



## Q2-2024 FIELD TRIP REPORT FOR SIMBU



Pictured is the RAM vehicle assisting an emergency case (Labouring mother) in a remote part of Simbu to the Kundiawa General Hospital where both lives was saved. Those in purple are the PAU midwifery students on Practical and staffs from Mingende Rural Hospital. The Catholic Health Service's ambulance got stuck in the landslide and also had problem with its battery so RAM had to rescue to save lives.

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

**ACCOMPANYING OFFICERS IN THE FIELD:** PMS, PHIO & DISTRICT HEALTH STAFFS

**DATE OF VISIT:** 3.05.24-24.05.24

**NIGHTS AWAY FROM THE OFFICE:** 21 NIGHTS

**TYPE OF DOCUMENTS ATTACHED:** PHOTOGRAPHS

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

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## EXECUTIVE SUMMARY

This visit was the 2<sup>nd</sup> quarter visit which started on the 3<sup>rd</sup> of May 2024 and ended on the 24<sup>th</sup> of May 2024. Logistic preparations were done in Port Moresby and the Simbu Provincial Health Authority team were formally notified prior to travel.

While in the Province, briefing was done with the Director of Public Health, Provincial Disease Control Officer, the Provincial Health Information Officer and the Provincial Malaria Supervisor. It was actually a very challenging period where so many things, both natural and physical activities going on in the Province which directly had a great impact on the schedules and visits. Natural disasters caused huge landslides, bridges collapsed and dismantled and deteriorating roads in Gumine District, Gembogl, Chuave and Kerowagi Districts that totally blocked off road access. Consequently, hindered visits to 12 health facilities which were always accessible by roads. Of the 29 road accessible health facilities, only 19 were physically visited. **This brings the percentage coverage of accessible health facilities down to 65.5 % for the very first time in the last 3 years. It was really a bad experience and feeling ever!** Respective Officer in Charges from these hard to reach facilities were asked to collect their Q2 Drug supplies from the Public Health Office when in town.

Malaria commodities for the 5 air accessible facilities for SaltNomane Karamui District were consigned via the Simbu PHA's charter. A formal email was sent to the Provincial Education Advisor for the Malaria School Survey Program, however, no response was made and attempts to meet her for briefing was also unsuccessful because she was attending her court case. Hence, the Program is deferred to a later date when she resumes duty.

## BACKGROUND OF CHIMBU PROVINCE

Chimbu, also spelled as Simbu, is one of the provinces of Highlands Region of Papua New Guinea. It is known for its rugged geography that makes it so beautiful and unique that attracts a lot of tourists to explore the untouched flora and fauna. It is also the home to the famous Mt. Wilhelm, the highest peak in the Southern Hemisphere that also attracts tourists all around the world every year to explore. The other features of this unique province lies in its people, bird life, the incredible sceneries from the mountain sides looking down at pristine and fast flowing and crystal clear rivers. It is indeed mountainous but unique!

Its capital is Kundiawa town and it comprises of six districts namely; Kerowagi, Kundiawa-Gembogl, Chuave, Sinasina-Yongomugl, Karimui-Nomane and Gumine District. Current population as per the Provincial Health Indicator 2024 is at 398007 with the growth rate of 3.40%.

Economy in the province is mainly generated through subsistence farming and Human Resource. Cash crops in the province are mainly coffee and fresh vegetables. Few mindset of the inhabitants is business minded, self-reliant and goal oriented through perseverance.

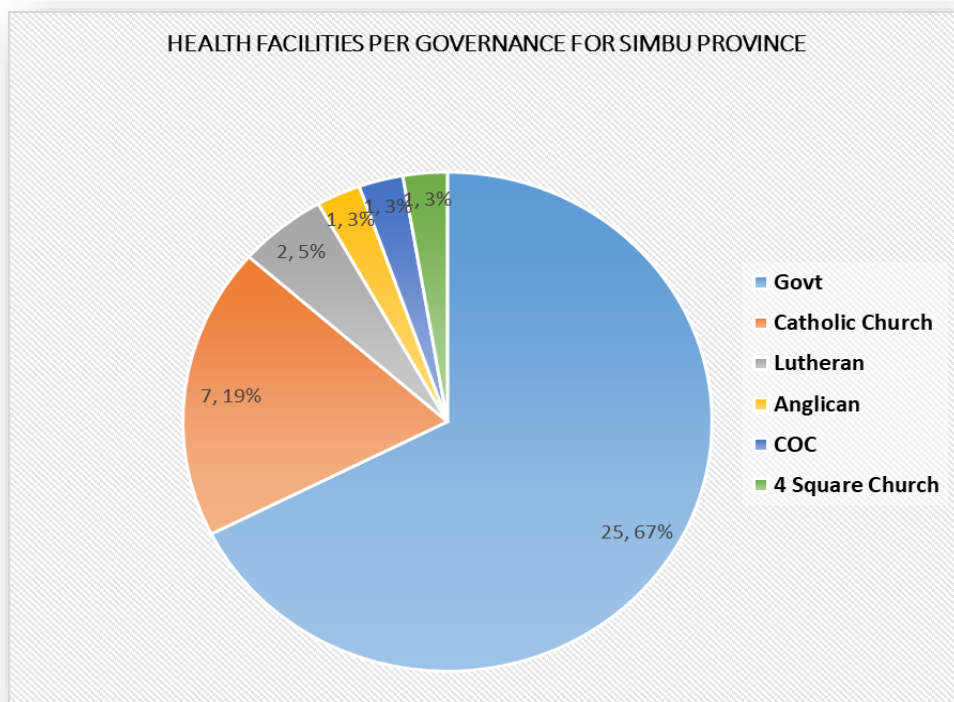
Infrastructure is going from bad to worse following the recent natural disaster that strikes many Districts in Simbu. The road link to Gumine District and Karimui-Nomane is totally cut off due to huge cracks along the roads and landslips which is extremely bad and difficult for vehicles to pass through.

Political influence in the province doesn't have much impact on the service delivery because most of the service providers are loyal to their jobs and serving the population with their hearts. Any tribal fighting or serious crimes are short lived and are automatically solved by their peacemakers and law & order personnel. Few opportunists and drug addicts cause nuisance around public places but otherwise it's a peaceful place with loving and caring people.

## HEALTH SERVICES IN SIMBU

Simbu has a total of 37 reporting health facilities. Of the 37 reporting health facilities and as per the District, Kerowagi has 9 reporting health facilities, Kundiawa-Gembogl has 9, SinaSina Yongomugl has 4, Chuave has 6, Gumine has 3 while SaltNomane Karamui District has 6. Thirty-three (33) out of the 37 health facilities are accessible by road while the 4 in SaltNomane Karamui District are air accessible. It is governed by both the Simbu Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 37 reporting health facilities as per the governance.



- Government/Simbu Provincial Health Authority

The Government runs 67% (25 hfs) of the total reporting health facilities. These facilities are Sir Joseph Nombri Kundiawa General Hospital, Kundiawa Urban Clinic, Wandu HSC, Pari HSC, Kangir HSC, Gembogl HC, Niglguma HSC, Koge HC, Segima HSC, Chuave Health Centre, Yandime HSC, Wangoi HC, Keperu HSC, Gumine HC, Karigmarigl HSC, Gomgale HSC, Kilau HC, Negabo HSC, Nomane HSC, Bomai HSC, Haia HSC, Kerowagi HC, Kup HSC, Miunde HSC and Demange HSC.

• **Catholic Health Services**

It is the second highest organization that runs 19%(7 hfs). The facilities under this are; Mingende Rural Hospital, Neregaima HSC, Goglme HSC, Denglagu HSC, Kendine HSC, Bogo HSC and Mai HSC.

• **Lutheran Health Services**

LHS runs 2 health facilities (5%) and they are Monono HSC and Sigimaru/Karamui HC.

• **Church of Christ Health Services**

COC runs only 1(3%) health facility and that is the Magi HSC in Kerowagi District.

• **Aglican Health Services**

Aglican also run only 1(3%) health facility which is Movi HSC.

• **Four Square Health Services**

This agency also run only 1(3%) health facility which is the Gaglmambuno CHP in Kundiawa- Gembogl District.

**AID POSTS**

Simbu has 97 Aid Posts of which 7 are inactive while the 90 are active or functioning.

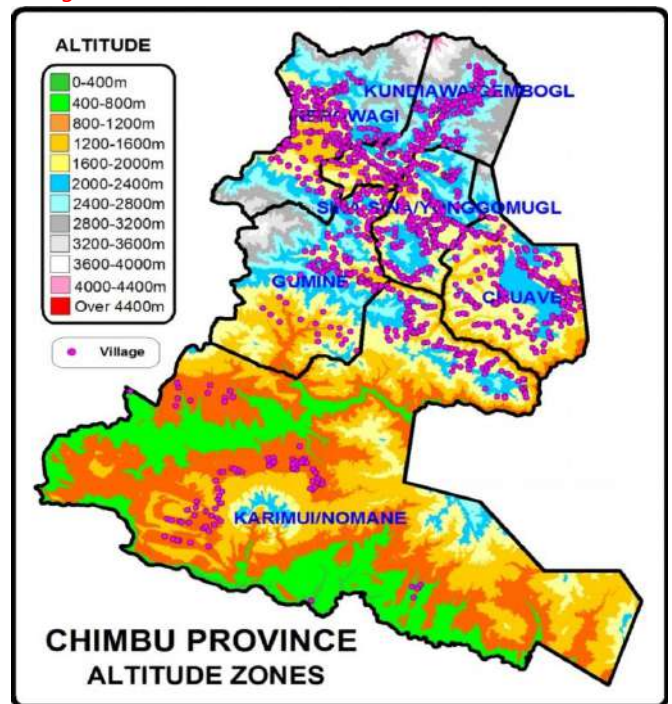
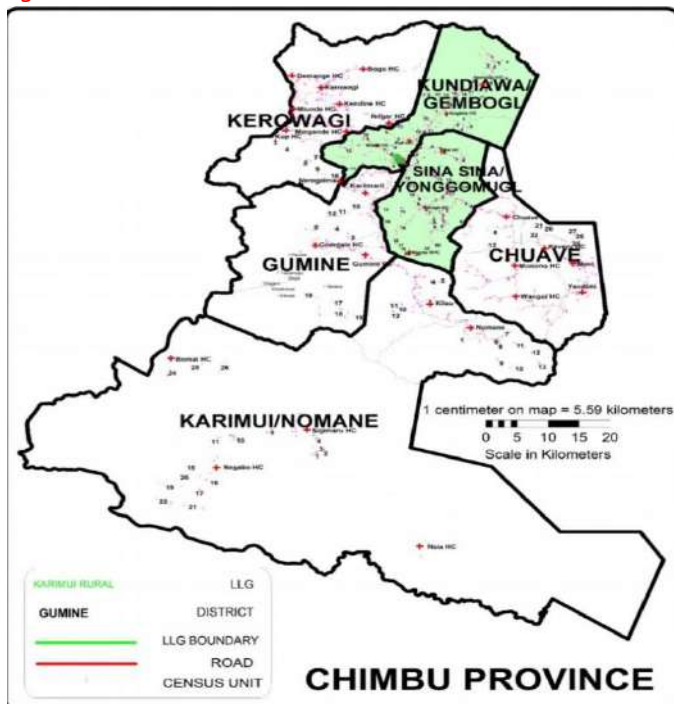
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid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

**MALARIA PREVALENCE BY ALTITUDE**

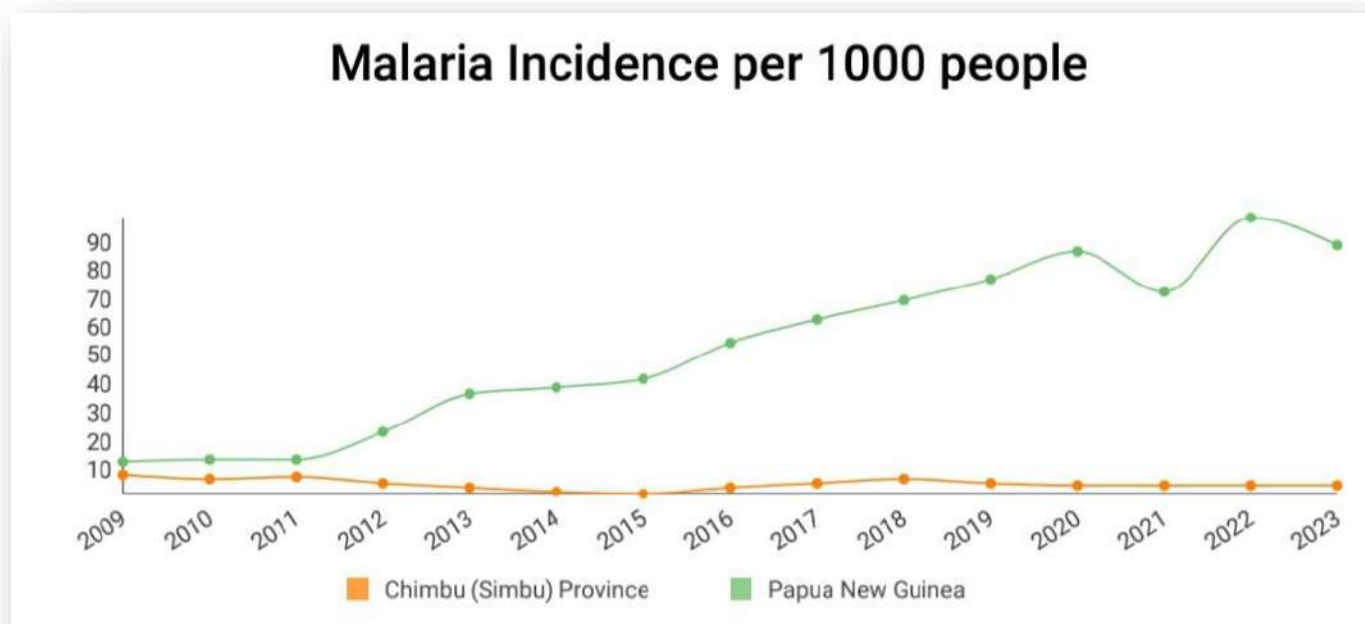
Malaria prevalence in the province strongly depends on the altitude. Places located in the north of Chimbu province is characterized by very low level of local transmission and few imported cases whereas in the South Simbu areas, SaltNomane Karamui District, malaria is considered highly endemic and stable due to its lower altitude of 1200m and the climate is generally warm all year round. Most malaria positive cases are locally transmitted as evident in the malaria registers.

Figure 1. Shows the boundaries of 6 Districts for Chimbu Province

Figure 2. Shows the altitude zone for Chimbu Province.



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



Source: e-NHIS Simbu 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 and
- conduct Malaria School Survey Program in the Elementary schools in the Province.

Table 1. SIMBU PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Mr. Tonzi Aure	Director of Public Health	70101124	tonziaure@gmail.com
Sr. Lyn Kua	A/Deputy Director of Public Health	71647450	lynnkuaspg@gmail.com
Mr. Mark Olam	A/Coordinator Rural Health	74702868	Olammark20@gmail.com
Mr. Mathew Kom	A/Provincial Health Information Officer	73931632	eocsimbu@gmail.com

Mr. Mathew Boi	A/Provincial Disease Control Officer	70934909/71746392	yatowaim@gmail.com
Mr. John Kerenga	A/Malaria Eradication Officer	72480469	johnkerenga49@gmail.com

**Table 2. TYPE OF TRANSPORT USED:**

Vehicle	Malaria Program Vehicle
Vehicle Used	LBX 514
Color	RAM Color, Blue Yellow
Type	Toyota Land Cruiser 10 seater
Registration Validity	2.04.2024
Safety Sticker Validity	31.07.2024
Duration of use	22 Days
Driver	Dominic Pora, John Gelua, Raphael Deglke and Alphonse Inee.
Contacts	73204135( Dominic), 79399337(John Gelua), 73478383(Alphonse)

The Project vehicle LBX 514 was taken from Hagen where it was temporary stationed with the RAM LLIN team to Simbu for the visit. It was initially driven by Dominic Pora from Western Highlands for a duration of 14 days. Due to an urgent personal matter he left for Hagen so 2 drivers from Catholic Health Services had turns to drive RMC for 5 days only and continued with their job. So, a driver from Goroka who was driving the RAM LLIN team chipped in and assisted the RMC for the remaining 3 days and took the vehicle back to Simbu after leaving RMC at the Kagamuga Hagen Airport.

## HIGHLIGHTS OF Q2- 2024 RMC's VISIT

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

Simbu has a total of 37 reporting health facilities. Of the 37, 4 are air accessible health facilities located in the SaltNomane Karamui District, 2 are hard to reach due to the deteriorating road condition and more than 4 hours ride from the Public Health Office. Both are also in the SaltNomane Karamui District. Balance of 31 health facilities are accessible. However, 12 road accessible health facilities were not visited due to landslide blocking off the road and dismantled bridge. So, the balance of 19 health facilities was visited.

Table 3. shows the summary of the visit.

	Qtr. 2
<b>Total Reporting Health Facilities for Simbu</b>	<b>37</b>
Total Number Accessible	29
Total Number Reached	19
% Coverage (Accessible)	65.5
% Coverage (Total HFs)	51.4

### 2. Malaria Commodities for 5 Air accessible Health Facilities in SaltNomane Karamui District:

Drug supplies for the 5 air accessible health facilities in SaltNomane Karamui District were consigned via the Simbu PHA's charter.

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

Of the 19 accessible health facilities visited, only 1 facility (Mai HSC) had stock out of ACTs while all have little or enough antimalarial stocks on hand.

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

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

Year	Quarter	Malaria RDT Kits	ACTs( blisters)	Primaquine Tablets
2024	2	8150 kits	2070 blisters	15700 tablets

#### 5. ANC LLIN Update:

Balance of 383 nets remain in the container was distributed to only few health facilities during this 2<sup>nd</sup> quarter visit. There's nothing left in the storage container now.

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

ROTARIANS AGAINST MALARIA  
 PROVINCE: SIMBU  
 LOCATION OF CONTAINER: SJN KUNDIAWA GENERAL HOSPITAL YARD  
 OFFICER INCHARGE: AGATHA GOLA(RMC) & JOHN KERENGA(MEO)

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS
8.03.24	SIMBU PHA MALARIA	JOHN KERENGA-PMEO	AGATHA GOLA-RMC		333		333	Q1-2024 Buffer stock.
8.05.24	KUNDIAWA URBAN CLINIC	SR. CAROL MAX-MIDWIFE	AGATHA GOLA-RMC	30274		200	133	issued by RMC upon HF visit
17.05.24	KEROWAGI HC	SR. FREDA WAVIMBUKIE-DFHSC	AGATHA GOLA-RMC	30273		50	83	issued by RMC upon HF visit
21.05.24	MIUNDE HSC	FABIAN JOE-OIC	AGATHA GOLA-RMC	30274		33	50	issued by RMC upon HF visit
24.05.24	MINGENDE RURAL HOSPITAL	REBECCA PETER-CHW	AGATHA GOLA-RMC	30275		50	0	issued by RMC upon HF visit
							0	Balance remain in container
TOTAL NETS DELIVERED TO HF					333	333	0	

#### 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).

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Buffer Stocks	2825 kits	450 blisters	690 blisters	0 blisters	1050 blisters	44300 tablets
Batch #	H006B003D	3E01046	A1APH004		B1APH009	210721
Exp Date	Jul-24	Dec-25	Oct-25		Oct-25	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	7275 kits	0 blisters	570 blisters	300 blisters	480 blisters	5000 tablets
Batch #	H006B003D		B1APH004	B1APH019	A1APH009	151122
Exp Date	Jul-24		Oct-25	May-25	Oct-25	Oct-25

#### 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.
- ✓ Many 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. Remote Sensing Team issued 2 extra e-NHIS tablets to enter Malaria data for the SJN Kundiawa General Hospital's Laboratory after constant dialogue with Geraldine and her team in regards to the missing and or incomplete malaria entry from the Hospital.
  2. Delivered 2 new A3 ANC Register books to Yandime HSC & Monono HSC for the IPTP registration as they were using the old pink register books.
- Constant declining in Malaria Clinical Diagnosis from 2018-2023.
3. Decline in positive malaria cases in 2023 compared to 2022 data.
  4. No Clinical Malaria Death or even Confirmed Malaria Deaths reported in the first 4 months of 2024.
  5. Medical Supply Stock Cards introduced to all accessible health facilities and most are well maintained and updated.
  6. Most Health Facilities are implementing and documenting Intermittent Preventative Treatment in Pregnancy in the A3 ANC Register Book.
  7. Very good partnership with Simbu PHA.

## KEY CHALLENGES

### Health Facility Visits

- ✓ Natural Disaster hindered visits to 12 health facilities.
- ✓ Unavailability of OIC especially Koge HC when visited. Unable to do full stock count on antimalarial as dispensary key was taken away by OIC to town.
- ✓ 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.
- ✓ Few health facilities have issues with accountability of Antenatal Long-Lasting Insecticidal Nets.

## RECOMMENDATIONS

### PHA

- ✓ Provincial Malaria Eradication Officer to actively visit each health facility on a monthly basis to collect RDT registers & ANC LLIN registers for data verification and reports due to most OICs fail to submit as they are currently reporting through the e-NHIS tablet.
- ✓ PMEO and Disease Control to take ownership of Malaria school survey program and implement it in the 2<sup>nd</sup> and 4<sup>th</sup> quarter of this year.
- ✓ A malaria focal officer(MLA) or PMEO to take charge of the new e-NHIS tablet and enter malaria data on a daily basis at the Hospital.

### RMC

- ✓ Continue CQI trainings
- ✓ Train the Malaria focal officer(MLA) and the PMEO on how to enter malaria data into the new e-NHIS tablet issued by Remote Sensing Team for the Kundiawa General Hospital.
- ✓ Find time to conduct Malaria School Survey Program in June for Simbu Province.
- ✓ Will deliver A3 ANC Register books to 3 more health facilities that are still using the old ANC Register books for registration of IPTP.

## 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. Simbu Provincial Health Authority Team.
4. The Catholic Mission of Simbu for assisting the Malaria Program with 2 drivers.
5. The District Health Team
6. All the staffs of the 19 reporting Health Facilities of Simbu
7. The driver, Mr. Dominic Pora, John Gelua, Raphael Deglke and Alphonse Inee for safe driving.

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

**Field Trip Report compiled by;**

**Ms. AGATHA GOLLA – Regional Malaria Coordinator for Simbu Province.**

FEW PHOTOGRAPHS OF QUARTER 2 VISIT:



RMC with the OIC (Sr. Joan Ko'ou) of Goglme HSC doing stock take, issued Malaria RDTs & Drugs.



Locals along the Gembogl highway cleared a huge landslide so we had to pay K20 in order to pass through to visit 3 hrs.



RAM assisted an emergency (laboring mother) along the way in a remote part of Simbu all the way to Kundiawa Gen Hospital due to the breakdown in their ambulance. Both mother and baby were saved.



Dismantled bridge to Denglagu HSC. Timbers taken off and unable to pass through so turned back.



RMC and Simbu PHA (Health Standard Assessing Team) convoy back after combine visits to Chuave District.



Mr. Kila Tom and the casual loaded ANC LLIN bales at Ramu.



RMC and Kila Tom(RAM) with RMC's driver and escort at Ramu To load ANC LLIN bales for Jiwaka & WHP up to Jiwaka.



Both vehicles arrived safely at the Kurumul Jiwaka PHA container storage yard and offloaded the net bales into the container.