis. Fansidar is procured by NDoH and supplied by AMSs through routine HF supply. According to the World Health Organization (WHO), a pregnant woman should take at least 3 doses (3 tablets/dose) of fansidar in a 1-month interval starting from second trimester of pregnancy. However, only the first dose is captured in the ANC Care Register book in the clinic while remaining doses are registered in their respective clinic books. This is the same finding observed during each HF quarterly visit.

4. SUMMARY OF Q2-2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION

Q2 HF Visit and drug distribution took place April 2024. All road accessible HFs were visited except for Boana, Torowa and Wantoat HCs whose supplies were collected from the Provincial Transit Store due to current road conditions. As always, malaria reports collected and stock distributed/replenished based on consumption assessments as per reports, and onsite refresher trainings held with staff present based on needs identified at the time of visit.

There was NO STOCK OUT in general, and all HFs had received Q2 malaria commodities whether visited or not.

For hard to reach HFs in Kabwum district, supplies that were packed in Q1 for 5/6 HFs were delivered using provincial chartered flight arrangement along with vaccines and other essential commodities. While for Busaon HC supplies were delivered by LD logistics upon with coordinated support from AMS Lae.

The remaining inaccessible HFs in Finschaffien and Tewai Siassi will be delivered by HMM Officer during his HMM visit.

This is the similar approach taken each quarter to ensure 100% distribution coverage of malaria commodities throughout the province whether physically visited or not and that physical HF visits to inaccessible HFs are also expended based on local assessments each quarter.

The table below shows summary and the mode of distribution used

Table3. HF Visit coverage

Q1	Q2	
26	23	HFs which were physically visited and distributed
12	11	HFs not physically visited but commodities were picked up at PHO
7	11	HFs not visited but commodities will be collected at Malaria Transit Store
2	2	HFs Closed
25	25	Total Accessible HFs
28	28	Total Inaccessible HFs
53	53	Total HFs open
6	8	Air Drop off HF sites
104.0	92.0	Coverage Percentage of Accessible HFs Visited
49.057	43.396	Coverage Percentage of Total HFs

Table4. HFs physically visited

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	09.04.24	Lae	Malahang	15	05.04.24	Bulolo	Bulolo Hospital
2	09.04.24	Lae	Buimo	16	04.04.24	Menyamya	Aseki HC
3	10.04.24	Lae	Igam clinic	17	04.04.24	Menyamya	Menyamya HC
4	10.04.24	Lae	Unitech clinic	18	04.04.24	Menyamya	Kapo HC
5	10.04.24	Lae	West Taraka	19	04.04.24	Menyamya	Kwaplaim HC
6	10.04.24	Lae	Milfordhaven	20	10.04.24	Nawaeb	Sltum HC
7	10.04.24	Lae	Haikost	21	12.04.24	Markham	Tsuia HC
8	10.04.24	Lae	Tent City	22	12.04.24	Markham	Mutzing HC
9	11.04.24	Lae	Angau Hospital	23	12.04.24	Huon	Wampar HC
10	11.04.24	Lae	Butibum	24	04.04.24	Menyamya	LHS-Clinic
11	17.04.24	Lae	Center of Mercy	25	09.04.24	Lae	Mary Queen of Peace
12	03.04.24	Bulolo	Mumeng	26	11.04.24	Lae	Sir Bob Sinclair clinic
13	03.04.24	Wau/Waria	Wau	27			
14	03.04.24	Bulolo	Watut	28			

The highlighted HFs are not registered NHIS reporting HFs, however were visited and commodities supplied to them based on their reporting and consumption rates.

Malaria team made HF supervisory visits to at least 6/10 districts in quarter 2 as sea and air accessible HFs were unable to be visited.

CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES

The purpose of CQI is to provide Malaria refresher to hospital staff and frontline district health staff especially on Malaria diagnosis with RDT, National Malaria Treatment Protocol (NMTP) and Malaria Reporting tools e.g. NHIS etc.

This is intended to:

- update staff on new changes in NMTP,
- strengthen IPTp,
- improve malaria data quality including microscopy reporting,
- emphasize on stock card management –monitor accountability of RDTs/ACTs supplied
- emphasize on ANC LLIN recording and reporting- accountability of LLINs
- encourage 100% of CMV data to be captured in NHIS monthly reports in HMM districts such as Markham, Nawaeb, Huon, Finschaffien and Tewai Siassi districts.

On April 16, 2024, this CQI training was held at Mutzing HC (Markham district) with 15 participants from Tsuia HC, Mutzing HC including front line staff from four Aid-posts in Mutzing HC catchment.

Photo with participants after CQI training 16.04.24



HMM updates in Markham district given by Elizabeth 16.04.24



HOME-BASED MANAGEMENT OF MALARIA (HMM)

As highlighted in Q1 Trip Report, HMM Program has been in the province since 2020 where it is serving the rural communities with basic malaria testing and treatment through trained CMVs.

This program is currently being implemented in the high malaria burden communities of Markham, Nawaeb, Huon Gulf, Finschaffien and Tewai Siassi Districts.

Since 2020, a total of 293 CMVs were trained (including 18 recently trained in Nariawang village, Markham district). 221 CMVs are currently active and serving in the communities, and additional 75 CMVs expected to be trained this year in Morobe LLG, Huon Gulf district.

There are two Provincial based HMM Officers who are employed by RAM through Global Fund, that oversee the HMM program and are closely supported by the Provincial Malaria team.

WORLD MALARIA DAY (WMD) 2024 HIGHLIGHTS

World Malaria Day falls on April 25 every year.

The theme for WMD 2024: **“Advancing health equity, gender equality, and human rights in the fight against malaria”**.

To commemorate this day, several sights were selected to perform to provide health education on malaria prevention as well as free malaria screening.

This was an opportunity to emphasize on the importance of getting malaria test done before seeking treatment, as most people do not accept mRDT results especially when it's negative.

There are also evidences of healthy carriers (asymptomatic people) and hence was an opportunity to detect such cases and offer free treatment.

Below are pictures of WMD activities from few sights in the province:



Situm HC team WMD 25.04.24



Buimo HC WMD Screening

Angau Hospital WMD Screening



Haikost HC WMD Screening alongside Immunization activity

VEHICLE SUPPORT

There are 6 program vehicles currently stationed in Lae to support Malaria Program Activities:

- LBI 466, LBI 467, CAW 761, GAC 677 and the recently purchased MAH 897 under RAM and,

- PAH 410 under MoPHA.

- In November 2023, a new vehicle for Therapeutic Efficacy Study (TES) program was purchased and is currently stationed at NCI yard in West Taraka.

CAW 761, LBI 467 and PAH 410 are currently undergoing repair and maintenance work funded by RAM through Global Fund. While LBI 466 is out and now back on the road.

SUCCESS

1. NO Major Stock outs of malaria commodities at the provincial and HF level with major support from AMS Lae team.
2. Successful commemoration of World Malaria Day (free malaria screening service)
3. CQI Training in Markham district
4. Successful meeting and way forward discussed regarding Angau Hospital chronic reporting challenges

5. PHA Support in consigning Malaria commodities in hard to reach HFs via charter arrangement

CHALLENGES

- Angau Hospital data collection and reporting remains a challenge.
- Very challenging to visit fly out areas as NCA doesn't have a fixed flight schedule, and PHA assistance is needed for continuity of distribution of commodities in hard to reach HFs

WAY FORWARD

- Leadership and Intention needed from Angau Hospital Sectional heads to address chronic data collection and reporting issues
- Liaise with DHAs and Local MPs on how best to support logistics assistance for HFs in fly out areas.
- CQI Activities to be extended to all districts
- PHA to start supporting program activities in terms of logistics assistance (zoom, staff allowances for field activities, freight costs for hard to reach HFs)

ACKNOWLEDGMENTS

- Rotarians Against Malaria- Global Fund
- Morobe Provincial Health Authority (Mo-PHA) special thanks to Sr Nama and Domben for assisting to consign Kabwum HC supplies via PHA chartered flight
- Morobe Provincial Malaria Control Team (Lucy Dally and Sr Rose Aisuk)
- Provincial Health Information Office team (Wattie.W)
- Angau Hospital- (Dr. James and Veronica)
- Mo-PHA Drivers (Monge. A and Joel. M)
- HMM Officers- (Misek. M and Elizabeth A)
- Officer in Charge and staff of all health facilities visited
- AMS Lae- (Mr. Famundi Dorah and Mr. Eddie Mark) arranging malaria commodities for Q2 distribution
- LD Logistics (NDOH contracted logistics company for delivering Busaon HC supply)
- District Health Managers, and Staff in all 10 districts

PHOTOGRAPHS

After CQI at Mutzing HC 16.04.24



Malahang HC Lab 09.04.24



Milfordhaven HC dispensary- maintaining accountability of commodities 10.04.24



Igam clinic SIC- safe keeping program commodities, locked away in separate room 10.04.24



Private sector collaboration for malaria screening 25.04.24



Buimo HC team after Malaria Screening 25.04.24



Malaria screening at Situm HC 25.04.24

