



NATIONAL MALARIA CONTROL PROGRAM FIELD TRIP REPORT QUARTER 3– 2024-EHP PROVINCE



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Name of Officer:	Ms. Nellie Jerry
Destination:	Eastern Highlands Province
Date Travelled to Lae:	July 16 th , 2024
Date Travelled to Goroka:	August 13 th , 2024
Nights away from Office:	28 Nights
Types of Document Attached:	Boarding Passes/Acquittals
PHO accompanying officer:	Mr. Peter Kiwari – Provincial Malaria Supervisor – EHPHA
Project Vehicle Used:	IMR Project Vehicle – IAD 818
Assisting Project Driver:	Project Driver – Bill Kotuno
Purpose of Visit:	Health facility Supervisory visit and Malaria Drug distribution

PEOPLE MET WITH:

- Dr. Max Manape – Public Health Director
- PDCO – Mr. Jackson Appo
- Mr. Peter Kiwari – Acting/Provincial Malaria Supervisor
- Mr. Phillip Vanua- Deputy Director- Programs
- Mrs. Fransisca Wanua – Provincial Information Officer
- Officers in Charge and staff of Health Facilities visited in the Province

PURPOSE OF VISIT:

A Regional Malaria Coordinator visit to the province is part of The National Malaria Control Program with the Provincial Malaria Supervisor for the following;

1. Distribution of Malaria Commodities Rapid Diagnostic Tool Kits (RDT Test), Artemisinin Combined Therapy (ACTs) and Primaquine
2. Distribution of Long Insecticidal Treated nets LLINs for Antenatal Mothers
3. Conduct onsite training on Malaria Treatment Protocol (Update on New changes for Treatment, Treatment for Malaria in Pregnancy.
4. Ensure all Health facilities are correctly giving out Single dose Primaquine for PF cases
5. Collected Malaria Register Receipts and ANC receipts from Registers
6. Ensure that Health facilities are updating and maintain medical stock cards
7. Stock take of all Malaria commodities at Health facility level.

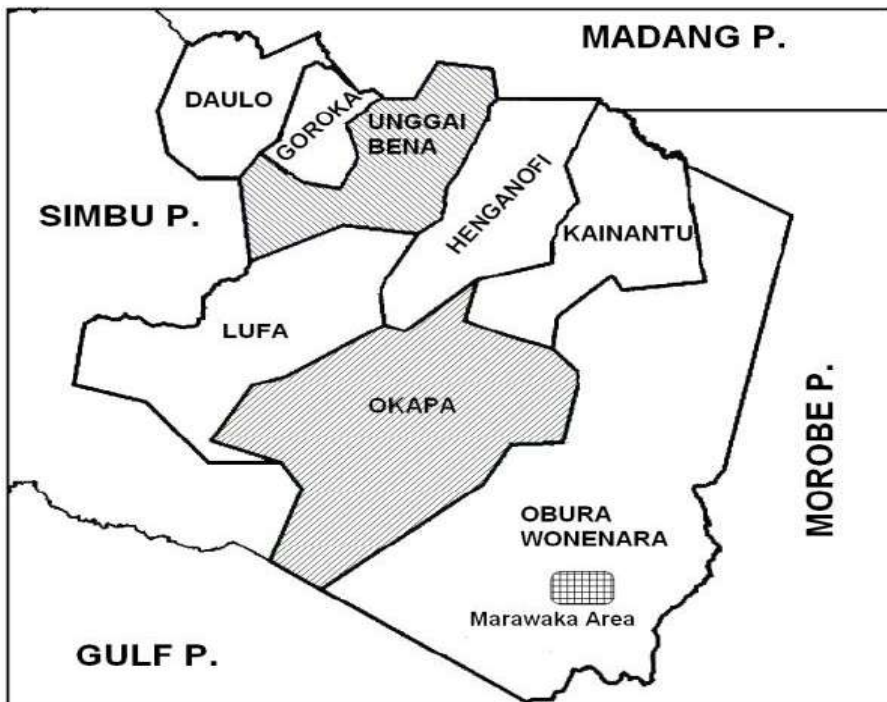
PLAN AND PREPARATION

A total of 28 days' plan was set for EHP trip to visit all 8 districts for Quarter Three (3). 23 days in Goroka and 4 days in Kainantu. Quarter 3 HF supervisory and plan visits was completed within scheduled timeframe and no problems encountered. IMR stepped in to assist with Project Vehicle with Project driver as all other RAM Project vehicle was used by the LLIN team.

BRIEF SUMMARY

Eastern Highlands Province covers an area of 11,157 km². The 2011 Census records the population of EHP at 579,825 – making it PNG's second most populated Province. EHP shares common administrative boundaries with the Provinces of Madang to the north, Morobe to the east, Gulf to the south, and Simbu to the west. It is land locked and its access is by air and road.

The eight Districts of EHP are Daulo, Goroka, Henganofi, Kainantu, Lufa, Obura-Wonenara, Okapa and Unggai-Bena. Each districts have 3 or more facilities totaling up to 40 Reporting Health facilities in the Province.



MALARIA DRUG DISTRIBUTION

Quarter 3 Supplies for EHP was sent by RAM Logistics team and received by PMS on 24th of June, 2024. Total of 15 cartons received. 423 RDTs, 138 ACT 6's, 18 ACT 18's, 61 ACT 24's. ACT -12 and PQ was not supplied.

Table1.1. Receiving Report for supplies consigned from RAM office.

CARTON	NO. OF CARTONS	ITEMS	QUANTITY PER	TOTAL IN QUANTITY	TOTAL IN BASIC	BATCH NUMBER	EXPIRY DATES	REMARKS
1 TO 8	8	RDTs	50	400	1250	H006003D/H006008D	Jun-25	ITEMS IN GOOD CONDITION
9 TO 10	2	ACT 6	48	96	4608	7254175	Dec-25	ITEMS IN GOOD CONDITION
	1	ACT 6	42	42	1764	7254175	Dec-25	ITEMS IN GOOD CONDITION
12 TO 13	2	ACT 24	24	48	1152	725204	Jan-25	ITEMS IN GOOD CONDITION
14	1	ACT 18	18	18	324	7254366	Jan-25	ITEMS IN GOOD CONDITION
		ACT 24	5	5	25	725204	Jan-25	ITEMS IN GOOD CONDITION
15	1	RDT	23	23	575	H006003D	Jun-25	ITEMS IN GOOD CONDITION
		ACT 24	8	8	64	7254204	Jan-25	ITEMS IN GOOD CONDITION

ANTENATAL LLINs REPORT

- We had Nil stock of ANC nets so we did not distribute in Quarter 3. However, we did stock count of nets at the facility during HF supervisory visit and also collected outstanding receipts.

DISTRIBUTION OF LONG LASTING INSECTICIDAL NETS (LLIN) –by RAM LLIN TEAM

- The RAM LLIN household survey was rolled out in the province at the same time RMC Q3 visits was also done. The team was led by Peter Waim and David Koi and RMC worked closely with the team.
- The operation covered some areas in Kainantu districts prioritizing outbreak areas and then moved to Ungai/ Bena and later to Daulo District.
- For this Grant due to less funding, only areas below 1600 meters was covered. Those areas above were not covered and nets not distributed.
- The LLIN distribution successfully completed without any major challenges.

HEALTH FACILITY SUPERVISORY VISIT UPDATE

The total number of Reporting Health Facilities in the Province is now 40. We have 2 new CHPs on board, Musava CHP and Jaffa CHP. Both Facilities in Kainantu Districts. Apart from the reporting Health facilities, we also visited and supply Malaria commodities to these facilities listed below. These facilities are accessible by road and are not labelled as reporting facilities but comes under certain reporting facilities. We assist to supply them because most time supplies are not redistributed from their

reporting Health Facilities. For this Quarter we added Mercy Day Clinic and Boika Aidpost. These facilities are under the catchment area for Kassam HFs and have reported Malaria Outbreak last quarter.

Table 1.1 Below shows List of Facilities not on reporting list but are visited during Supervisory visit.

No	HEALTH FACILITY	AGENCY
1	UOG	Government
2	Abwe Seigu Baptist Clinic	Baptist Church
3	Asaroka CHP	Government
4	Kabiufa Day Clinic	SDA
5	Suwaira Aidpost	EBC
6	Barola Mama Clinic	Government /NGO
7	K92 Mine Clinic	K92 Mine Limited
8	House of Hope	Salvation Army
9	Kainantu UC	Government
10	Boika Aidpost	Government
11	Mercy Day Clinic	Catholic

Table 1.2. Below table shows the Reporting Health facilities in the Province and their accessibility.

No	PROV	DISTRICT	HEALTH CENTRE	HEALTH FACILITY TYPE	AGENCY	ACCESSIBILITY	ACCESSIBILITY STATUS
1	EHP	DAULO	ASARO	HC	Government	Road	Accessible
2	EHP	DAULO	TA FETO	SC	Catholic	Road	Accessible
3	EHP	DAULO	WATABUNG	SC	Government	Road	Accessible
4	EHP	DAULO	KWONGI	SC	EBC	Road	Accessible
5	EHP	GOROKA	GOROKA BASE	HOSPITAL	Government	Road	Accessible
6	EHP	GOROKA	WEST GOROKA	UC	Government	Road	Accessible
7	EHP	GOROKA	NORTH GOROKA / St J	UC	Government	Road	Accessible
8	EHP	GOROKA	KA MA	UC	Government	Road	Accessible
9	EHP	HENGANOFI	FORE	SC	Government	Road	Accessible
10	EHP	HENGANOFI	HENGA NOFI	HC	Government	Road	Accessible
11	EHP	HENGANOFI	KESA VAKA	SC	Government	Road	Accessible
12	EHP	HENGANOFI	KOMPERI	SC	EBC	Road	Accessible
13	EHP	KAINANTU	KA INANTU RURAL	HOSPITAL	Government	Road	Accessible
14	EHP	KAINANTU	ONA MUNGA	SC	Salvation Army	Road	Accessible
15	EHP	KAINANTU	YA LUNA	SC	EBC	Road	Accessible
16	EHP	KAINANTU	MUSAVE	CHP	Government	Road	Accessible
17	EHP	KAINANTU	JAFFA	JAFFA	Government	Road	Accessible
18	EHP	LUFA	LUFA	HC	Government	Road	Accessible
19	EHP	LUFA	NUPURU	SC	Government	Road	Accessible
20	EHP	LUFA	UBA IGUBI	SC	Government	Air	Innaccessible
21	EHP	LUFA	GOUNO	SC	Faith Mission Church	Road	Innaccessible
22	EHP	OBURA WONENARA	A NDA KOMBI	SC	Government	Air	Innaccessible
23	EHP	OBURA WONENARA	BA RA BUNDORA	SC	EBC	Road	Accessible
24	EHP	OBURA WONENARA	KASSAM	SC	EBC	Road	Accessible
25	EHP	OBURA WONENARA	MARA WAKA	SC	Government	Air	Innaccessible
26	EHP	OBURA WONENARA	OBURA	SC	EBC	Road	Accessible
27	EHP	OBURA WONENARA	OMA URA	SC	SDA	Road	Innaccessible
28	EHP	OBURA WONENARA	SIMBARI	SC	Government	Air	Innaccessible
29	EHP	OBURA WONENARA	S.I.L.	UC	Summer Institute Linguistic	Road	Accessible
30	EHP	OBURA WONENARA	TO' OKENA	SC	EBC	Road	Accessible
31	EHP	OBURA WONENARA	WONENARA	SC	Government	Air	Innaccessible
32	EHP	OBURA WONENARA	OWENA	SC	Baptist Church	Air	Innaccessible
33	EHP	OKAPA	HENAGARU	SC	Government	Road	Accessible
34	EHP	OKAPA	IVINGOI	SC	Open Bible Church	Road	Accessible
35	EHP	OKAPA	MISAPI	SC	Salvation Army	Road	Innaccessible
36	EHP	OKAPA	OKAPA	HC	Government	Road	Accessible
37	EHP	OKAPA	YASUBI	CHP	Government	Road	Accessible
38	EHP	UNGAI BENA	SIGEREHE	SC	Government	Road	Accessible
39	EHP	UNGAI BENA	UNGGA I	SC	Government	Road	Accessible
40	EHP	UNGAI BENA	KAPAKA MARIGI	CHP	Government	Road	Accessible

- The total reporting Health facilities in EHP is now 40 with the inclusion of 2 new CHP's in Kainantu District. The total accessible Health facilities is 32 while the remaining 9 are inaccessible. Out of the 32 reporting accessible Facilities, one Facility is closed for indefinite period of time due to tribal Fights, Barabundara HSC. For this quarter we have physically visited 31 accessible Health Facilities and one inaccessible Facility, Omaura HSC. Our total coverage of accessible Health facilities visited is 100%.

Table 1.3 shows the coverage rate for Health facilities visited this quarter

	Qtr 1	Qtr 2	Qtr 3
Total number HFs	38	38	40
Total Number Accessible	30	30	32
Total Number Reached	22	22	32
% Coverage (Accessible)	73.3	73.3	100.0
% Coverage (Total HFs)	57.9	57.9	80.0

SUPERVISORY VISIT TO AIDPOST IN MALARIA OUTBREAK AREAS IN OBURA/WONENARA

- As mentioned in Supervisory visit updates, due to increase number of cases reported from Catchment areas under Kassam HC we did supervisory visit to Bioka Aid post and Mercy Day clinic. The purpose of the visit was to train staff on Malaria Treatment Protocol and Guild lines so they can correctly treat patients.
- The RAM LLIN team started off with distribution of nets in that area so we had to change and re-scheduled and give time to go train staff at the two centers.
- At the facility we went through Malaria Refresher training.
 1. Started off with explaining different types of RDTs, reading time and buffer drops.
 2. First Line and Second Line Treatment in both uncomplicated and complicated Malaria.
 3. First and Second Line Treatment of Complicated Malaria.
 4. Treatment failure
 5. Explaining Baseline for 13.2mg is same as 7.5mg for PQ.
 6. IPTP in Pregnancy
 7. Explained Artesunate 60 mg.
 8. Explained Arthemether Suppositories as they have a lot at the centre.
 9. And lastly explained on how to record well in register and report their data to Kassam HC before their due date to submit on eNHIS.
 10. Also issued Medical Stock cards and explained to staff on how to use.
 11. And lastly Answered questions from staffs relating to Malaria.

Below are pictures taken during visits at the Bioka Aid post and Mercy Day Clinic.



At Mercy Day clinic. On – site training with Staff on Malaria Treatment guidelines.



Malaria On-Site Training at Bioka Aid-post. RMC explaining Different types of RDTs, buffer drops and reading time.



Medical Stock cards filled out and explained to OIC –Bioka on how to utilize it.



PMS showing Printed Copies of Malaria Treatment Guidelines posted on the wall at Bioka Aidpost.

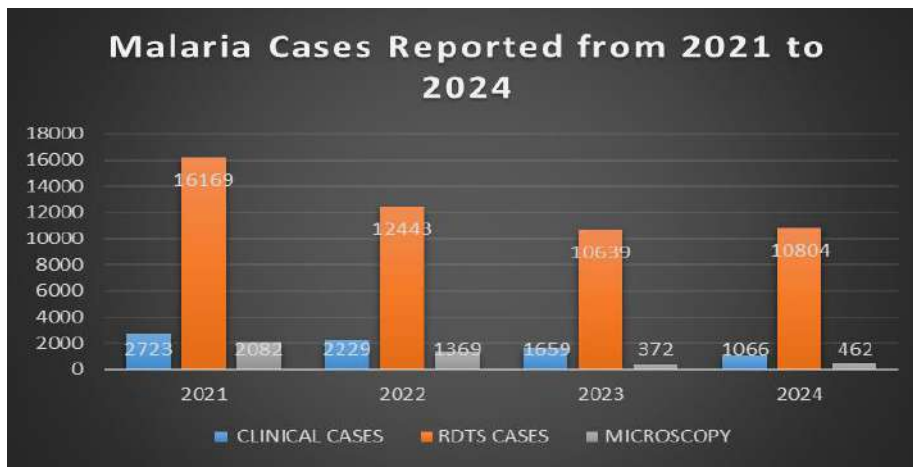
NHIS REPORTS STATUS FOR 2024

(Data extract from eNHIS)

- Total Reports Required: 280 (January to July) (40 HFs x 7months)
- Total Reports Received: 258 reports
- % of Reports Received: 92 % of reports submitted
- Total Still Pending: 22 reports still spending
- Most health facilities have submitted their reports. We still have 2 pending reports from Misapi and Goroka North Urban Clinic.

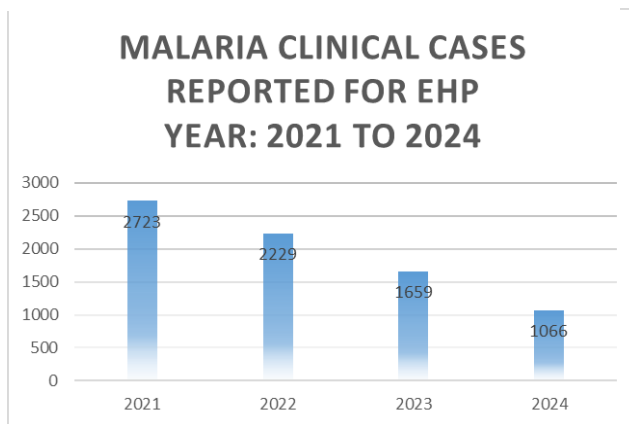
Malaria Situation in EHP

Graph 1 below shows the Malaria Cases reported through Malaria Clinical, RDT and Microscopy in the last 4 years from 2021 to 2024



Graph 1, 2 and 3 below shows the Malaria cases reported through Clinical Diagnosis, Malaria RDTs and Malaria Microscopy diagnosis respectively in the last 4 years.

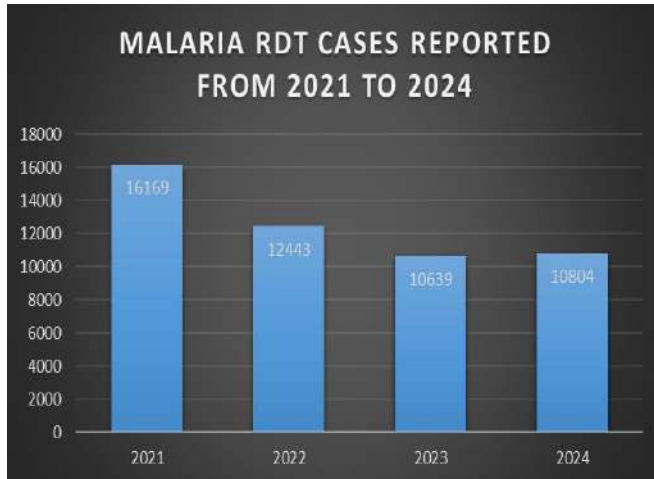
Graph. 1 showing Malaria Clinical Diagnosis over the 4 years



➤ Clinical Diagnose:

Clinical cases have dropped from previous years. We have tried advocating to inaccessible facilities and most have improved in reporting less clinical diagnosis. We continue to do so in Q4.

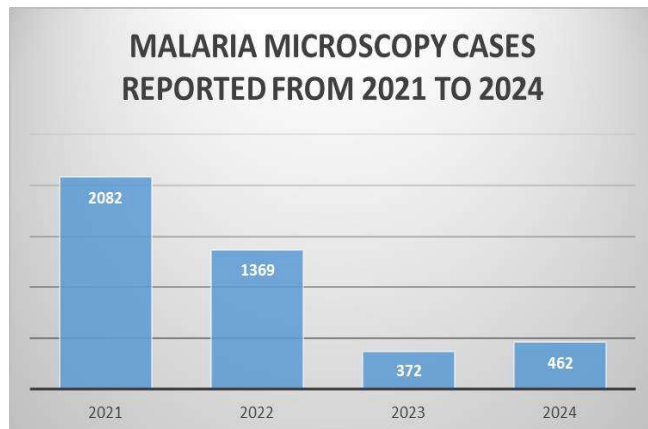
Graph2, showing Malaria confirmed by RDT cases reported over the 4 years' period.



➤ Rapid Diagnostic Tool:

The number of RDTs reported has decreased over the years. Urban clinics and hospitals are not fully reporting all cases seen and recorded at the facility. We need to revisit and run training with OIC, DHM and PHIO. This will be looked at in Q4.

Graph 3 showing Malaria Microscopy done over the past 4 years



Microscopy:

There is increase this year compare to 2023.

- More Microscopy cases reported from Kainantu DH followed by SIL.
- Less number of active Microscopy sites in the province. Currently the only Active microscopy laboratory in the province is Goroka base hospital, Kainantu District Hospital and SIL. Henganofi, Kassam, Asaro, Lufa, Okapa and Sigerehe are not doing Malaria Microscopy.
- Microscopy data for Goroka Hospital is not fully captured in the Final Reports. And Reports for Q1 and Q2 is yet to be updated on eNHIS. Medical Records OIC Mentioned that he has collected Malaria Data but still waiting for other sections to submit reports before he can compile on and update on eNHIS. Once it is uploaded we expect increase in Malaria Microscopy.
- Inconsistence supply of reagents from Area Medical Store to our Microscopy sites in the Province. An ongoing issue over the years.

Quarter 3-2024, Findings and Observations

DISTRICT	RDT/ ACT STOCK MANAGEMENT				
	HEALTH FACILITY	/STOCKCARDS	TREATMENT	ANC LLIN	REPORTS
D A U L O	ASARO HC	HF had adequate stock so did not supply new stock of ACTs. We only supply RDTs. Stock was not counted as Dispensary was locked however MLT mentioned they only had stock outs for RDTs so we Replenish new stock for RDTs only.	Records all treatment well in Registers and Treatment managed by staff done well .	Records well in Register and good accountability of nets. Nets well kept in OICs office- MCH	Reports from January to July updated and Submitted on eNHIS. However MLT reported that not all positives entered onto tablet are caputred. This was reported back to PHIO.
	TAFETO SC	Stocks are well managed in the Storeroom however still having problems of keeping good records of stock card. OIC is supplying Aidposts but not keeping records.	Records all treatment well in Registers and Treatment managed by staff done well .	Records well in Register but no good accountability of nets. OIC supplied nets (1 Bale) to Mercy day clinic due to increase in Malaria/ Malaria Outbreak.	Monthly Reports from January to July submitted and updated on eNHIS. Reported less RDT done. Malaria Registers does not match RDT data submitted through eNHIS.
	WATABUNG SC	ACTS's and RDTs are not managed well. Had stock outs of ACTs before we visit but number of positives in Malaria Register does not match the number of ACTs given. This was discussed with OIC. New stock cards were filled again as we couldn't locate the old stockcards.	Again Training on Malaria Treatment protocol done with OIC. Copies of Single dose PQ, Prophylaxis (SP) for pregnant women explained and given. Record well in Malaria Register.	No Nets given. Stock out of nets	Monthly Reports for January to July submitted and updated om eNHIS form.
	KWONGI SC	Visited health facility but OIC with key not available at the centre. Did not check ANC nets and Drugs	Treatment given out is not documented well in the Malaria Registers.	No nets given. Did not count SOH	Monthly Reports for January to July submitted and updated om eNHIS form.

DISTRICT	RDT/ ACT STOCK MANAGEMENT				
	HEALTH FACILITY	/STOCKCARDS	TREATMENT	ANC LLIN	REPORTS
G O R O K A	GOROKA BASE HOSPITAL	ACTs RDTs are well kept at the pharmacy level but not at the wards.	Treatment given out is not documented well in the Malaria Registers.	Does not give ANC nets out	Reports for Q1 and 2 not submitted and updated on eNHIS.
	WEST GOROKA UC/Lopi UC	HF had adequate stock so did not supply new stock of ACTs. Stock cards not updated. Filled out stock cards	Still making mistake of not recording well in the register. Recorded PF/Mix for PF cases.	Does not do antental Clinic. This is a COPD clinic.	Monthly Reports for January to July submitted and updated om eNHIS form.
	NORTH GOROKA UC/St Joseph	Stocks are well managed in the Storeroom however still having problems of keeping good records of stock cards. Supplied full stock of ACTs.	Records all treatment well in Registers and Treatment managed by staff done well.	Does not give ANC nets out	Monthly Reports for January to July submitted and updated om eNHIS form.
	KAMA UC	ACT and RDT are now well managed. Had low stock of fansida we had to rotate from other facilities.	Records all treatment well in Registers and Treatment managed by staff done well	Records well and stock of nets are well kept. We did not supply new nets as there was no stock.	Monthly Reports for January to July submitted and updated om eNHIS form.

RDT/ ACT STOCK MANAGEMENT					
DISTRICT HEALTH FACILITY	/STOCKCARDS	TREATMENT	ANC LLIN	REPORTS	
K A I N A N T U	AINANTU HOSPITA	Stocks are well managed in the Storeroom however still having problems of keeping good records of stock cards. Verified stock on hand and replenish new stock. Filled out new stock cards	Records all treatment well in Registers and Treatment managed by staff done well	Records well and stock of nets are well kept. No nets issued as we have nil stock to supply.	Monthly Reports for January to July submitted and updated on eNHIS form.
	Yafa CHP	New CHP on board. New stock supplied with Stock card.	Issued Malaria Register and Training on Treatment protocol, How to record in Register and reporting done with Datff at the centre.	No nets issued but will issue new stock in the next visit.	Monthly Reports for January to June submitted and updated on eNHIS form.
	MUSAVE CHP	New CHP on board. New stock supplied with Stock card.	Issued Malaria Register and Training on Treatment protocol, How to record in Register and reporting done with Datff at the centre.	No nets issued but will issue new stock in the next visit.	Monthly Reports for January to July submitted and updated on eNHIS form.
	ONAMUNGA SC	Stocks are well kept in the storeroom. however still having problems of keeping good records of stock cards. Verified stock on hand and replenish new stock. Had over stock Supplies of ACTs, PQ's and Fansida and we removed some stock for rotation.	Records all treatment well in Registers and Treatment managed by staff done well. New OIC on board so training was done with OIC on treatment protocol.	Records well and stock of nets are well kept. Issued new stock of nets	Monthly Reports for January to July submitted and updated on eNHIS form.
	YAUNA SC	Stocks are well managed in the Storeroom however still having problems of keeping good records of stock cards. Verified stock on hand and replenish new stock. Update stock cards	Records all treatment well in Registers and Treatment managed by staff done well. Training done with new staff; on board. Training on Stockcards, Treatment protocol and how to report well.	Records well and stock of nets are well kept. Verified stock on hand but no nets supplied as we have nil stock of ANC nets.	Monthly Reports for January to June submitted and updated on eNHIS form.

RDT/ ACT STOCK MANAGEMENT					
DISTRICT HEALTH FACILITY	/STOCKCARDS	TREATMENT	ANC LLIN	REPORTS	
H E N G A N O F I	FORE SC	Stocks are stored well in the storeroom however not still not keeping good records or updating stock cards. Did stock count and filled out new stock cards as old stockcards were not found.	Records all treatment well in Registers and Treatment managed by staff done well	Records well and stock of nets are well kept. In Q2 we overlooked nets in store room. Nets are well stored. No nets delivered as we had no stock to supply.	Monthly Reports for January to July submitted and updated on eNHIS form.
	HENGANOFI HC	Health centre is temporarily closed for indefinite period of time. Due to break and enter. However stock are still available for emergency cases	CHW students who are doing practical are not recording well in Register. Spoke to OIC to train students as he has attended CQI training last year.	One bale of net was taken by DHM to supply to outbreak areas under Henganofi. Spoke to DHM and told him not to repeat such in the future. Also told MCH officer to look after stock well and not supply. Hiever ANC nets are well kept in storrom and issued out to pregnant women.	Monthly Reports for January to July submitted and updated on eNHIS form.
	KESAVAKA SC	Stocks are well in OICs office. HF experiencing high cases/Outbreak in catchemnt. During the month of July, number of Positive cases increased. Staffs worked closely with Surveillance team from PHA to and did Patrol to the outbreak areas. We supported with Stock.	Records all treatment well in Registers and Treatment managed by staff done well	Records well and stock of nets are well kept. We did not count SOH as nets were locked in OICs office and we did not supply new stock. Outstanding receipts were collected.	Monthly Reports for January to July submitted and updated on eNHIS form.
	KOMPERI SC	Stocks are well kept in the Storeroom however still having problems of keeping good records of stock cards. Verified stock on hand and replenish new stock	Not all positive cases are well recorded in the register. We spoke to staff to improve.	Records well and stock of nets are well kept. No nets issued as we have nil stock to supply.	Monthly Reports for January to July submitted and updated on eNHIS form.

RDT/ ACT STOCK MANAGEMENT				
DISTRICT HEALTH FACILITY	/STOCKCARDS	TREATMENT	ANC LLIN	REPORTS
L U F A	LUFA HC	HF was closed at the time of Visit		Monthly Reports for January to July submitted and updated on eNHIS form.
	NUPURU SC	HF was closed at the time of Visit		Monthly Reports for January to July submitted and updated on eNHIS form.
	UBAIGUBI SC	Innaccessible		
	GOUNO SC	Stocks are well managed in the Storeroom. Verified stock on hand and replenish new stock.	Records all treatment well in Registers.	Records well and stock of nets are well kept. Collected outstanding receipts but did not supply nets.

RDT/ ACT STOCK MANAGEMENT					
DISTRICT HEALTH FACILITY	/STOCKCARDS	TREATMENT	ANC LLIN	REPORTS	
O B U R A / W O N E N A R A	ANDAKOMBI SC	Innaccessible			
	BARABUNDORA SC	HF closed for indefinite period of time due to tribal fighting			
	KASSAM SC	Stocks are well Kept in the Storeroom however still having problems of keeping good records of stock cards. Verified stock on hand and replenish new stock for the next 3 months. Filled out new stock cards and ran training with Dispancer.	Records all treatment well in Registers and Treatment managed by staff done well.	Records well and stock of nets are well kept. Collected outstanding receipts but did not supply nets as we have no nets to supply.	Monthly Reports for January to June submitted and updated on eNHIS form.
	MARAWAKA HC	Innaccessible			
	OBURA SC	Stocks are well Kept in the Storeroom however still having problems of keeping good records of stock cards. Verified stock on hand and replenish new stock for the next 3 months. Filled out new stock cards and ran training with Dispancer.	Records all treatment well in Registers and Treatment managed by staff done well.	Records well and stock of nets are well kept. Collected outstanding receipts but did not supply nets as we have no nets to supply.	Monthly Reports for January to July submitted and updated on eNHIS form.
	OMAUURA SC	Innaccessible facility but managed to visit this facility with LLIN team. Supplied full stock for the next 3 months and filled out new stock cards and explained to staff on how to fill out stock cards.	Records all treatment well in Registers and Treatment managed by staff done well. Training done with OIC and staff available. Training on treatment protocols, how to report well and stock card keeping.	Did not issue nets as we have nil stock. OIC said they do antenatal clinic so we will supply them in the next quarter.	Monthly Reports for January to June submitted and updated on eNHIS form.
	SIMBARI SC	Innaccessible			
	S.I.L. UC	Stocks are well managed in the Storeroom however still having problems of keeping good records of stock cards. They do have their own inventory system thus forgetting to update our stockcard issued. Hoever we filled out new stock cards and asked to continue. Verified stock on hand and only replenish new RDTs. OIC also removed over stock of Artesuante 60mg, fansida and	Records all treatment well in Registers and Treatment managed by staff done well. Collected outstanding receipts for both Malaria Registers and Lab Register.	Records well and stock of nets are well kept. Verified stock on hand and Collected outstanding receipts but did not supply new nets as we have nil stock	Monthly Reports for January to July submitted and updated on eNHIS form.
	TO'OKENA SC	Verified stock on hand and replenish new stock. Filled out new stockcard and explained to staff on how to correctly fill out.	Records all treatment well in Registers and Treatment managed by staff done well. Collected outstanding receipts for both Malaria Registers.	Records well and stock of nets are well kept. Verified stock on hand and Collected outstanding receipts but did not supply new nets as we have nil stock	Monthly Reports for January to July submitted and updated on eNHIS form.
	WONENARA SC	Innaccessible			
	OWENA SC	Innaccessible			

U N G A I / B E N A	SIGEREHE SC	HF was closed at the time of visit.			Monthly Reports for January to June submitted and updated on eNHIS form.
	UNGGAI SC	Stocks are not managed well at the HF. Clinic not fully operating due to continuous break and enter and disagreement between HC staffs and villagers.	No records of RDTs done and recorded in Register in the last 6 months. Training on how to fill out stock cards, Treatment protocol and how to record in Register done with 2 new staffs available.	ANC records are well kept with nets. Verified stock on hand and collected outstanding receipts but did not issue new nets as we have nil stock.	Monthly Reports for January to June submitted and updated on eNHIS form but no reports for Malaria Diagnosis for RDTs and clinical diagnosis.
	KAPAKAMARIGI CHP	Stocks are kept well in storeroom however no proper record on Stockcards. Verified SOH and replenish stock needed. Filled out new stock cards.	Records all treatment well in Registers and Treatment managed by staff done well.	ANC records are well kept with nets. No nets supplied.	Monthly Reports for January to July submitted and updated on eNHIS form.

INNACCESSIBLE HEALTH FACILITIES

Malaria Commodities supplies for Inaccessible Health facilities were distributed as follows;

- Andakombi SC – Consigned with MAF.
- Marawaka HC – Consigned through MAF.
- Wonenara SC – Consigned through MAF
- Owena SC – Consigned through MAF
- Simbari SC- Consigned with MAF.
- Misapi HSC- Delivered through Seventh Day Adventist Health Services in kainantu.

OVERALL CHALLENGES AND WAY FORWARD

1. Less reporting of Confirmed cases by RDTs from Urban Clinics and misreporting on clinical diagnosis.
 - **WAY FORWARD:** As mentioned in the Q1 report this has been discussed with OICs for the 2 Urban clinics with DHM and OIC for Medical Records. Copies of Reports shown and explained in the meeting and came up with way forward on how to report quality through eNHIS. However, we are still doing same mistakes. We will do another refresher /Meeting including PHIO and PDCO.
2. This is an ongoing issue in terms of Logistics, there is limited support from EHPHA.
 - **WAY FORWARD:** We continue to ask EHPHA to step in to assist Teams accommodation when travelling out to districts and also assist with fuel cost for the vehicle.

ACHIEVEMENTS

- Successfully completed and visited 100% of accessible Health facilities this quarter.
- Manage to visit one inaccessible Health Facility this quarter, Omaura HSC.
- Set up and kicked off EHP Malaria Whatsapp group for the province. Included most OICs and staff for Health Centers including PMS, PHIO and PDCO. We will include more in Q4 visits.
- Clinical Cases have decreased over the years. We will continue to advocate during Quarter visits.
- Two new CHPs on board (Yaffa and Musave CHP). Visited both facility and Malaria Refresher training done with both Facility Staffs including how to report well and accurately.

RECOMMENDATIONS

- PMS/RMC to conduct another meeting with Urban clinics in Goroka District to fully advocate on cutting down of Clinical and to improve on their reporting. PMS/RMC to include PDCO and DMH.
- PMS/RMC to continue On-Site Malaria refresher training in Q4 in all Health facilities visited.
- PMS/RMC to include all HF's on Whatsapp group by Q4.
- Eastern Highlands Provincial Health Authority to work with District Health Team with HF's Staff to use Emergency runs and other runs into town to collect drugs and nets when they have stock outs. This is a repetition recommendation from previous trips because few health facilities are having stock outs before our supervisory visits and not reporting. (We are also using the Whatsapp group to communicate to address stock outs and other Issues relating.

ACKNOWLEDGMENT

- **National Department of Health - National Malaria Control Program** for its continuation work and fight against Malaria throughout the country.
- **Rotary Against Malaria** for its tremendous support done in assisting the work of NMCP through providing RDTs, ACTs, Primaquine, ANC nets, logistics and also financial support to make this program a success.
- **Eastern Highlands Provincial Health Authority** for understanding and supporting the work of malaria program to continue its RMC activities in the province.
- **Clara Goiye– IMR** for her support with providing her assistance to RMC any office admin issues.
- **Salvation Army Health services** for supporting in delivering drugs to inaccessible health facilities and for escorting team to Onemunga HC due to security reasons.
- **All the staff of the visited HFs** for their work in malaria control within their catchments.
- **PNG IMR** – for its continuous support towards RMC work in the province by letting RMC to use their Project vehicle IAD 818 for Quarter 3 HF supervisory visits.
- **PGIMR lodge, Salvation Army Accommodation in Kainantu** - for the safe and secured accommodation provided.
- **Team Medics of K92 Mine** for their support in accommodating team at the site.

QUARTER 3 VISITS IN PICTURES



Refresher training on Malaria Treatment Protocol done with new staff at Ungai HSC. RMC explaining how to record well in Malaria Register.



Training done with Staff at Jaffa CHP with Health Promotion officer for Kainantu and PMS.



Filled out new Medical stock cards and again reminded OIC - Tafeto to use and update stock cards.



Assisting DHT and PMS Supervisory visit at ToOkena HSC.

