

**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
WESTERN PROVINCE
APRIL 15TH – JUNE 17TH 2024**

QUARTER TWO FIELD TRIP REPORT



VISITING OFFICER:

Denzel Polly – Western Malarial Coordinator – Western Province (RAM/NMCP– NDoH)

ACCOMPANY OFFICERS IN THE FIELD:

Vellgie Ava – RMC Supervisor – North and South Fly District

Julie Sunakiya – HMM Officer – South Fly District

Augustine Gibuma – WPHA Malaria Officer – South Fly District

Joyleen Reken – HMM Officer – North Fly District

Junior Giniha – Malaria Officer – Middle Fly District

Dukawa Saika – HMM Officer – Middle Fly District Health

DATE OF VISIT:

April 15th to May 4th 2024– **South Fly District**

May 6th to May 27th to 2024 – **North Fly District**

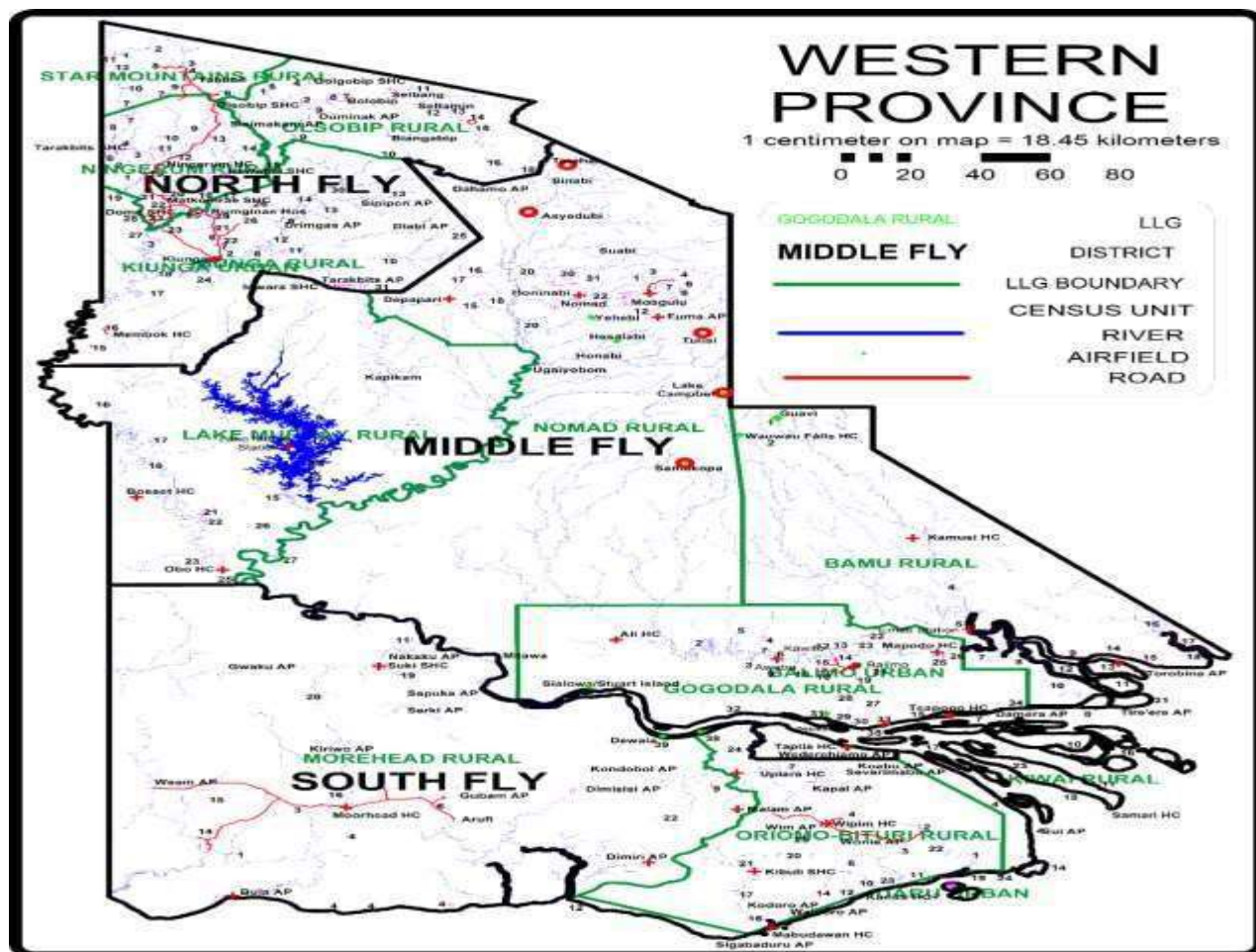
May 28th to June 15th 2024 – **Middle Fly District**

BACKGROUND AND PURPOSE OF VISIT

As part of the National Malaria Program, the Rotarians Against Malaria being the Principle Recipient of the Malaria program funding from Global Fund will no longer only distribute nets but will also involve in the other aspects of the malaria program. These includes, the distribution of RDTs and ACTs, Improvement of case management of malaria in health facilities, Improvement of reporting on the use of RDTs and ACTs and reporting into the National Health Information System. To achieve these key goals, the Regional Malaria Coordinators (RMC), makes quarterly visits to all accessible health facilities in all provinces in each region to ensure correct treatment and diagnosis and supplies of LLINs, RDTs and ACTs are available and meet the health facility needs. In doing so, we will be able to Implement the National Malaria Treatment Guideline, collect outstanding or pending reports and have small refreshers with the facility staff on the procedures of the rapid diagnostic test or the correct process of filling in a NHIS Monthly Report form

This trip report is for the **second visit** to all accessible facilities in South, North and Middle Fly Districts as well as few inaccessible health facilities in Western province

Map below still showing the three Districts with their Local Level Government boundaries and the health facilities in each district although the province has been divided into four districts



PEOPLE MET WITH

- Dr. Miriam Boga– A/Chief Executive Officer – 70056293
Email; mirriam.boga@gmail.com
- Mr. Gabriel Kama – A/Public Health Director – 73108194
Email; gabrielkama1978@gmail.com
- Mr. Rodney Albert – A/Provincial Disease Control Officer – 79054989
Email: arodneybezementaso@gmail.com
- Mr. Rody Ukin – North Fly District Health Manager – 79637816
Email: rody.ukin@gmail.com
- Mr. Negege Kekela – A/Kiunga Hospital Manager -72672841
Email: kekelagauba@gmail.com
- Mr. Pridick Edward – North Fly Environmental Officer – 70462996
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- Mr. Aaron Bale – Australian Doctors International - 79250395
Email: aron.bale.@adi.org.au
- Sr. Philomene – Catholic Health Services Secretary – 74854206
Email: akiomsan@gmail.com
- Mr. Gordon Mase – A/District Health Manager – 71611645
- Kinina Sigar – Medical Service Manager – 74190859
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ACTIVITIES DONE (routine activity)

1. Distribution of ACTs and RDTs
2. Conduct Continuous Quality Initiative Trainings for district hospitals and refresher trainings on the National Malaria Treatment Protocol to health facility staff
3. Ensure that staff are implementing the Single Dose administration of Primaquine in PF positive cases
4. Ensure that health facilities are reporting all RDTs/ ACTs in the health facility Malaria Register and are accounting for all ACTs/RDTs. Stock takes of all ACTs and RDT kits in health facilities before supplying new stock
5. Ensure that health staff (OICs) are correctly filling out the Malaria section of the NHIS Monthly Reports in e-NHIS
6. Collect Antenatal LLIN Reports.
7. Restock Antenatal LLINs at health facilities that have shortages and supply LLIN nets to Prisons and Boarding Schools
8. Ensure staff are keeping an up-to-date record of their stock cards

DESCRIPTIONS OF HEALTH FACILITIES IN THE PROVINCE

Western province has a total of **42** facilities in the four districts of which **23** facilities are accessible, meaning they can be physically reached within two hours by vehicle and not more than four hours in a dinghy from PHA or district health offices. From the 42 HFs, 2 health facilities namely **Samari** and **Teapopo** are currently closed due to unavailability of staff at the health facilities.

With the new district created, **North Fly District (NFD)** now has **15 health facilities**, **Delta Fly District (DFD)** has **10 health facilities**, **Middle Fly District (MFD)** has **6 health facilities** and **South Fly District (SFD)** still have **11 health facilities**. However, the two new districts are still being regarded as only Middle Fly District.

From this trip, we visited the 9 HFs in North Fly, 4 HFs in Middle Fly, 6 HFs in South Fly District and 10 HFs in Delta Fly District.

One of the high lights of this trip is for the first time we visited the inaccessible health facilities in Middle Fly District Namely Nomad, Mougulu and Debeperi Health Facilities This was made possible with the assistance from the PNGSDP with charter of MAF services into those areas.



Fig. Photo showing RMC and HMM officer standing with Nomad Health Facility staff in front of the health facility and at the airstrip during the visit and delivering of the mosquito nets for ANC and Malaria Positive Patient nets.

Below is the Table of the health facilities in all the districts of Western Province.

Table 1. Summary of the Health Facilities in the province, their accessibilities and the dates they were visited.

District	Health Facility	Agency	Accessibility	Accessibility	Date
South Fly	Daru Hospital	Government	Accessible	Road	16/04/24
South Fly	Daru UC	Government	Accessible	Road	16/04/24
South Fly	Kunini HSC	Government	Accessible	Water	18/04/24
South Fly	Mabudawan HC	Government	Accessible	Water	19/04/24
South Fly	Kibuli HSC	Government	Accessible	Water	19/04/24
South Fly	Suki HSC	Government	Inaccessible	Water/Air	Not visited
South Fly	Upiara HSC	ECPNG	Inaccessible	Water/Air	23/04/24
South Fly	Samari HSC	Government	Accessible	Water	CLOSED
South Fly	Teapopo HSC	Government	Accessible	Water	CLOSED
South Fly	Wipim HC	Government	Inaccessible	Water/Air	Not visited
South Fly	Morehead HC	Government	Inaccessible	Water/Air	Not visited
Middle Fly	Wasua HSC	ECPNG	Inaccessible	Water	23/04/24
Middle Fly	Tapila HC	Government	Accessible	Water	24/04/24
Middle Fly	Adiba HSC	ECPNG	Accessible	Water	01/05/24
Middle Fly	Awaba HSC	ECPNG	Accessible	Water	06/05/24
Middle Fly	Kamusi Clinic	ECPNG	Inaccessible	Water or Air	04/05/24
Middle Fly	Wawoi Falls HSC	ECPNG	Inaccessible	Water, then by road or air	Not visited
Middle Fly	Emeti HC	ECPNG	Accessible	Water	03/05/24
Middle Fly	Mapodo HSC	ECPNG	Accessible	Water	04/05/24
Middle Fly	Balimo UC	Government	Accessible	Road	30/04/24
Middle Fly	Balimo Hospital	ECPNG	Accessible	Road	05/05/24
Middle Fly	Lake Murray HC	Government	Inaccessible	Water or air	Not visited
Middle Fly	Obo HSC	ECPNG	Inaccessible	Water or air	Not visited
Middle Fly	Bosset HC	Catholic	Inaccessible	Water	17/06/24
Middle Fly	Debepari HSC	ECPNG	Inaccessible	Air	25/04/24
Middle Fly	Nomad HSC	Government	Inaccessible	Air	25/04/24
Middle Fly	Mougulu HSC	ECPNG	Inaccessible	Air	28/04/24
North Fly	Kiunga DH	Government	Accessible	Road	10/04/24
North Fly	MCM UC	Catholic	Accessible	Road	10/04/24
North Fly	Rumginae RH	ECPNG	Accessible	Road	04/04/24
North Fly	Haewenae HSC	ECPNG	Inaccessible	Road & water	Not visited
North Fly	Matkomnai HSC	Catholic	Accessible	Road	08/04/24
North Fly	Dome HSC	ECPNG	Accessible	Road & water	13/04/24
North Fly	Ningerum HC	Government	Accessible	Road	13/04/24
North Fly	Tarabbits HSC	Catholic	Accessible	Road & water	13/04/24
North Fly	Kungim HSC	Catholic	Inaccessible	Road & water	Not visited

North Fly	Tabubil UC	Private	Accessible	Road	10/05/24
North Fly	Olsobip HC	Government	Inaccessible	Air	Not visited
North Fly	Golgobip HSC	Catholic	Inaccessible	Air	Not visited
North Fly	Iowara HSC	Catholic	Inaccessible	Road & water	Not visited
North Fly	Membok HSC	Catholic	Accessible	Air	18/04/24
North Fly	Tabubil HP	Private	Accessible	Road	10/05/24

Table 2. Shows the coverage rate for both accessible and overall facilities in Western Province.

	Quarter 1
Total number of HFs	42
Total number of functional HFs	40
Total Accessible Facilities	22
Total Inaccessible Facilities	18
Total Accessible Facilities Visited	22
Total Facilities Visited	29
% Coverage (Accessible)	100%
% Coverage (Total Facilities)	72.5%

The coverage rate is calculated based on the functional health facilities in the province. For this Q2 visit we managed to visit all accessible health facilities and 7 inaccessible health facilities consequently, the coverage rate was only 100% for accessible HFs and about 72.5% for the total coverage in the province.

From the coverage rate seen and because of Western Province being a water-logged area and geographically difficult province in terms of logistics, below is the list of HFs that were not visited because of their inaccessibility.

No.	Health Facility	Q2 Supplies	Reasons for not conducting a single facility visit
1	Suki HSC	Their supplies were delivered through SDP AHP team from Balimo.	More than 10 hours of travelling by dinghy from PHA. Will consume a lot of fuel. Plan to visit in Q3 through integrated visit with partners WPHA, SDP, etc..
2	Wawoi Fall HSC	Their supplies were delivered through SDP AHP team from Balimo.	Travel by air to site or by road from Kamusi logging camp, only during dry season due to condition of the road to Wawoi.
3	Wipim HC	Their supplies were delivered through SDP AHP team from Balimo.	Travel by dinghy from Daru to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
4	Morehead HC	Their supplies were delivered through SDP AHP team from Balimo.	Approximately 12 hours by dinghy and then by road for 5 hours. (Expensive)
5	Obo HSC	Their supplies were picked up by a staff who	Approximately 12 hours by dinghy and will use a lot of fuel. Plan to visit in Q3

		was in town during the visit.	
6	Lake Murray HC	Their supplies were delivered through SDP AHP team from Balimo.	More than 12 hours by dinghy and expensive to travel there. Plan to visit in Q3
7	Iowara HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Travel by dinghy from Kiunga to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
8	Golgobip HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Access only by air.
9	Olsobip HC	Their supplies were stored in the district shed and will be delivered when there is a patrol team travelling to the facility	Access only by air

Malaria Commodities Supplied

RDTs and ACTs

Table 3 Showing the quantity of malaria commodities supplied to Western Province for this second quarter visit

Commodity	Quantity
RDT	1118 x 25
ACT 6	60 x 30
ACT 12	104 x 30
ACT 18	74x 30
ACT 24	202 x 30
Primaquine (7.5mg)	1949 x 10x10

All of the above commodities were supplied under both National Department of Health and Global Fund. Primaquine tablets supplied in this visit under NDoH whereas the RDTs and ACTs were supplied under the funding

Long Lasting Insecticide Nets (Antenatal and Positive Patients Nets)

For Western Province, we are distributing nets for both pregnant mothers and malaria positive patients. Below is the table showing the number of nets distributed to each health facility

The nets were supplied according to the stock on hand thus some facilities were not given nets during this visit. Most health facilities that were not given nets are the inaccessible HFs in the **fly in areas**. However, we have achievement this quarter as we distributed nets for the first time to fly in areas in the Middle Fly District namely Nomad, Mougulu and Debepari health facilities.

In the last two quarters we have distributed over 7000 nets for both ANC and Malaria Positive patients.

HEALTH FACILITY FINDINGS AND OBSERVATIONS

Health Facility	RDT/ACT Stock Management	Treatment	LLINs	Reports
Daru Hospital	Have a well-established dispensary and kept updated stock card	Had a training with OPS, MR and Hospital Pharmacist in Q1. OPD	NO ANC Service. Supply malaria positive patient nets. Receipts not updated	Timely reporting and they have improved with the malaria data in the tablets
Daru UC	Have a well-established dispensary however, stock card is not updated and maintained	Since a refresher with the staff in Q1 and the CQI training done in this quarter, they have greatly improved with the treatment protocol	Have adequate supplies and serves all Daru Island with antenatal services including people from mainland who came to the island as well. Supply positive patient nets. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Mabudawan HC	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol. Planning to do CQI in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Kunini HSC	Have a well-established dispensary however, stock card is not updated and maintained	Requesting further training	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Kibuli HSC	Have adequate supplies. However, stock card not maintained. Encouraged to start keeping stock card	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Tapila HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Plan to do CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Wasua HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Adiba HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet

Upiara HSC	Have a well-established dispensary however, stock card	Staff aware of the Malaria Treatment Protocol but one CQI during the visit	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the
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	is not updated and maintained			malaria data in the tablets
Awaba HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo UC	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo R Hospital	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Mapodo HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Emeti HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Kamusi Clinic	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Kiunga Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
MCM UC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Rumginae R Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Dome HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Matkomnai HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets

Ningerum HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol but need further refresher	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Tabubil Hospital	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Tabubil Clinic	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Tabubil Clinic is reporting under Tabubil Hospital
Tarakbits HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Membok HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Bosset HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Debepari HSc	Have a well-established dispensary. Stock card updated	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets
Nomad HC	Have a well-established dispensary however, stock card is not updated and maintained	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets
Mougulu HSC	Have a well-established dispensary. Stock card updated	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets

SUMMARY OF FINDINGS

From the 29 health facilities that were physically visited, we are still having some issues with these following areas:

Stock Management

Of these 29 HFs visited, only 12 HFs have an updated stock card and are maintained. All the other HFs do have the stock cards but did not update them and maintained them. However, there was no reported stock out of antimalarial in the province.

It is an ongoing activity were on every quarterly visit, the health facility staff are encouraged to maintain the use of stock cards and also to do stock takes and should inform the malaria officers once the stocks are low.

Figure 1. HMMO Joyleen going through the health facility stock cards in the folder



National Health Information Systems Reporting

All the HFs in Western Province are reporting through eNHIS or using the tablet as their reporting tool to submit their monthly reports. However, although their reports are consistent and submitted on a timely basis which is the first week of the next reporting month, the quality of the report still is a very big issue.

Few points identified from the issues the facilities are having include:

- fields in the report tool are not always complete or some information are recorded in wrong fields as such data's do not capture the hard work that the staff did
- few facilities have only one officer who was taught on how to use the tablet, so when the officer is on holidays, no reports were submitted for that facility during his/her time of absence.
- some aging staff were not properly trained or not confident to enter results in the tablets, as a result, there were incomplete reports or data incorrectly entered in some fields.
- There were 11 facilities who had over reporting of ACTs given to positive RDT done. These facilities mostly record suspected cases as clinical cases and were administered ACTs
- These issues were addressed by hands on training with the staff at the facilities with the assistance from WPHA



Figure 2. Going through with the staff on the correct reporting procedures

Prophylaxis in Pregnant Women

As for Intermittent Preventive Treatment for Pregnant women, all health facilities were updated on the revised treatment protocol for prophylaxis in pregnant women and have been practicing and giving out fansidar to pregnant women

For monitoring purposes of prophylaxis in pregnant woman, in Western Province we have bought and distributed school exercise books to health facilities and the staff are keeping records of pregnant women for follow ups and to fully complete their 3 doses of fansidar in all their trimesters regardless of their weights

NAME	NO	DOSE	DATE	DATE
Engras Ananta	1	1	11/4/22	12/4/22
Lisa Sima	1	2	11/4/22	12/4/22
Tytha Kaitika	0	1	11/4/22	12/4/22
Siriba Damani	2	3	11/4/22	12/4/22
Mogulu Sookana	1	1	11/4/22	12/4/22
Mate Kelaib	3	4	11/4/22	12/4/22
Gubinyho Olayo	4	5	11/4/22	12/4/22
Kanuyato Sionji	0	1	11/4/22	12/4/22
Lanirio Mawua	10	1	11/4/22	12/4/22
Gumia Simile	2	3	11/4/22	12/4/22
Pangabo Kapa	7	4	11/4/22	12/4/22
Melita Daji	0	1	11/4/22	12/4/22
Lidiga Gumbaya	1	3	11/4/22	12/4/22
Sakula Dikali	2	3	11/4/22	12/4/22
Sagaya Siliyo	3	6	11/4/22	12/4/22
Sagula Dulalaka	0	1	11/4/22	12/4/22
Bakhalaba Gosama	2	3	11/4/22	12/4/22
Onimo Karsala	4	5	11/4/22	12/4/22
Daga Seta Gal	1	2	11/4/22	12/4/22
Sageba Padiyia	3	4	11/4/22	12/4/22
Anola Noka	0	1	11/4/22	12/4/22
Nancy Yajua	1	2	11/4/22	12/4/22

NAME	DOSE	DATE	DATE
Mingito Mawuli	1	11/4/22	12/4/22
Jekunji Sionji	1	11/4/22	12/4/22
Kanuyato Sionji	4	11/4/22	12/4/22
Mate Kelaib	3	11/4/22	12/4/22
Mate Kelaib	3	11/4/22	12/4/22
Mate Kelaib	3	11/4/22	12/4/22
Mate Kelaib	3	11/4/22	12/4/22
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Mate Kelaib	3	11/4/22	12/4/22
Mate Kelaib	3	11/4/22	12/4/22
Mate Kelaib	3	11/4/22	12/4/22

Figure iii: An example of the monitoring of prophylaxis in Pregnant Women in an exercise book

LLINS for ANC and Malaria Positive Patients

During the visit, all the HF's were distributed LLINs for both. Antenatal or pregnant mothers and malaria positive patients. Mougulu HSC, Nomad HC, and Debepari in Middle Fly District and Rumginae RH, MCM UC and Kiunga Hospital in North Fly District have been reporting a lot of positive cases in this quarter.

For the three health facilities in the Middle Fly District, they were delivered 500 nets each with the assistance from PNGSDP through the charter of MAF flights. Consequently, we visited these inaccessible facilities and supply the nets as well as the RDT and ACTS supplies for quarter 2. The nets delivered were for both ANC and Malaria Positive Patients

From these two purposes, the malaria positive patients' nets were well accounted for, however, we are still having issues with few HF's who tend to submit ANC registers of fewer net issued and nets not being accounted and requested for nets.

Malaria Microscopy

Western Province has 6 active Malaria Microscopy sites namely **Tabubil Hospital, Kiunga Hospital, Rumginae ECPNG Hospital, Matkomnai HSC** in the North Fly District, **Daru Hospital and Mabudawan HC** in South Fly District with **Balimo ECPNG Hospital** in Delta Fly District.

However, those health facilities were not doing much malaria microscopy, consequently, the province was reporting less malaria microscopy in the province as compared to the other province. Their main reason being the absence of Giemsa Stain

From these 6 active sites, only Daru Hospital, Tabubil Hospital and Kiunga Hospital are doing malaria microscopy but only upon request.

Continuous Quality Initiative (CQI) Trainings

In this quarter two visit, we had two CQI trainings which Vellgie (RMC Supervisor) facilitated at Daru Hospital in South Fly and Kiunga District Hospital in North Fly District. We also did health facility training for staff at Runginae Rural Hospital and Kiunga MCM Urban Clinic.

For the CQI there were a total of 22 participants in Daru training and 25 participants during the Kiunga District Hospital training. Major topics covered include,

- the different types of RDT and how to correctly do and read a RDT kit
- the National Malaria Treatment Protocol the 3 updated treatment protocol
- NHIS and eNHIS reporting and how to correctly record and report malaria data using the tablet as well as the manually filling out of the hard copy of the Monthly Report form, Outpatient tally sheet, malaria registers

It really helped the staff as after those trainings, we saw improvements in their reporting for the month of May and June where they were over reporting ACT previously or doing clinical diagnosis, those issues were rectified and we will continue to emphasize on improving the malaria data quality.



Figure 4. CQI Training in Daru, South Fly District

PARTNERSHIP UPDATES

Western Provincial Health Authority (WPHA)

Our main partner in the program in the province is WPHA who was always there to assist the program with logistics while on the ground. This include delivering supplies to health facilities either by boat or vehicle, storage of malaria commodities in the transit store as well providing financial support for our HMM officer on the ground for her supervisory visits and training programs

Papua New Guinea Sustainable Development Project (PNGSDP)

PNGSDP still remains our main partner in the province apart from WPHA in support with the logistics to deliver malaria commodities to inaccessible health facilities in the province.

For this quarter 2 visit, PNGSDP has greatly supported the program by arranging chartered flights through Missionary Aviation Flights (MAF) into hard-to-reach facilities such as Debepari, Nomad and Mougulu.

The arrangement was made in a way where the plane is on the ground for an hour for us to visit the health facilities and did on job training as well as delivering LLINs plus RDTs and ACTs before we were flown to another facility. From this chartered trip, we delivered 500 nets each to Debeperi HSC, Nomad HC and Mougulu HSC.

The LLINs that they distributed were for both pregnant mothers and malaria positive patients. PNGSDP with their Aerial Health Patrol Program has being of paramount assistance with the delivery of antimalarial and ANC nets. We have also donated LLINs to PNGSDP to assist the flood impacted villages in Middle Fly District.



Figure 5. Mosquito nets for ANC and Malaria Positive Patients delivered to Mougulu HSC with the assistance from PNGSDP chartered flight.

World Vision (WV)

World Vision has assisted the program with the use of their PA system during the commemoration of the World Malaria Day on April 25th in Kiunga and assist with the delivery of RDTs and ACTs to Kamusi clinic in Middle Fly District.

PNG- Australia Transition to Health (PATH)

PNG- Australia Transition to Health (PATH) has been really helpful with our malaria program in South Fly District with the assistance of vehicle to do our visits in Daru Island as well as providing fuel for our HMM program during the CMV Training in Quarter 2.



Australian Doctors International (ADI)

We have created a good working relationship with The Australian Doctors International Organization in Kiunga, North Fly District under the management of Mr. Aron Bale their Program Manage.

They are currently assisting the program with their storage area where we are storing our LLINs and distributing to health facilities upon requests

Figure 6. ADI Program Manager Mr. Aron Bale in Kiunga NFD assisting in delivering nets to Kiunga UC

Marie Stopes

Marie Stopes in Kiunga had integrated visit with our HMM program and have assisted with their vehicle during her supervisory visits.



Figure 7. Supplying nets to partners Marie Stopes, Kiunga

Catholic Health Services (Kiunga)

Catholic Health Services in Kiunga has greatly assisted the program with logistics to deliver LLINs and antimalarial to their health facilities that are inaccessible as well as assisted malaria program with their vehicle to transport LLINs

Ok Tedi Development Foundation (OTDF)

Ok Tedi Development Foundation has work in collaboration with us to visit the flood impacted villages in North and Middle Fly District and supply the nets donated by RAM

Home-based Management of Malaria (HMM) PROGRAM

Our HMM Program for Western Province is now active in all three districts namely South Fly, North Fly and Middle Fly District since the recruitment of the new HMM Officer **Dukawa Saika** in Balimo for Middle Fly District. In South Fly District, the HMM officer did one Supervisory visit and one training in Q2 The HMM program South Fly District has been greatly supported by the WPHA and PATH organization in terms of logistics during visits and training.

In North Fly District, Joyleen did one Supervisory visit with the assistance from the HMM Coordinator Richard. Piko while in Balimo, Dukawa was orientated by Richard. All the HMM officers assisted well with the RMC during his facility visit and Julie in South with Joyleen in the North Fly District attended the CQI Training and participated with the Malaria School Survey.



Figure 8. Engaging CMVs in one of our supervisory visit in Middle Fly District with the new HMMO Dukawa Saika

MALARIA SCHOOL SURVEY (MSS)

In quarter two, malaria school prevalence surveys were done in five (5) elementary schools in the districts. 2 surveys were done in South Fly District, one school in North Fly District and two schools in the Middle Fly district.

A total of 442 students were tested for malaria. The results of the surveys as per table below. Positive cases were only detected at Gare Elementary school which 14 cases were positive. These positive cases were treated during the survey. The 4 other schools did not have positive cases. There were no enlarged spleens detected.

Malaria school surveys are done in wet and dry seasons and twice yearly thus the same schools surveyed will be surveyed again in October or September 2024.

No.	Province	District	Elementary School	Date Surveyed	Total Students surveyed	Total Tests Done	Total Negatives	Total PF	Total NPF	Total mix	Total Positives	Positivity Rate	Treatment (Full Course)	Type of RDT used	Fever in the last 24 hours	Own a net in the family	Does not own a net in family	Use a Net the night before	Microscopy Done: Yes/No	Enlarged spleen
1	Western	Middle Fly	Wariho Elementary School	23.02.24	78	78	78	0	0	0	0	0.0%	0	Parascreen	2	74	4	73	No	0
2	Western	Middle Fly	Waligi Elementary School	27.02.24	107	107	107	0	0	0	0	0.0%	0	Parascreen	5	107	0	107	No	0
3	Western	North Fly	Gare Elementary School	28.05.24	38	38	24	3	3	8	14	36.8%	14	Parascreen	12	33	5	33	No	0
4	Western	South Fly	Karakara Elementary School	01.05.24	62	62	62	0	0	0	0	0.0%	0	Parascreen	3	54	8	52	No	0
5	Western	South Fly	Edward Baxterary Elementary	21.05.24	157	157	157	0	0	0	0	0.0%	0	Parascreen					No	0
					442	442	428	3	3	8	14	3.2%	14	0	22	268	17	265	0	0

Figure 9. Testing students during Malaria School Surveys done.



KEY CHALLENGES (on going issue)

No Provincial Malaria Supervisor in the province nor malaria district officers in the district to coordinate malaria program in the respective districts

- Other anti-malarial brought into the province and are being sold in shops, this can lead to resistance.



Figure 10. One of the malaria commodities found in shops

- Staff in some facilities still treating patients clinically or diagnosing patients clinically.
- Some OICs or staff designated to enter data in the tablets are still not fully trained to use the tablet when reporting through eNHIS because some sections are not completed.
- Health facilities still not accountable for the ANC nets supplied
- Inaccessible health facilities that are accessible only by planes cannot be reached as the planes to those areas are only chartered and no regular flights
- Weather and geographical impediments still is a big challenge which often hinder program activities in the province

RECOMMENDATIONS

- WPHA to monitor and regulate policies to people selling malaria commodities in the province
- **WPHA to recruit malaria officers for each of the district to coordinate malaria program activities.**
- **HMM officers on the ground to coordinate malaria programs in each district since there is still no malaria officers on the ground**
 - OICs or person in charge of ANC nets should do monthly stock take of nets against registers as to ensure there is **accountability** in the issuing of nets and drugs at provincial level as well as at facility level
 - OICs in facilities to assign officer to be in charge of dispensary so stock cards can be maintained effectively
 - Although there is timely reporting from all the health facilities, provincial and district hospital, there are still reports of poor quality so PHIO needs to so do quality checks to avoid over reporting or under reporting
 - The functional laboratories in the province need to consistently participate in the External Quality Assessment with the Central Public Health Laboratory so the technicians can assess their microscopy performance
 - Finally, we need to have Continuous Qualitative Initiative down to every health facility so all staff can fully understand every aspect of malaria in the province

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- o Australian Doctors International (ADI)
- o World Vision (WV)
- o The Evangelical Church of Papua New Guinea Health Services (ECPNG)
- o The Catholic Christian Health Services in Kiunga (CCHS)
- o The Middle Fly District Health team in Balimo
- o RAM Logistics, Admin Staff and the Accounts section for their continuous support for the visit to be successful.
- o OK Tedi Development Foundation (OTDF)

Quarter Two (2) in Pictures

