



By: **Eustin Torot**
Regional Malaria Coordinator WNB/Manus
RAM/NMCP

QUARTER TWO FIELD TRIP REPORT SUMMARY

Name of Officers:	Eustin Torot
Destination:	West New Britain Province
Date Travelled:	11 th April 2024
Date Returned to Port Moresby:	9 th May 2024
Nights away from the office:	28 nights
Type of documents attached:	Ticket bud
PHO Accompanying Officer:	Grace Bid (PMS WNB PHA) Apolas Katoa (WNBPHA DRIVER) Wifred Nanghese (WNBPHA MTS OFFICER) Nancy Tanei (WNBPHA MEDICAL STORE MANAGER) Anderson Magea (WNBPHA DRIVER)
Purpose of Travel:	Quarter Two (2) Malaria Supervisory Visit and Drug Distribution

PEOPLE MET WITH:

- Dr. Joseph Nale _ Director Public Health
- Dr. Tarcisius Uluk _ Acting Director Curative
- Mr. Andrew Kumogene _ Provincial Disease Control Officer (PDCO)
- Ms. Nancy Tanei_ Manager Medical Store WNBPHA
- Ms. Grace Bid _Provincial Malaria Supervisor (PMS)

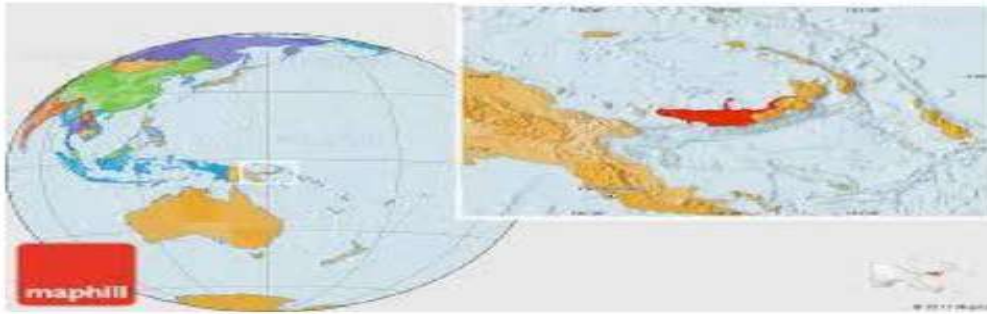
OBJECTIVE

- 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 WEST NEW BRITAIN PROVINCE

West New Britain province is located on the island of New Britain in Papua New Guinea sharing land border with East New Britain province. The capital of West New Britain is Kimbe. The province covers a landmass of 20,387 km² with a population of 264,264 from 2011 census and divided in the past with three districts.; Talasea, Nakanai and Kandrian- Gloucester district.

Figure 1. Map showing location of WEST NEW BRITAIN PROVINCE



EXECUTIVE SUMMARY

The quarter two (2) supervisory and drug distribution visit started on the 11th of April to the 9th of May 2024. In quarter two visit to West New Britain, we were able to physically visit 31 out of the 38 NHIS reporting facilities. An improvement from Q1, where only 21 facilities were visited. The malaria commodities of facilities not visited was packed and stored in the medical transit store for collection. Meetings were held with WNBPHA administration and they were made aware of the trip plan and duration of the visit.

There was no major stock out of malaria commodities from the facilities visited thus RDT and ACT were supplied according to packing list and stock on hand from each facility. In this quarter visit, it was most noted facilities covered in Q1 have improved on Stock Card keeping and new malaria treatment protocol practice. However, few facilities still need to improve. Timely submission of monthly report is still an issue for some health facilities and this was conveyed to each HF during the visit. Clinical diagnosis is slowly subsiding but still being reported by facilities visited. Staffs are once again dis-courage to report clinical case and reminded to use the provided diagnostic tool (RDT/Microscopy) for proper diagnosis and treatment. For this quarter we were able to achieve 81.4% Health Facility coverage rate throughout the three district in West New Britain Province.

Nakanai District

Nakanai District have 12 NHIS reporting health facilities and for this quarter we were able to physically visit 11 out of the 12 facilities. We were unable to visit Baea HC thus their Malaria commodities were signed off and kept at Bialla HC so as to make it easy for the OIC to pick up the commodities. All of the facilities located in Nakanai district accessible by road except Baes which is only accessible by sea.

Talasea District

Talasea District have 8 NHIS reporting health facilities including the Kimbe General Hospital. For quarter two, we were able to visit 5 out of the 8 health facilities. The three facilities, Unea HC, Vatukele HC and Vitu HC are only accessible by sea apart from the 5 health facilities visited. Thus due to logistical issues, the three facilities were not visited. Their Malaria commodities were packed and stored at Medical Transit Store Kimbe for pick up

Kandrian-Gloucester District

Kandrian District have 18 NHIS reporting Health Facilities and is the most geographically challenging District in West New Britain especially the in Kandrian sub-district. In this quarter, we were able to physically visit 15 of the 18 health facilities. Most of the facility located in the district is accessible by sea only from kimbe town. During our visit it was noted that accountability and record keeping of malaria commodities supplies are very poor. Due to its geographical challenges, routine visits are not carried out to the facilities thus most staff are not up to date with their M&E tools and new treatment protocols.

HEALTH FACILITY VISITED

Table 1. Health Facilities visited in Q2 compared to Q1

PROVINCE	DISTRICT	HEALTH CENTRE	VISIT 1	VISIT 2	DISTANCE FROM PHO (IN HRS)
WNB	NAKANAI	Bialla	07.02.24	24.04.24	4 hrs by road
WNB	TALASEA	Bitokara	05.02.24	13.04.24	1 hr by road
WNB	NAKANAI	Buwussi	03.02.24	12.04.24	1 hr by road
WNB	TALASEA	Kimbe UC	09.02.24	16.04.24	5 mins by road
WNB	TALASEA	Kimbe Hospital	12.02.24	17.04.24	10 mins by road
WNB	NAKANAI	Malalia	03.02.24	12.04.24	2 hrs by road
WNB	NAKANAI	Silanga	06.02.24	15.04.24	2 hrs by road
WNB	NAKANAI	Ulamona	07.02.24	24.04.24	5-6 hrs by road
WNB	TALASEA	Unea			Over 3 hours by boat
WNB	NAKANAI	Valoka	03.02.24	18.04.24	Under 2 hours by road
WNB	TALASEA	Vitu (Paruru)			More than 3 hours by boat
WNB	NAKANAI	Lalopo	06.02.24	15.04.24	Under 2 hours by road
WNB	NAKANAI	Mosa (NBOL)	09.02.24	16.04.24	Under 2 hours by road
WNB	NAKANAI	Hargy	07.02.24	24.04.24	Over 3 hours by road
WNB	NAKANAI	Kapiura	06.02.24	15.04.24	Under 2 hours by road
WNB	TALASEA	Bola	05.02.24	13.04.24	Under 2 hours by road
WNB	TALASEA	Haella	05.02.24	13.04.24	Under 2 hours by road
WNB	NAKANAI	Navo CHP	07.02.24	24.04.24	4 hrs by road
WNB	NAKANAI	Baea CHP			5 hrs road then boat
WNB	TALASEA	Vatukele CHP			Over 3 hrs by boat
WNB	KANDRIAN	Aka		04.05.24	Under 1 hour from Kandrian
WNB	KANDRIAN	Amio		05.05.24	Over 3 hours by boat from Kandrian
WNB	KANDRIAN	Eseli		04.05.24	Under 2 hours by road from Kandrian
WNB	KANDRIAN	Gasmata		05.05.24	Over 3 hours by boat from Kandrian
WNB	KANDRIAN	Gloucester	15.02.24	20.04.24	Over 3 hours from Kaliai
WNB	KANDRIAN	Kaliai	14.02.24	19.04.24	Over 2 hours from Millimata
WNB	KANDRIAN	Kandrian		04.05.24	Under 1 hour by plane/ 48 hours by road
WNB	KANDRIAN	Kilenge	15.02.24	20.04.24	1 hour by boat from Gloucester
WNB	KANDRIAN	Pililo		03.05.24	Over 3 hours by boat from Kandrian
WNB	KANDRIAN	Sagsag		20.04.24	1 hour by boat /road from Kilenge
WNB	KANDRIAN	Sasavoru			More than 3 hours by road from Kimbe
WNB	KANDRIAN	Melenglo		05.05.24	Over 3 hours by boat from Kandrian
WNB	KANDRIAN	Turuk		04.05.24	Under 1 hours by road from Kandrian
WNB	KANDRIAN	Millimata	14.02.24	19.04.24	Over 3 hrs by boat
WNB	KANDRIAN	Sauren		03.05.24	Over 3 hrs by boat
WNB	KANDRIAN	Wako CHP			Over 3 hrs by boat
WNB	KANDRIAN	Akonga CHP	16.02.24	21.04.24	3 hours by boat from Garu (road drop)
WNB	KANDRIAN	Silovuti HC			Over 3 hours by boat from Kandrian
TOTAL		38	21	31	

Table 2: Percentage of HF Coverage

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
	38	38	38	38
Total Number Accessible	27	27		
Total Number Reached	21	31		
% Coverage (Accessible)	77.8	114.8	#DIV/0!	#DIV/0!
% Coverage (Total HFs)	55.3	81.6	0.0	0.0

RDTs AND ACT SUPPLIES PROCURED GLOBAL FUND

Table 3. RDT and ACT supplied by Global Fund.



PACKING LIST

DESTINATION: WNB, Kimbe SHIPPER: _____ CONSIGNMENT/WAYBILL NO. _____
 PACKAGING DATE: 16.03.2024 INVOICE NO. _____ ACTION OFFICER: Diana DATE: 18.03.2024

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON	TOTAL QUANTITY	TOTAL IN BASIC UNITS	BATCH #	EXPIRY DATE	WEIGHT PER CARTON (kg)	TOTAL WEIGHT (kg)	VOLUME PER CARTON (m ³)	TOTAL VOLUME (m ³)
1 TO 55	55	RDT	40	2200	55,000	101533/523	Jan 2025/Dec 2024	13	715	0.04	2.2
56	1	ACT 6	48	48	1,440	7254175	Dec 24	11	11	0.02	0.02
57 TO 58	2	ACT 12	48	96	2,880	7254176	Jan 25	15	30	0.02	0.04
59 TO 60	2	ACT 18	24	48	1,440	7254367	Feb 25	15	30	0.04	0.08
61 TO 72	12	ACT 24	24	288	8,640	7254202/366	Jan 25	15	180	0.04	0.48
MIX 1	1	ACT 6	6	6	180	7254175	Dec 24				
		ACT 12	2	2	60	7254176	Jan 25				
		ACT 18	17	17	510	7254367	Feb 25				
MIX 2	1	ACT 24	21	21	630	7254202/366	Jan 25				
MIX 3	1	RDT	18	18	450	101533/523	Jan 2025/Dec 2024				
TOTAL	75								966		2.82

TOTAL SUMMARY		ITEM	PACKETS	INDIVIDUAL UNITS	SOURCE (GF/GoPNG)
No. of Cartons	75	RDT	2,218	55,450	test kits
Weight (Kg)	966	ACT 6	54	1,620	blister pkts
Volume (m ³)	2.82	ACT 12	98	2,940	blister pkts
		ACT 18	65	1,950	blister pkts
		ACT 24	309	9,270	blister pkts
		PRIMAQUINE	NOT SUPPLIED		tablets

ANTENATAL LLINS REPORT

In quarter two (2) visit, we distributed a total of 1550 ANC LLINs across the 31 Health Facility visited. Those health facilities that missed out on Q2 distribution were advised to pick them up at Transit Medical Store at WNBPHA. During the Q2 visit, it is observed that most facilities that were visited in Q1 have improved a lot in terms of accountability of issued and distributed nets. Few health facilities still need improvement thus onsite refresher was done on how to maintain the ANC register and account for distributed nets for all visited health facilities. All facilities visited were replenished with ANC nets and encourage to keep proper recording of distributed nets. For Facilities not visited, stock was kept at Medical transit store for staff to pick up

Table 4: Distribution of ANC nets in Q2

23.02.24	KANDOKA CHP	BOB ANDREW	WILFRED NANGE	37901		100	2800
07.03.24	PARURUSC	REX TAKANAI	WILFRED NANGE	37903		50	2750
07.03.24	UNEA HC	LORRAINE MAIRS	WILFRED NANGE	37904		50	2700
04.04.24	KIMBE URBAN CLINIC	LINCY N. BUNDU	GRACE BID	37905		50	2650
04.04.24	AKA HC	SHAREN JESSY	GRACE BID	38208		50	2600
11.04.24	Opening Balance Q2 VISIT: 2600						
12.04.24	BUVUSI HC	MARIA TIA	GRACE BID	37906		50	2550
12.04.24	MALALIA HC	LINA BOIRA	GRACE BID	37907		50	2500
12.04.24	BITOKARA HC	ROBIN KOMBUGU	GRACE BID	37911		50	2450
13.04.24	BOLA HC	GRACE PAMGUGU	GRACE BID	37909		50	2400
13.04.24	HEALLA CLINIC	JENNY GUMAIA	GRACE BID	37908		50	2350
15.04.24	MOSA CLINIC	REGINA KURI SAMAK	EUSTIN TOROT	37915		50	2300
15.04.24	LALOPO HC	DAVE BONYAM	EUSTIN TOROT	37913		50	2250
15.04.24	KAPIURA CLINIC	AIDA PETER	EUSTIN TOROT	37910		50	2200
15.04.24	SILANGA HC	LYDIA SAMUT	EUSTIN TOROT	37912		50	2150
15.04.24	KIMBE UC	FILIBERTHA BATAI	EUSTIN TOROT	37916		50	2100
17.04.24	VALOKA HC	MODO KODO	EUSTIN TOROT	37914		50	2050
19.04.24	MILIMATA HC	NORMAH TAVUL	EUSTIN TOROT	37916		50	2000
20.04.24	GLOUCESTER HC	GERVINA DUCADUICA	EUSTIN TOROT	37918		50	1950
20.04.24	KILENGE HC	GODALEY VAKI	EUSTIN TOROT	37919		50	1900
20.04.24	SAGSAG HC	BETHSEBA PAKINI	EUSTIN TOROT	37921		50	1850
21.04.24	AKONGA CHP	STANLY PITHERSON	EUSTIN TOROT	37922		50	1800
24.04.24	NAVO CLINIC	TINTAN TINSUTEET	EUSTIN TOROT	37923		100	1700
24.04.24	BAEA HC	SAMSON DANIEL	GRACE BID	37926		50	1650
24.04.24	BIALLA HC	JAMES MAUGEA	GRACE BID	37925		50	1600
24.04.24	HARGY CLINIC	STELLA K	GRACE BID	37920		50	1550
30.04.24	SILOVUTI HC	AUGUSTINE KEWANA	GRACE BID	38207		50	1500
03.05.24	PILILO HC	SR FEBNY BOGOI	GRACE BID	37927		50	1450
03.05.24	SAUREN HC	ANASAN AISI	GRACE BID	37928		50	1400
04.05.24	TURUK HC	STEVEN KADIKO	GRACE BID	38209		50	1350
04.05.24	ESLB HC	BEN EDICTA BUABUARA	GRACE BID	37929		50	1300
05.05.24	GASMATA	AMBROSE SENDEL	GRACE BID	37930		50	1250
05.05.24	AMIO HC	BILL DOINI	GRACE BID	38211		100	1150
05.05.24	MELENGLO HC	PAUL PERIL	GRACE BID	38210		50	1100
06.05.24	WAKO HC	LESLEY NABAI	GRACE BID	38212		50	1050
						1550	1050
09.05.24	CLOSING BALANCE: 1050						

ACCOUNTABILITY OF MALARIA DRUGS SUPPLIES

All malaria RDT and ACTs are kept at Medical store. After quarterly Visits and distribution if Health Facilities run low of supplies they are expected to bring in their reports to PMS, Ms. Grace Bid 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.

RDTs AND ACT RECONCILIATION

Most of the reporting health facility are not capturing the aid post reports in their catchment areas in their reporting. Therefore, correct amount of malaria commodities is not supplied resulting in commodities shortage and incorrect accountability from reporting facility. This was addressed again in the Q2 visit and facilities are now required to capture the reports of each aid post that they are supplying malaria commodities.

HEALTH FACILITY FINDINGS AND OBSERVATION AND STOCK MANAGEMENT

Table 5. Observation Findings from Health Facility Visited

Health Facility	RDT/ACT STOCK MANAGEMENT	TREATMENT	ANC LLIN	REPORTS FROM JAN-MARCH 2024
BUVUSI HC 12/04/24	Malaria commodities stored in the pharmacy. Stock cards used and very well updated. No stock out	Staff aware of the new Malaria treatment protocol. Onsite refresher training conducted by the team.	ANC nets well accounted for. Register book updated. Improvement from Q1 visit. 50 nets given.	2 reports submitted. No clinical case recorded.
VALOKA HC 17/04/24	Malaria commodities stored in Pharmacy room. Stock card used and updated. No stock out	Staff aware of the new malaria treatment protocol. Onsite refresher training carried out.	ANC register kept well. Distributed nets accounted.	3 report was submitted
MALALIA HC 12/04/24	Malaria commodities stored in the pharmacy. Stock cards used and very well updated.	Staff aware of the new Malaria treatment protocol including the usage of prophylaxis in pregnant mothers. Onsite refresher training conducted by the team	ANC nets well accounted for. Register book updated. Improvement from Q1 visit. 50 nets given.	Submitted 3 reports
BOLA HC 13/04/24	Malaria commodities stored in the pharmacy. Stock card used but not updated at the time of the visit. HF's only had ACT 24 and nil other weight band at the time of the visit.	Staff aware of the new malaria treatment protocol. Onsite refresher training carried out by the team	Distributed nets recorded. ANC register updated. 50 nets given	2 reports submitted still reporting clinical cases
Bitokara HC 13/04/24	Malaria commodities stored well in spacious Pharmacy. Good accountability of malaria drugs stock cards now used and updated	Staff aware of the new malaria treatment protocol	13 nets in stock at the time of the visit. Distributed nets recorded in the register	3 report submitted
HAELLA UC 13/02/23	Malaria commodities stored well in the air-condition pharmacy. Well accounted for. Stock card used for Malaria commodities	Officers well aware of the new malaria treatment protocol. Onsite refresher was done	ANC register kept well and updated	3 reports submitted during the above time period

KAPIURRA UC 15/04/24	Unable to do stock management as pharmacy was locked at the time of the visit	Attending officer well aware of the new malaria treatment protocol. Onsite refresher was carried out by the team.	Unable to do stock management as pharmacy was locked at the time of the visit	3 reports submitted during the above time period
SILANGA HC 15/04/24	Stock cards used by facility and now updated. All commodities stored well in the Facility Pharmacy. No out stock reported	Officers present at the time of visit were aware of the new malaria protocol. Onsite refresher was conducted	Distributed nets recorded well. ANC register updated	3 reports submitted however clinical case reporting is still done by staff.
LALOPO HC 15/04/24	Commodities stored well in the facility pharmacy. Stock kept well and updated. No stock out reported	Staff well aware of the new Malaria treatment protocol and are practicing it. Onsite refresher training was carried out.	Improved on ANC net register updating. All distributed nets accounted for, 50 nets supplied	3 reports submitted
ULAMONA HC 24/04/24	Health facility still operating in Sovula Care Centre. Commodities still kept in Primary School Head Teacher office. Stock card used but not updated. No stock out reported	Staff now aware of the new treatment protocol and is practicing it as per our refresher training in Q1.	50 nets supplied	Submitted only 1 report
NAVO CLINIC 024/04/24	Very good stock management from the facility. Drugs kept in a well secure air-condition room. Stock card used.	Staff aware of the new malaria treatment protocol and are practicing it. Refresher training was done by the team	50 nets supplied	Still recording clinical cases 3 reports submitted to eNHIS
BEALLA HC 24/04/24	Stock cards used by health facility and updated. Malaria Commodities stored in a spacious pharmacy. No expired ACT/RDT was removed. No stock out reported	Staff aware of the new malaria treatment protocol and are practicing it. Refresher training was done by the team.	ANC register updated. 50 nets supplied	Up to date with reporting. 3 report submitted

HARGY CLINIC 24/04/24	Malaria commodities stored in a spacious cupboard. Stock cards not used. Staff advised to keep stock cards for Malaria commodities. No stock out reported	Staff aware and are practicing the new malaria treatment protocol	50 nets supplied	3 reports submitted.
MOSA CLINIC 16/04/24	Malaria commodities stored well in an air conditioned room. Stocked card used and well updated. No expired ACT/RDT removed. No stock out reported	Staff aware and are practicing the new malaria treatment protocol	50 nets issued to the facility	3 reports submitted
KIMBE URBAN CLINIC 16/04/24	Malaria commodities stored in the Pharmacy. Stock cards used and updated, an improvement from Q1	Staff aware of the new malaria treatment protocols	Register Kept well and updated. 50 nets supplied	Submitted 3 reports
MILIMATA HC 19/04/24	Malaria commodities stored in well organised Pharmacy. Stock cards used by the HF	Staff aware of the new treatment protocols	50 nets issued to the HC	3 eNHIS reports was submitted
KALIAI HC 19/04/24	Still Malaria commodities not stored well. Found in three different room. Not good accountability. Stock cards not being used	Attending officer aware of the new Malaria protocol.	ANC register not kept and updated well. 50 nets issued from Q1 not being used. Distributing from household nets supplied by RAM. No nets was supplied	3 report submitted.
GLOCESTER HC 21/02/24	Malaria commodities stored in an open room. Stock cards used and updated well. No stock out reported	Staff aware of the new malaria treatment protocol and are practicing it	ANC register kept well and updated. 50 nets supplied	3 report submitted.
KILENGE HC 21/02/24	Malaria commodities stored in an open room. No stock cards used despite being issued from last RMC visit.	Staff aware of the new malaria treatment protocol and are practicing it	ANC register not updated. 50 nets supplied	Submitted 3 reports
SAGSAG HC 21/04/24	Malaria commodities stored well in the facility pharmacy. Stock cards used and updated. No stock out reported	Staff aware of the new malaria treatment protocol. Onsite Refresher training done	Distributed nets accounted for and ANC net register updated	Submitted 3 reports

AKONGA HC 22/02/24	All health staff out Unable to do M&E	All health staff out Unable to do M&E	All health staff out Unable to do M&E.	Only 1 report submitted. No clinical case recorded
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KIMBE HOSPITAL REPORT: DATE OF VISIT: 17/04/24 and 22/04/24

The team visited all hospital department that keep and use malaria commodities

- Hospital Pharmacy
- Hospital Laboratory
- Medical Records
- AOPD
- COPD
- Medical Ward
- Surgical

Hospital Pharmacy: All malaria commodities are stored in the pharmacy using the M-supply. In Q2 Hospital had enough supply of malaria commodities thus they were not supplied.

All hospital departments have improved from Q1 visit in terms of not using sterile water as buffer to do RDT. Also a circular was released from Director Curative Office banning the use of sterile water as buffer for doing RDT and this was captured again in the onsite trainings. It was also noted that all departments now have improved on correct recording and maintaining malaria M&E tools. However, late submission of monthly report is still a major issue for the Hospital. This was further discussed with team at Medical Records Team and the PHIO of WNBPHA.

The PHIO have admitted that the late submission of report by the Hospital is an ongoing issue. Ideally daily reporting should be carried so that monthly reports can be submitted on time but this has not done thus his office is looking into how to improve this chronic problem.

KANDRIAN DISTRICT VISIT

The Q2 trip to Kandrian District was a collaboration trip between the Malaria and Medical Transit Store team. The purpose of the Medical Transit Store Team visit was to do M&E on drug availability, storage usage for all facilities in the district while Malaria team will continue our Q2 supervisory visit and Malaria commodities supply. The team spent a total of 3 days in Kandrian district covering a total of 9 out of 10 Health Facilities. Two vehicle was used (Project Vehicle KAK 652 and MTS Vehicle) to transport the team from Kimbe Town to Amio where we were picked up the arranged boat from Kandrian to transport the team to Kandrian Station and booked in the arranged accommodation.

Health Facilities Visited

1. Pililo HC

All malaria commodities are stored in well spacious room (Facility Pharmacy). No stock card used for all malaria commodities. All staff are aware of the new malaria treatment protocol. However, some staff are still confused about the new IPTP treatment protocol. Onsite refresher done by team The accountability and recording of ANC is still poor and this was address to the staff with onsite training how to maintain Malaria M&E tools and encourage them to improve. HF are using the eNHIS tablet for reporting and are submitting their reports in time. No stock out was reported

2. **Sauren HC**

All malaria commodities are stored in the officer's house as the pharmacy room is too small to accommodate all commodities. There is only one officer mending the facility and sometimes she is busy with personal commitment and therefore Malaria M&E tools are usually not updated at all. During the time of the visit, the malaria register and ANC register were misplaced and thus the team could not do assessment on the M&E tools.

NO stock cards are used at the facilities and accountability Malaria commodities is very poor. The eNHIS is tablet is with the officer and is functional however timely monthly reporting is very poor. Furthermore, the officer noted that she is only doing few ANC in a month and forgets to capture them in the ANC register or the ANC net register. IPTP new treatment protocol is not being followed. Onsite training was done by the team. No stock out was reported.

3. **Aka HC**

All malaria commodities stored in a small room and no stock card kept. The lone officer mending the was facility was out on leave and had just return a month prior to the teams visit. Thus Malaria register was misplaced and therefore assessment could not be done. Also the Q1 supply was still at the facility and was not used yet. Facility was supplied and onsite training was done. The eNHIS reporting tablet is with the officer and in functioning normally, however timely reporting is still an issue and this was addressed during the visit.

The ANC net register is also updated and accountability of distributed nets is also an issue. The officer noted that she does ANC but forgets to record nets distributed. IPTP new protocol is followed. No stock out reported.

4. **Eslei HC**

Health Facility was out of stock of ACTs and ANC nets for week before the teams visit. This is because the Q1 supply was not picked at the medical transit Store. No stock card was kept at the facility for the malaria commodities. HF was supplied and onsite training was conducted to the Team. HF's staff are aware of the new malaria treatment protocol and are practicing it. The eNIHS reporting tablet is functional however timely submission of monthly report is still an issue and this was addressed to the staff and advised to improve.

5. **Turuk HC**

Pharmacy was locked at the time of the visit thus the team was unable to do stock assessment. Facility have up to date with the reporting and all malaria M&E tools are updated and well kept. Staff are well aware of the new treatment protocol and are currently practicing it. The eNHIS reporting is functional and HF is doing timely monthly reporting

6. **Kandrian HC**

All commodities a kept well in the Pharmacy however no stock cards kept for malaria commodities. All malaria M&E tools updated. All distributed nets accounted for and staff are well aware of the New Malaria Treatment Protocol. eNHIS tablet is functional and timely monthly reports are submitted to NHIS. Onsite training was done on stock card keeping and refresher on treatment protocol.

7. **Melenglo HC**

Facility not keeping stock cards for malaria commodities. ANC net register not updated well and distributed nets not accounted for. Onsite training was done for staff on stock card management and the new malaria treatment protocol. IPTP protocol and recording is also not being followed thus the staff was advised to improve. eNHIS reporting tablet is functional however timely submission of reports is still an issue. Facility was encouraging to improve on their reporting

8. Gasmata HC

All commodities are kept well in the facility pharmacy and stock card kept but not updated. All staff are aware of the new treatment protocol and are practicing it in the facility. All malarial M&E tools updated and distributed nets accounted for. eNHIS reporting tablet is functional and timely submission of monthly reports are done. The facility has a functional lab however due to no lab consumables the facility is not doing malaria microscopy

9. AMIO HC

Facility is not keeping stock cards for Malaria commodities. Staff are aware of the new malaria treatment protocol and are practicing it. ANC register is updated and distributed nets and documented. According to the staff, most mothers who come for ANC are refusing to the new ANC nets because it is too hot to sleep under. Staff are advised to continue with patient education on the risk of pregnant mothers not sleeping under a net. No stock out was reported. eHNIS tablet is functional and reports are submitted.



KANDRIAN DISTRICT TRIP TEAM

SUMMARY OF FINDING

- Most facilities visited in Q1 have improve a lot in terms of Stock card keeping except for Kaliai HC, Ulamona and HC Kilenge HC who still needs to improve
- All facilities in Kandrian district visited still needs to improve in terms of stock card keeping
- All facilities still reporting clinical cases
- Accountability of malaria commodities have improved since Q1 visit however few HC still needs improvement with all the Kandrian District Facilities
- Most staff are now aware of the new treatment protocol and are practicing it

MICROSCOPY

1. Kimbe Provincial Hospital

Have a functional Laboratory room and are doing Malaria Microscopy. They have enough stock of lab consumables (malaria reagents, Slides, Dye and etc.) and staffs are taking part in the External Quality Assurance (EQA) program.

2. Hargy Clinic

Currently operating with a working Microscope. They have reagents supplied from the company Hargy Oil Palm Limited. They are regularly taking part in the EQA programme

3. Kaipura Clinic

Operating with a working Microscope. They have reagents supplied from the company NBPOL. New Microscopy register book was issued. They are reporting frequently into the ENHIS monthly report.

4. Mosa Clinic

Currently operating with a working Microscope. They have surplus supplies of reagents supplied from the company NBPOL. They are regularly taking part in the EQA programme

5. Haella Clinic

Operating Laboratory with a working Microscope. They have reagents supplied from the company NBPOL. They are taking part in the EQA programme.

6. Kimbe Urban Clinic

Have a functional laboratory with a working microscopy and consumables but no lab technician to perform malaria microscopy

7. Valoka HC

Have a functional Laboratory with a working microscopy. However not doing malaria microscopy because of no reagents and consumables. They usually only do slides and send them to Kimbe Hospital for Malaria Microscopy

8. Gasmata HC

Have a functional Laboratory with a working microscopy but due to no consumables the facility is not doing malaria microscopy

eNHIS TABLET

All 31 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.

Table 6. Number of reports submitted in the Month of January to March 2024

West New Britain Province

MALARIA REPORT January to March 2024

Date Printed: 21/05/2024 10:45:13

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
190101	Aka HC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190102	Amio SC	2	26	239	1	1	0	0	0	0	0	367	67.8	61.6	0
190103	Eslai SC	1	0	236	0	1	0	0	0	0	0	236	26.3	22.9	0
190104	Gasmata HC	3	78	176	1	0	0	0	0	0	387	49.1	39.0	0	
190105	Gloucester HC	3	8	441	0	0	0	0	0	0	715	72.3	52.6	0	
190106	Kaliai SC	3	28	166	0	0	0	0	0	0	332	64.2	50.3	0	
190107	Kandrian HC	3	10	223	0	0	0	0	1	100	100	453	43.0	32.5	0
190108	Klunge SC	3	2	152	0	0	0	0	0	0	72	47.2	31.9	0	
190109	Pililo SC	3	4	262	9	16	0	1	0	0	157	66.2	40.1	0	
190110	Sagsag SC	3	39	84	0	0	0	0	0	0	520	22.9	14.6	0	
190111	Sassavoru SC	2	6	93	0	1	0	0	0	0	82	73.2	53.7	0	
190112	Turuk SC	3	0	474	0	1	0	0	0	0	660	62.6	40.8	0.2	
190113	Milimata SC	3	11	131	0	0	0	0	0	0	344	68.0	42.2	0.3	
190114	Melenglo SC	1	58	81	1	0	0	0	0	0	56	78.6	69.6	0	
190115	Sauren SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190117	Wako CHP	3	39	163	0	0	0	0	0	0	251	74.5	60.2	0	
190116	Akongga CHP	3	0	63	0	0	0	0	0	0	85	63.5	55.3	1.2	
190118	Silovuti HC	3	0	134	0	0	0	0	235	28.9	19.6	70	44.3	34.3	0
KANDRIAN/GLOUCESTER District		42	309	3118	12	20	0	1	236	29.2	19.9	4787	56.5	41.8	0.1
190201	Bialla HC	3	13	370	6	4	1	0	1	0	1065	35.0	25.3	0.6	
190202	Bitokara HC	3	1	217	3	2	0	0	0	0	659	36.7	27.0	0	
190203	Buvusil HC	2	0	149	0	0	0	0	0	0	115	52.2	40.9	0	
190204	Kimbe HP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190205	Kimbe UC	3	18	442	0	0	0	0	9	33.3	33.3	1143	30.5	21.5	0.2
190206	Malalia SC	3	0	706	8	4	0	0	1	100	100	764	86.3	74.1	0
190207	Silanga SC	3	7	329	0	0	0	0	0	0	1180	30.4	16.9	0	
190208	Ulamona SC	1	13	91	0	0	0	0	0	0	195	31.3	17.4	0	
190209	Unea HC	3	42	258	0	8	0	0	0	0	401	64.6	36.7	3.5	
190210	Valoka HC	3	0	673	0	10	0	0	0	0	555	26.8	19.3	0	
190211	Vitu (Panuru) SC	3	21	142	0	4	0	0	0	0	255	43.5	27.8	0	
190212	Lalopo SC	3	0	175	9	2	0	0	2	50.0	50.0	614	35.3	21.5	0
190213	Mosa (NBPOL) UC	3	0	684	0	0	0	0	36	27.8	19.4	0	0	0	0
190214	Hargy UC	3	29	226	0	0	0	0	0	0	647	22.3	13.0	0	
190215	Kapiura UC	3	0	5	0	0	0	0	187	8.0	5.9	1289	29.4	20.2	0.1
190216	Bola SC	2	24	173	0	0	0	0	0	0	182	35.2	26.9	0.5	
190217	Haella UC	3	0	250	0	0	0	0	113	48.7	36.3	757	39.1	26.2	0
190218	Navo UC	3	54	336	0	0	0	0	5	40.0	20.0	856	33.5	17.3	0.8
190219	Baea CHP	1	5	24	0	0	0	0	0	0	72	44.4	36.1	0	
190220	Vatukele CHP	2	10	0	0	0	0	0	1	0	160	33.1	28.8	0	
TALASEA District		50	237	5250	26	34	1	0	355	24.5	18.3	10909	37.5	25.7	0.3
West New Britain Province		92	546	8368	38	54	1	1	591	26.4	19.0	15696	43.3	30.6	0.2

- ✓ Timely submission of monlty report is still an issue in the province
- ✓ In the reporting period of January to March 2024, 3 health facility including Kimbe Hospital did not submit any report
- ✓ Clincial case reporting is subsiding however facilities are still reporting clinical cases
- ✓ 2 deaths were reported in this reporting period. Bialla HC reported 1 clinical death and Pililo HC also reported a RDT confirmed Death

CHALLENGES

- 3 health facilities, Vitu, Unea and Vatukele HC have requested for team to visit however logistical support is still an issue
- Was not able to run CQI training for Kimbe Hospital and surrounding hospital due to late changes with the team in POM
- Clinical cases reporting is still an ongoing issue
- Finding more efficient route to do kandrian quarterly supervisory trips.

RECOMMENDATION

- Plan with WNB PHA and RAM for visit in Q4 to Vitu, Unea and Vatukele HC
- CQI reschedule to later date
- Increase PMS routine trip to HF to improve in clinical case reporting
- Proper planning is needed

VEHICLE USED

KAK 652



- Came out from Ela Motors after service before our Q1 trip.
- In good running condition
- Cracked windscreen need to be replaced. PHA have already purchased windscreen.
- For glue and black rubber to repair windscreen.
- Needs a new Front shock absorber
- For new brake pads
- New tie rod hand
- Mileage: 35779km
- Next Scheduled service date: 32000km
- Registration Expiry: 24/10/24
- Safety Sticker Expiry: 16/10/24



The vehicle was brought into service at Ela Motors after Q1 as per directive from RAM management. However, after coming out of the service the vehicle developed a new problem where it needed to be pushed for it to start.

- Back doors still unable to lock.
- Difficulty opening Back door from outside. RMS purchased new back door handle
- Front seats are torn
- Back seats torn as well
- Mileage: 294871km
- Registration Expiry: 30/07/24-Safety Sticker Expiry: 17/10/24

ACKNOWLEDGEMENT

1. WNBPHA administration for the continues support towards the National Malaria program
2. WNBPHA staff who worked together with the RAM team during the quarter one visit,
Ms. Grace Bid- Provincial Malaria Supervisor
Mr. Apolos Katoa- WNBPHA Driver
Mr. Wilfred Nanghese- WNBPHA Medical Transit Storeman
Ms Nancy Tanei – WNB PHA Medical Transit Store Manager
3. Kandrian HC Staff for providing accommodation to the team during our visit
4. Ms. Jacklyn Pokai and Mr. Victor Lee for safe accommodation and logistic support provided to team travelling to Kandrian
5. The Global Fund for the continuous funding of Malaria Commodities and funding WNB Q1 Health Facility Malaria Supervisory Visits and malaria commodities distribution

PHOTOS



Team doing M&E with staff at Sovula Care Centre



Onsite training Done in Kandrian HC



Onsite training with Staff and Kimbe Nursing students



Team ready to depart Garu to Gloucester

END OF REPORT