



By: Eustin Torot

Regional Malaria Coordinator WNB/Manus/Hela

RAM/NMCP

## QUARTER THREE FIELD TRIP REPORT SUMMARY

Name of Officers:	Eustin Torot
Destination:	Hela Province
Date Travelled:	07 October 2024
Date Returned to Port Moresby:	17 October 2024
Nights away from the office:	10 Nights
Type of documents attached:	Ticket bud
PHO Accompanying Officer:	Faithona Yakam (Hela PHA Officer) Melisha Andrew (PDCO Hela PHA)

Purpose of Travel:	Quarter Three (3) Malaria Supervisory Visit and Drug Distribution
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## PEOPLE MET WITH:

- Ms. Rebecca Puruma \_ Acting Director Public Health
- Ms. Melisha Andrew \_ Provincial Disease Control Officer
- Mr. Roger Ali \_ Provincial Malaria Supervisor

## 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 HELA PROVINCE

Hela is a province of Papua New Guinea. The provincial capital is Tari. The province covers an area of 10,498 km and there are 249,449 inhabitants (2011 census figures) Hela province officially came into being on 17 May 2012-comprising three districts previously part of Southern Highlands Province.

There were three districts in the province. However, one new electorate known as Komo Hulia LLG was approved in April 2022. Each district has one or more Local Level Government (LLG) areas.

**Figure 1. Map indicating Hela Province in Reference to PNG**



## EXECUTIVE SUMMARY

The quarter three (3) supervisory and drug distribution visit to Hela Province commenced on the 7th of October 2024 to 17th of October 2024. This was the 2<sup>nd</sup> visit to Hela Province and in this quarter we were able to visit 17 reporting facilities and Pai HC which not been visited before. Again due to security reason and logistical constraints, the team was unable to visit all facilities. We only achieved 50% of HF coverage in this Quarter.

From the 18 facilities visited, only one Facility was stock out of ACT/RDT for more than two weeks prior to teams visit. All facilities have stock on Hand however documentation and reporting is still a big challenge for all facilities. Few facilities have misplaced their Malaria register books and others not even using their register book for recording and reporting. This was addressed by the team and Hela PHA PDCO Ms Melisa Andrew who accompanied the team throughout the visit.

All facilities except Koroba Rural Hospital were not keeping and maintain stock cards for ACT/RDT. The importance accountability through stock card keeping was conveyed to all facilities visited and were encouraged to maintained stock cards. It was also noted that most staff from facilities visited are still not familiar with the correct use of malaria data entry tool such as Malaria Register and Malaria ANC Net Register and also the reporting partway of those reporting tools. Furthermore, most staff are unaware of the new malaria treatment Protocol and all this was addressed in Onsite training by the team. Facilities were advice to improve on those matter.

The team also met with Santos Foundation Officer Ms. Wendy Kunal and discussed the Malaria Programme going forward and the support required from SF team. The team from SF also assisted with fuel for the visit for 5 facilities in Komo-Hulia District.

## HEALTH FACILITY VISITED

**Table 1. Health Facilities visited in Q3**

HELA PROVINCE HEALTH FACILITY VISIT SUMMARY 2024														Qtr 1	Qtr 2	Qtr 3	Qtr 4	32.95
														38	38	38	38	152.0
														22	22	22	22	88.0
														11	18			29.0
														0.0	50.0	81.8	0.0	131.8
														0.0	28.9	47.4	0.0	76.3
PROVINCE	DISTRICT	HEALTH CENTRE	VISIT 1	VISIT 2	VISIT 3	VISIT 4	Total HC Visits 2022	Total Expected Visits in 2022	% of HFs visited in 2022	ACCESS	ROAD	BOAT	AIR	DISTANCE FROM PHO (IN HRS)	Accessibility			
HELA	KOMO MAGARIMA	BENALIA SC					0	4	0.0	Road	1	0	0	3 Hrs	Not accessible due to ongoing tribal fights			
HELA	KOMO MAGARIMA	JUNI SC			10.10.24		0	4	0.0	Road	1	0	0	1.5 hrs	Not Accessible due to tribal fights			
HELA	KOMO MAGARIMA	KARINJA SC					0	4	0.0	Road	1	0	0	1 Hr	Accessible			
HELA	KOMO MAGARIMA	MANANDA SC		14/06/2024	10.10.24		2	4	50.0	Road	1	0	0	2.5 Hrs	Accessible			
HELA	KOMO MAGARIMA	MARGARIMA HC			15.10.24		1	4	25.0	Road	1	0	0	2 Hrs	Accessible			
HELA	KOMO MAGARIMA	PANDUAKA SC					0	4	0.0	Road/Air	1	0	1	3 Hrs	Not accessible due to Bad road condition			
HELA	KOMO MAGARIMA	WALAGU SC					0	4	0.0	Air	1	0	1		Accessible by Air			
HELA	KOMO MAGARIMA	Para HC		14/06/2024	10.10.24		2	4	50.0	Road	0	0	0	2 Hrs	Accessible			
HELA	KOMO MAGARIMA	Komo HC		14/06/2024	10.10.24		2	4	50.0	Road	0	0	0	3 Hrs	Accessible			
HELA	KOMO MAGARIMA	Undupi HSC					2	4	0.0	Road	1	0	0	1 Hrs	Not Accessible due to tribal fights			
HELA	KOROBA KOPIAGO	GUALA SC					2	4	50.0	Road	1	0	0	2 Hrs	Accessible			
HELA	KOROBA KOPIAGO	KELABO SC					2	4	50.0	Road	1	0	0	3 Hrs	Accessible			
HELA	KOROBA KOPIAGO	KOPIAGO HC					2	4	0.0	Road/Air	1	0	0	7 Hrs	Not accessible			
HELA	KOROBA KOPIAGO	KOROBA HC			09.10.24		2	4	50.0	Road	1	0	1	2 Hrs	Accessible			
HELA	KOROBA KOPIAGO	MOGORO FUGWA SC					2	4	50.0	Road	1	0	0	2 Hrs	Accessible			
HELA	KOROBA KOPIAGO	PAGA SC					2	4	0.0	Road	1	0	0	4 Hrs	Not accessible due to bad condition			
HELA	KOROBA KOPIAGO	PURENI SC			09.10.24		1	4	25.0	Road	1	0	0	2 Hrs	Not accessible due to bad condition			
HELA	KOROBA KOPIAGO	HALLUNI SC					2	4	0.0	Road	1	0	0		Inaccessible			
HELA	KOROBA KOPIAGO	HEDEMARI SC			09.10.24		2	4	50.0	Road	1	0	0	1 Hr	Accessible			
HELA	KOROBA KOPIAGO	AWI SC					2	4	0.0	Road	1	0	0	2-3 Hrs	Not accessible due to bad condition			
HELA	KOROBA KOPIAGO	KAGOMA SC					1	4	25.0	Road	1	0	0	2 Hrs	Accessible			
HELA	KOROBA KOPIAGO	WANIPKA SC					2	4	0.0	Air	0	0	1		Accessible by Air			
HELA	KOROBA KOPIAGO	Maria HCH					2	4	50.0	Road	1	0	0	1 Hr	Accessible			
HELA	KOROBA KOPIAGO	Kakarene HC					1	4	25.0	Road	1	0	0	1.5 Hrs	Not accessible due to ongoing tribal fights			
HELA	TARI PORI	HANGAPO SC		13.06.2024	11.10.24		2	4	50.0	Road	1	0	0	0.5 hrs	Accessible			
HELA	TARI PORI	IDAWI SC			15.10.24		2	4	50.0	Road	1	0	0	1 Hr	Accessible			
HELA	TARI PORI	KARIDA SC					2	4	0.0	Road	1	0	0	0.5 Hrs	Not accessible due to ongoing tribal fights			
HELA	TARI PORI	PAJAKA SC					2	4	0.0	Road	1	0	0	2Hrs	Not accessible due to ongoing tribal fights			
HELA	TARI PORI	TANI WALETE SC			11.10.24		2	4	50.0	Road	1	0	0	0.5 Hrs	Accessible			
HELA	TARI PORI	TARI HOSPITAL		20/06/2024	14.10.24		1	4	25.0	Road	1	0	0	0 Hrs	Accessible			
HELA	TARI PORI	HIWANDA HSC		13/06/2024	11.10.24		2	4	50.0	Road	1	0	0	0.5 Hrs	Accessible			
HELA	TARI PORI	WABIA RH		18/06/2024	11.10.24		2	4	50.0	Road	1	0	0	0.5 Hrs	Accessible			
HELA	TARI PORI	TIGIBI SC		18/06/2024	08.10.24		2	4	50.0	Road	1	0	0	1 Hr	Accessible			
HELA	TARI PORI	DAULI SC		18/06/2024	08.10.24		2	4	50.0	Road	1	0	0	1 Hr	Accessible			
HELA	TARI PORI	PORI SC		12.06.2024			2	4	0.0	Road	1	0	0	3 Hrs	Inaccessible			
HELA	TARI PORI	Sebida HSC					2	4	0.0	Road	1	0	0	2 Hrs	Inaccessible			
HELA	TARI PORI	Halongali UC		13/06/2024	11.10.24		2	4	50.0	Road	1	0	0	0.5 hrs	Accessible			
<b>TOTAL</b>			<b>0</b>	<b>11</b>	<b>17</b>	<b>0</b>	<b>39</b>	<b>148</b>	<b>26.4</b>		<b>34</b>	<b>0</b>	<b>4</b>		<b>11</b>			

Hela province has a total of 38 registered health facilities. There are 22 accessible health facilities, 16 inaccessible. Thus out of the 38 health facilities, 17 are government run facilities and 21 facilities are run by various church agencies. During the visit, we have visited a total of 17 accessible health facilities and one extra facility which is 81% coverage of accessible facilities visited and 47.4 coverage of total health facilities in Hela Province.

## RDTs AND ACT SUPPLIES PROCURED GLOBAL FUND/NDOH

**Table 2. RDT and ACT supplied by Global Fund/NDOH**

Malaria Commodity	Expiry Date	Batch Number
ACT 6 = 5BOX NDOH	12/25	3E02047
ACT12 48BOX NDOH	10/25	BIAPH004
ACT 18 5BOX NDOH	10/25	BIAPA005
ACT 24 92 BOX NDOH	4/27	D1APH005
ACT 24 NDOH	5/25	BIAPH020
RDT 450 BOX NDOH	11/26	H006C005D
PRIMAQUINE 600CONT NDOH	15/25	201223

## ANTENATAL LLINS REPORT

In quarter two (3) visit, we issued a total of 300 nets (6 Bales to 6 Health facilities. A total of 50 bales was supplied to Hela Province which is currently stored in Hagen to be transported to Hela Province. Due to logistical constraints we were only able to transport 6 bales for distribution. Meetings was held with Hela PHA and Santos Foundation team and SF have agreed to transport the remaining 44 bales of nets on behalf of Hela PHA and RAM. A meeting was also held with Hea PHA Project Manager to allocate a standalone container storage for the nets. 16 out of 18 were out of stock of LLINs nets in which only 6 of them were supplied with nets. From the facilities supplied in Q2 distribution, accountability and reporting have improved and they were encouraged to continue.

**Table 3: Showing Balance from Q4 2023 and distribution of ANC nets in Q3**

07.10.24					2500	2500	Sotck in from Ram via Hagen
08.10.24	DAULI HC	MELISHA ANDREW	EUSTIN TOROT	51083	50	2450	
08.10.24	TIGIBI HC	MELISHA ANDREW	EUSTIN TOROT	51037	50	2400	
09.10.24	HIWANDA HC	ANA HAUGA	EUSTIN TOROT	51032	50	2350	
09.10.24	KOROBNA HC	MATLIN P	EUSTIN TOROT	51031	50	2300	
10.10.24	PARA HC	CANCY TUMBY	EUSTIN TOROT	51034	50	2250	
10.10.24	JUNNI HC	MARGRET PAGO	EUSTIN TOROT	51033	50	2200	Remaining Balance 2200

## ACCOUNTABILITY OF MALARIA DRUGS SUPPLIES

All malaria RDT and ACTs are kept at a storage room in the white house Hela PHA. After quarterly Visits and distribution if Health Facilities run low of supplies they are expected to bring in their reports to PMS, Mr Roger Ali or PDCO Ms. Melisa Andrew 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. This was done in the first Quarter of the year as ACT/RDT were supplied without proper documentation accountability that led to Health Facilities stock Out of RDT/ACT.

## HEALTH FACILITY FINDINGS AND OBSERVATION AND STOCK MANAGEMENT

**Table 4. Observation Findings from Health Facility Visited**

Health Facility	RDT/ACT STOCK MANAGEMENT	TREATMENT	ANC LLIN	REPORTS FROM JAN-MAY 2024
<b>Dauli Hc</b> 08/10/24	Malaria Commodities stored in a small Pharmacy room. No Stock cards kept or maintained	Staff not fully aware of the treatment Protocol. Onsite training done again.	Stock out of ANC nets since last year. 50 nets supplied	10 reports Submitted
<b>Tigibi HC</b> 08/10/24	Stock out of RDT for more than two weeks prior to teams visit. ACT kept in a small Pharmacy room	Staff not fully aware of the new Malaria treatment protocol. Onsite training done. New IPIT protocol not followed.	No supply of ANC nets since last year, 50 nets issued in this quarter visit	10 report Submitted
<b>Hedamari CHP</b> 09/10/24	Malaria Commodities kept in a cupboard at outpatient station. No stock out Noted and No stock Kept for the Malaria commodities	Staff not aware of the new treatment protocol for Malaria treatment and IPT for ANC mothers. Onsite training done	No issue of ANC nets since last year. However blue copy of previous supplies was noted in the ANC Net Register	10 report Submitted
<b>Hiwanda UC</b> 09/10/24	Malaria commodities noted in the pharmacy. No stock cards kept. No expired drug removed	Staff not fully aware of the New Malaria Treatment Protocols. Refresher training done	Net Register kept well. White copies of distributed nets collected. Good accountability of nets. 50 nets issued	10 report Submitted
<b>Pureni HC</b> 09/10/24	Unable to do Physical assessment of Malaria commodities as Pharmacy was locked	Unable to do M&E as malaria register was locked in the OIC office and thus team was unable to do M&E	Unable to do assessment	10 report Submitted
<b>Koroba HC</b> 09/10/24	Malaria commodities stored in well spacious pharmacy room. Stocks kept and maintained	Staff not using malaria register to register RDT test, instead they are using their own book. Staff not fully aware of	No Nets was issued since last year. 50 nets issued and refresher was	10 report Submitted

		the new malaria treatment Protocol. Onsite Training done and staff were advised to use malaria register to recorded and report	done about ANC Net Register record keeping	
<b>Manada HC</b> <b>10.10.24</b>	No stock out reported. Malaria commodities kept well in a spacious room. No stock cards kept	Staff not fully aware of the New Malaria Treatment Protocols. Refresher training done	66 nets in stock. Good accountability of issued nets, No nets supplied	10 report Submitted
<b>Juni HC</b> <b>10.10.24</b>	Stock out of ACT/RDT for more than two weeks prior to team visit. Supplies were given	Staff not fully aware of the new malaria Treatment Protocol. Onsite Training done	Nets not issued to facility since Last year. Refresher training was done on IPTP treatment Protocol and ANC net Register before 50 nets was supplied	10 report Submitted
<b>Komo HC</b> <b>10.10.24</b>	Unable to do stock count as the Pharmacy key was with OIC who was out at the time of the visit	Officers not fully aware of the new treatment protocol. Malaria Register has been misplaced and not used.	Not nets issued since last year. Onsite refresher training done on ANC net register and IPTP treatment protocol	10 report Submitted
<b>Para HC</b> <b>10.10.24</b>	Stock out of RDT No stock card kept Facility was only supplied with RDT	Officers still not fully aware of the new treatment protocol. Malaria Register not filled and documented well despite the facility was visited last quarter and onsite training was done..	Facility not supplied since last year. Onsite refresher training was done on ANC Net Register keeping and IPTP protocol. 50 Nets supplied	10 report Submitted

<b>Wabia HC</b> <b>18/06/24</b>	Stock out of RDT/ACT No Stock Cards Kept and Maintained	Staff not aware of the new Malaria treatment protocol. Onsite training done. New IPIT protocol not followed.	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	10 report Submitted
<b>Halongali HC</b>	Unable to do stock count	Unable to do M&E	Unable to do M&E on issued net as OIC was out with the key	10 report Submitted
<b>Dauli HC</b>	Stock out of RDT Only 1 box of ACT 12 was noted in the HF Stock cards not kept and maintained	Attending staff not aware of the new Treatment Protocols. Onsite training was done	ANC register not updated. No proof of signed delivery docket noted. Stock out of ANC nets	10 report Submitted

#### **TARI HOSPITAL REPORT: DATE OF VISIT: 20/06/24**

The team only visited 3 departments that stores and uses Malaria Commodities.

- Pharmacy
- Lab
- MCH

Both RDT and Microscopy are done in the Lab. All department in the Hospital usually sends patients to the Lab for either RDT or microscopy. Once the result is given, the patient takes the result to the clinician where a prescription is issued if the result is positive for the pharmacy to supply treatment. Once the RDT quantity is low the Lab sends their request for supply from the pharmacy.

Most of the clinician are not aware of the new malaria treatment protocol in place and the report from the Lab are sometimes not submitted in time for the PHIO to do monthly report. Most often the commodities supplied to these departments are by of Stock on Hand and not report submission based. Thus accountability of malaria commodities is very poor.

The hospital is providing antenatal clinic for pregnant mothers thus ANC nets is supplied to the department. Most of the staff are now aware of the new IPTP treatment protocol after Q2 visit thus an onsite refresher training was done with the attending staffs. ANC register is kept well but missing signed issued docket.

The team was unable again to meet with the PHO during this quarter visit

#### **SUMMARY OF FINDING**

- 1 out of 18 facilities visited had stock out of ACT/RDT for more than 2 weeks and 2 out of 18 facilities had stock out of RDT for more than two weeks
- Documentation and record keeping using malaria M&E tools is very poor in all facilities visited
- Most staff from Health Facilities visited are not aware of the new Malaria Treatment Protocol including the new IPTP guidelines
- No stock out of Primaquine during the time of the visit

- All facility had stock out of ANC nets except for Mananda UC. However, ANC register was not Updated in all facilities
- Stock cards not kept in all facilities visited except for Koroba Rural Hospital
- Clinical Case reporting from Health facilities is a big issue

## eNHIS TABLET

All 18 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.

## IPTP

All attending staffs from the 18 facilities visited are not aware or still not sure of the new IPTp treatment guidelines. Onsite training was done in each facilities and PMS is encourage to do routine supervisory visit specifically to do continues training to improve knowledge this issue. 2 out of 18 facilities visited were stock out of Fancidar at the time of the visit. Most staff mentioned that they do supply 3 dosages for pregnant mothers but not following the new guidelines and recording of second and third dose is usually done in the mother's clinic books

**Table 5. Report summary from the Month of January 2024 to May 2024**

Hela Province		MALARIA REPORT January to October 2024										Date Printed: 27/11/2024 08:30:15				
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	
210401	Benalla SC	10	207	43	0	0	0	0	0	0	0	0	0	0	0	0
210403	Juni SC	5	7	9	1	9	0	0	0	0	0	18	0	0	0	22.2
210404	Karinja SC	10	4	0	0	0	0	0	0	0	0	35	5.7	2.9	31.4	0
210405	Komo HC	10	0	1	0	0	0	0	0	0	0	53	1.9	1.9	0	0
210406	Manada SC	10	0	17	0	1	0	0	0	0	0	45	44.4	24.4	4.4	0
210407	Margarima DH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
210408	Panduaka SC	10	10	2	0	0	0	0	0	0	0	79	5.1	5.1	41.8	0
210409	Wabla SC	10	146	9	5	1	0	0	0	0	0	0	0	0	0	0
210411	Tigibi SC	10	33	4	0	0	0	0	0	0	0	0	0	0	0	0
210412	Dauli SC	10	9	9	0	0	0	0	0	0	0	0	0	0	0	0
210414	Para SC	10	11	2	0	0	0	0	0	0	0	0	0	0	0	0
210415	Pausa SC	9	0	0	0	0	0	0	0	0	0	11	0	0	0	0
210416	Walagu SC	10	848	74	0	2	0	0	0	0	0	45	64.4	64.4	0	0
<b>KOMOMARGARIMA District</b>		<b>114</b>	<b>1275</b>	<b>170</b>	<b>5</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>286</b>	<b>19.6</b>	<b>16.1</b>	<b>17.5</b>	<b>0</b>
210501	Guala SC	10	4	9	0	0	0	0	0	0	0	0	0	0	0	0
210502	Kelabo SC	10	10	12	0	1	0	0	0	0	0	11	81.8	9.1	9.1	0
210503	Kopiago HC	10	21	317	4	14	0	0	2	50.0	50.0	437	71.4	55.6	2.1	0
210504	Koroba DH	10	22	53	5	20	0	0	0	0	0	263	18.3	18.3	0.4	0
210505	Mogoro Fugwa SC	10	2	9	3	1	0	0	0	0	0	113	7.1	4.4	0	0
210506	Paga SC	10	292	604	6	5	1	0	1	100	0	875	60.8	55.4	3.0	0
210508	Purani SC	10	0	4	0	1	0	0	0	0	0	103	7.8	7.8	0	0
210510	Hedemari SC	10	1	3	0	0	0	0	0	0	0	66	3.0	3.0	4.5	0
210512	Kagama SC	10	3	11	0	1	0	0	0	0	0	34	20.6	17.6	0	0
210513	Wanikipa SC	10	155	1033	3	11	0	0	0	0	0	1483	89.3	80.3	0.6	0
210514	Kakarene SC	10	1	6	0	0	0	0	0	0	0	11	0	0	0	0
210516	Maria CHP	10	1	7	0	0	0	0	0	0	0	0	0	0	0	0
210517	Aluni CHP	9	22	71	0	18	0	1	0	0	0	217	50.2	31.8	2.3	0
<b>KOROKOPIAGO District</b>		<b>129</b>	<b>534</b>	<b>2139</b>	<b>21</b>	<b>72</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>66.7</b>	<b>33.3</b>	<b>3613</b>	<b>65.3</b>	<b>57.0</b>	<b>1.5</b>	<b>0</b>
210803	Hangapo SC	10	7	10	0	0	0	0	0	0	0	13	61.5	23.1	0	0
210804	Idawai SC	2	39	16	1	0	0	0	0	0	0	0	0	0	0	0
210805	Karida SC	8	19	53	0	8	0	0	0	0	0	71	2.8	0	7.0	0
210806	Pajaka SC	8	0	1	0	0	0	0	0	0	0	1	100	100	0	0
210807	Tani Waleta SC	10	1	2	7	0	0	0	0	0	0	3	0	0	0	0
210808	Tari HP	9	39	20	5	0	1	0	0	0	0	103	12.6	11.7	0	0
210809	Hwanda SC	10	30	0	0	0	0	0	0	0	0	38	23.7	23.7	0	0
210810	Hung SC	9	11	14	1	0	0	0	0	0	0	59	22.0	22.0	0	0
210811	Hakingsai SC	7	7	3	0	0	0	0	0	0	0	11	9.1	9.1	0	0
210812	Pai UC	10	1	8	0	0	0	0	0	0	0	20	30.0	25.0	0	0
210813	Pori SC	10	704	904	14	14	0	0	1	0	0	1995	52.7	19.6	8.1	0
<b>TARIPORI District</b>		<b>93</b>	<b>858</b>	<b>1031</b>	<b>28</b>	<b>22</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2314</b>	<b>47.8</b>	<b>18.8</b>	<b>7.2</b>	<b>0</b>
<b>Hela Province</b>		<b>336</b>	<b>2667</b>	<b>3340</b>	<b>55</b>	<b>107</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>50.0</b>	<b>25.0</b>	<b>6213</b>	<b>56.7</b>	<b>40.9</b>	<b>4.3</b>	<b>0</b>

- ✓ Timely submission of reports as improved for most facilities in the province
- ✓ Clinical case reporting is still an issue in all facilities
- ✓ Still Two clinical death and one RDT Death recorded in in this reporting period

## CHALLENGES

- Security concerns is still an issue in Hela Province due to ongoing tribal conflicts
- Logistical constraints
- No proper storage facility for Malaria Commodities in Hela PHA
- Lack of routine supervisory visit to HF by PMS
- Most staff not aware of the New Treatment Protocols
- Documentation and record keeping through the Malaria M&E Tools is still a challenge
- Health Facilities Not Keeping and Maintaining Stock Cards at the Facility Level
- Accountability of Malaria Commodities at PHQ level

## RECOMMENDATION

- PMS to take lead in doing supervisory visit and strengthen system of accountability and reporting
- Plan CQI for staff in Q3
- Increase/Revive partnership with other Partners to improve logistical issue
- Plan for 6 monthly visit to the Province once reporting and accountability improves
- Distribution of Stock Cards to be done by PMS to all Facilities
- PMS to create a platform/mode of communication, ideally a WhatsApp Group so every officers in Health Facilities can communicate efficiently
- Increase PMS routine trip to HF to improve in clinical casse reporting
- Proposed 6 monthly visit to Province and program be led by PHA with the support of Santos Foundation

## ACKNOWLEDGEMENT

1. HELA PHA Administration for the continues support towards the National Malaria program and the Logistical support provided in this Quarter Visit
2. Hela PHA staff who worked together with the RAM team during the quarter one visit,  
Ms. Melisha Andrew- HELA PHA PDCO
3. All OIC/Staff from the visited Facilities
4. Santos Foundation for the Logistic Assist
5. The Global Fund for the continuous funding of Malaria Commodities and funding Q2 Hela Health Facility Malaria Supervisory Visits and malaria commodities distribution

**PHOTOS**



**Onsite Training at Koroba Rural Hospital**



**Meeting with Santos Foundation Officer**



**Health Facility Visit to Manada HC**

**END OF REPORT**