

QUARTER 3-2024 MONITORING & EVALUATION ON MALARIA PROGRAM AND DRUG DISTRIBUTION REPORT JIWAKA PROVINCE



Pictured is the Regional Malaria Coordinator (Ms. Agatha Gola) running CQI training to the health professionals of Kudjip Nazaren Hospital in Jiwaka Province.

VISITING OFFICER: AGATHA GOLA (RMC)

ACCOMPANYING OFFICERS IN THE FIELD: MR. BOSH ALAH (JIWAKA PROVINCIAL MALARIA ERADICATION OFFICER)

DATE OF VISIT: 19.08.24-5.09.24

NIGHTS AWAY FROM THE OFFICE: 17 NIGHTS

TYPE OF DOCUMENTS ATTACHED: NONE

PURPOSE OF VISIT: MALARIA M & E VISIT FOR QUARTER 3-2024

Field trip report compiled by Ms. Agatha Gola(RMC)

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EXECUTIVE SUMMARY

It was the third quarter visit for the National Malaria Control Program to Jiwaka Province. The visit was done in a period of 17 days, which started on the 19th of August and ended on the 5th of September 2024.

The purpose of this visit is to;

- distribute mRDTs, ACTs, Primaquine tablets and Antenatal Long- lasting insecticidal Nets to all reporting health facilities,
- do active stock rotation of antimalarial from one health facility to another, i.e. from low consumption rate to high consumption rate,
- run continuous quality initiative trainings to health facility's OIC and staffs/trainees where needed,
- check on Health Facility Malaria Registers and Antenatal bed net registers & collect,
- stocktake on all malaria commodities at the health centres and replenish where necessary,
- monitor medical supply stock cards for mRDT, ACTs, Primaquine tablets and update,
- check on how well the malaria data is entered into the e-NHIS tablet and whether all sections under malaria is correctly reported,
- malaria data verification and validation through the use of Monthly Malaria Report against the raw data in the reporting tools at the facility,
- coach OICs on how to enter malaria data correctly and completely under malaria sections of the e-NHIS tablet
- make sure e-NHIS monthly reports are sent on time and
- make sure intermittent preventative treatment in pregnancy (Fansidar prophylaxis for antenatal women) is implemented and documented in the ANC Registration book.
- liaise with Remote Sensing Team to solve discrepancies found in the e-NHIS tablet with regards to Malaria Program and also the general use and function of the tablet.

Logistic preparations were done in Port Moresby and the Jiwaka PHA team were notified through the formal Provincial Notification Letter from the Program Manager of the National Malaria Control Program prior to travel into the Province.

A formal briefing was done with the Provincial Malaria Eradication Officer, Mr. Bosh Alah before the actual health facility visit started. With the company of the Malaria Eradication Officer, we visited a total of 22 health facilities out of the 29 reporting health facilities, which brings the accessible coverage percentage to 122.2%.

Malaria Program Vehicle CAU 559 that is stationed in the Province was used for this visit.

During this visit, an overall Continuous Quality Initiative Training was done to a total of 27 health professionals at the Kudjip Nazaren Hospital for the first time. The staffs really appreciated the updated knowledge on the Treatment Protocol of Malaria and the Malaria data projected for the Province, National and Global. Discussions were made on the Malaria data for the Kudjip Nazaren Hospital itself that much of the data are not captured into the e-NHIS monthly reports when seeing their data projected. We had a collaborative discussions and addressing issues on way forwards to improve on and the completeness and timeliness of e-NHIS Monthly report submission.

The overall visit was well accomplished without much inconvenience.

BACKGROUND OF JIWAKA PROVINCE

Jiwaka is one of the provinces in the Highlands region of Papua New Guinea with mountains that rise up to over 3,600 meters. It is made up of three districts namely; North Waghi, Anglimp South Waghi and Jimmy. North Waghi and Anglimp South Waghi are situated in the valleys and parts in the mountains while Jimi District is the northern district that has a low lying valley which goes down to almost 400 meters in the West and rises to high altitude in the East. This is the district with high endemic malaria in Jiwaka Province. The provincial capital is temporarily located in Kurumul. The Jiwaka Provincial Health Headquarter is also in Kurumul.

The province covers an area of 4,798 km², and there are 343,987 inhabitants (2011 census). Jiwaka province officially came into being on 17 May 2012, comprising three districts previously part of Western Highlands Province.

Jiwaka is located in a very fertile land (Waghi Valley). The Waghi River runs between the valley and most of the people benefit out of it. Besides the Waghi River, the land is naturally fertile and people harvest the best food from it. The 3 resources of the Jiwaka people are coffee, tea and human resources.

Economy in the province is mainly generated through subsistence farming, piggery and poultry and Human Resource. Cash crops in the province are mainly coffee, tea and fresh vegetables.

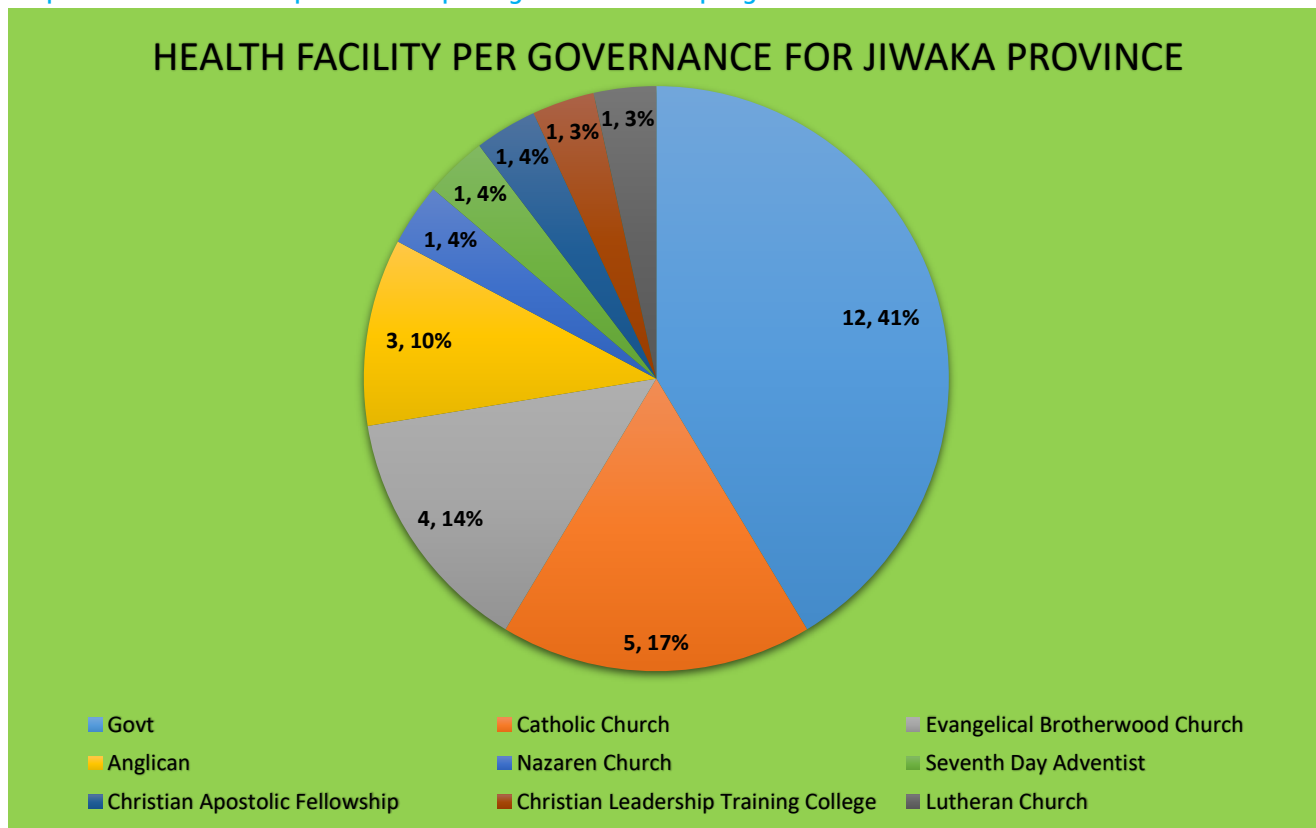
Infrastructure is slowly improving but in few selected local areas. It is deteriorating in most parts of the three districts. The road to Jimi District is extremely bad and risky in most parts, however, upgrading is recently done from Banz to Kol, which is a bit okay in good weather.

Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

HEALTH SERVICES IN JIWAKA

Jiwaka has a total of 29 reporting health facilities. Of the 28 reporting health facilities and as per the District, Jimi District has 9 reporting health facilities, North Waghi has 8 and Anglimp South Waghi has 12. Twenty-three (24) out of the 29 health facilities are accessible by road while the 4 in Jimi and 1 in Anglimp South Waghi are air accessible. It is governed by both the Jiwaka Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 29 reporting health facilities per governance.



AID POSTS

Jiwaka has 89 Aid Posts of which 8 are inactive while the 81 are active or functioning.

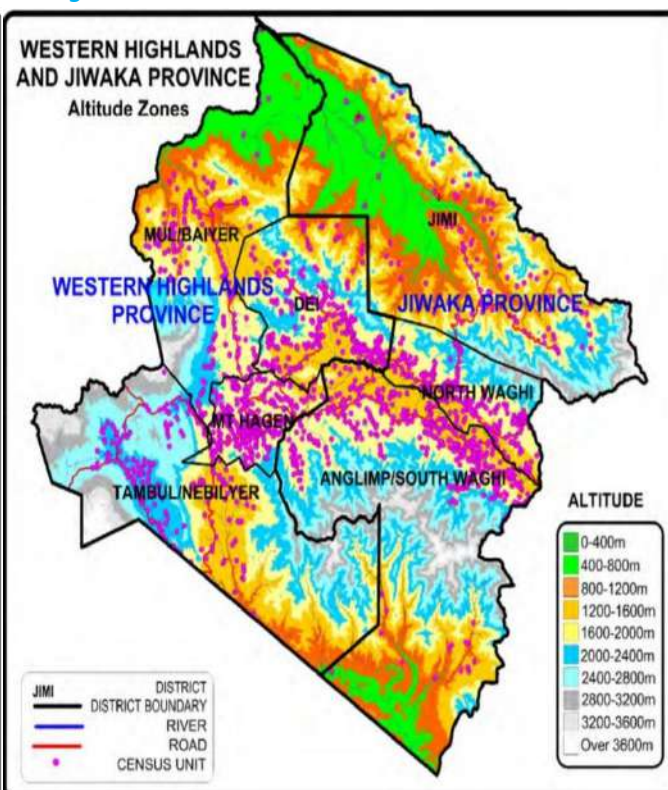
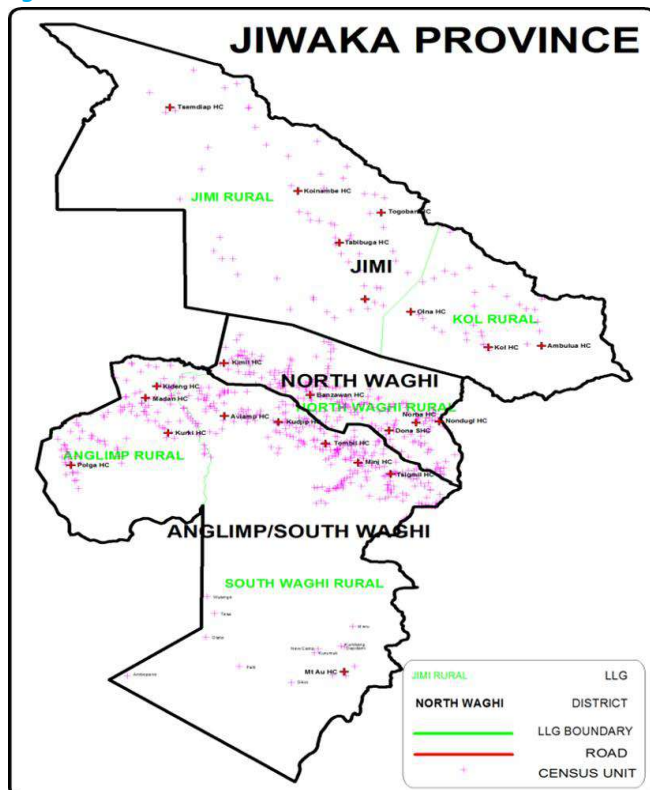
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid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

MALARIA PREVALENCE BY ALTITUDE

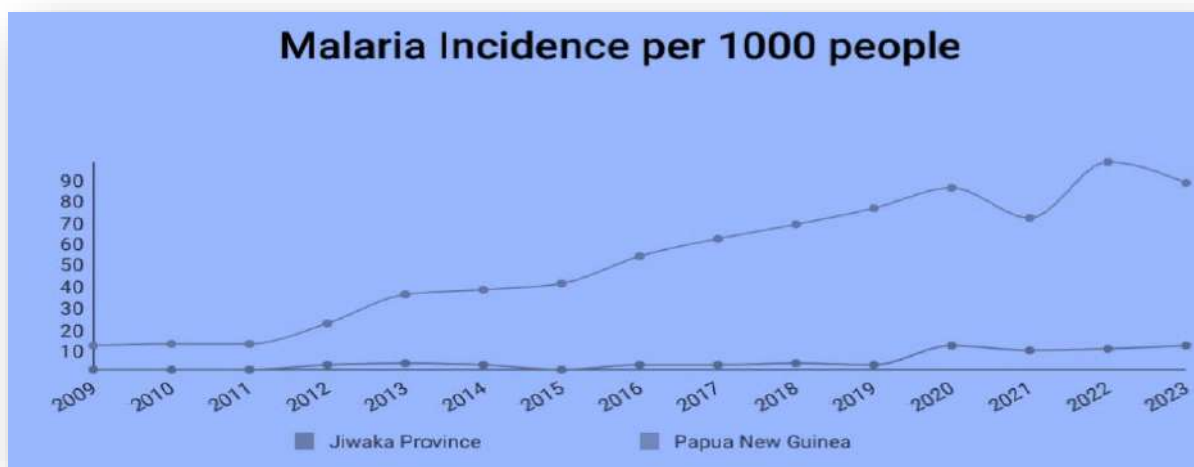
Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

Figure 1. Shows the sketch of 3 Districts for Jiwaka Province.

Figure 2. Shows the altitude zone for Jiwaka & WHP.



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



Source: e-NHIS Jiwaka Province Health Indicators.

PURPOSE OF VISIT

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- make sure e-NHIS monthly reports are sent on time and
- make sure intermittent preventative treatment in pregnancy (Fansidar prophylaxis for antenatal women) is implemented and documented in the ANC Registration book.
- liaise with Remote Sensing Team to solve discrepancies found in the e-NHIS tablet with regards to Malaria Program and also the general use and function of the tablet.

Table 1. Jiwaka PHA team met with:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Sr. Kolly Bang	Director of Public Health	72464470	kollynhm@gmail.com
Mr. Bosh Alah	Malaria Eradication Officer	79410079	alahbosh39@gmail.com
Mr. Joe Ingak	PHA Driver	74264193	Nil
Mr. Albert Apal	Surveillance Officer	71826231	albert.apal22@gmail.com

Table 2. Type of transport used:

Vehicle	Malaria Program Vehicle
Vehicle Used	CAU 559
Color	White
Type	Toyota Land Cruiser 10 seater
Registration Validity	8.08.2025
Safety Sticker Validity	
Duration of use	17 Days
Driver	Joe Ingak –Jiwaka PHA Driver
Contact	74264193

HIGHLIGHTS OF Q3- 2024 RMC's VISIT

1. Health Facility Visits Summary for Quarter 3-2024:

Jiwaka used to have a total of 28 reporting health facilities, however, 1 is coded recently, hence adds to 29. Of the 29, 5 are air accessible health facilities located in Jimi District and 1 in Anglimp South Waghi District, 5 are located in Jimi District and are hard to reach most times with bad weather. However, in this visit, the 3 inaccessible health facilities in Jimi were visited. The balance of 19 are accessible by road and reachable, hence, visited in every quarterly visits. So, a total of 22 health facilities were physically visited as shown in table 3 below. The newly coded facility will be visited in the 4th quarter visit.

Table 3. shows the summary of the visit in Q3.

Total number HFs	29
Total Number Accessible	18
Total Number Reached	22
% Coverage (Accessible)	122.2 %
% Coverage (Total HFs)	75.9%

2. Update on Drug Supplies for the 5 air accessible health facilities.

Out of the 5 Air accessible health facilities in Jiwaka, 1(Ambullua HSC) was physically visited by the Malaria Eradication Officer, Mr. Bosh Alah through foot patrol, 1(Togban HSC) collected it's supplies from the RMC at the PHO and 3 facilities (Koinambe HC, Tsendiap HSC & Kol HC) will collect their supplies once the OICs visit PHO or PHA staffs will deliver if any charters are available.

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

Of the 22 health facilities visited, only 2 facilities had stock out of mRDTs. None had stock outs of ACTs and Primaquine.

4. Total mRDTs, ACTs & PQ distributed during Q3 visit:

Table 4. Shows the total malaria commodities supplied to Jiwakas' health facilities in Quarter 3 visit.

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	3	8475 kits	1980 blisters	17 600 tablets

5. ANC LLIN Update:

The remaining 4 bales of ANC LLIN (200 nets) left in the storage container after the 2nd quarter distribution was issued to 3 health facilities prior to this visit. Therefore, we had nil stock of ANC LLIN during the 3rd quarter visit and so nothing was distributed.

6. Malaria Stock Update

The RDTs, ACTs & Primaquine that were used for the distributions were from the Q2 -2024 buffer stocks and additional Q3 supplies from AMS/HAGEN (NDOH stocks). All drugs distributed were from the NDOH.

Table 5. Shows the quantities of Malaria commodities from both sources.

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Q2 Buffer Stocks	2450 kits	0 blisters	660 blisters	930 blisters	240 blisters	1000 tablets
Batch #	H006C005D		B1APH004	B1APH005	A1APH006	KE23075
Exp Date	May-25		Oct-25	Oct-25	Aug-24	Jan-26
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	8750kits	300 blisters	1440 blisters	0 blisters	0 blisters	0
Batch #	H006C004D	3E02047	B1APH004			
Exp Date	May-25	Dec-25	Oct-25			

7. Update on CQI Training to Kudjip Nazaren Hospital:

Continuous Quality Initiative Training on Malaria is an ongoing training conducted by the Regional Malaria Coordinator or a Provincial Malaria Supervisor to the Health Care Professionals at all levels in the Province during quarterly visits. It covers a wide range of information on Malaria especially the updated standard treatment Protocol, Diagnostic tool used, Malaria data and reporting, highlight discrepancies found in the e-NHIS Monthly Malaria data submission and address it, discuss way forwards to ensure Malaria data is correctly and fully captured in a Health Care setting and reported through the e-NHIS Monthly Reports. Much Hospital's data flow to ensure Malaria data are correctly and fully captured.

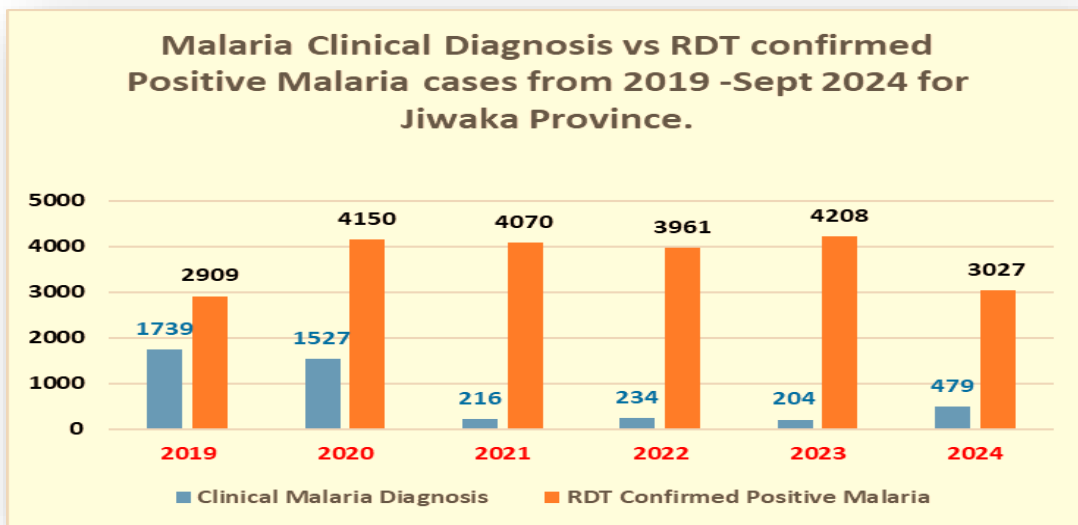
A successful CQI Training was facilitated by the Regional Malaria Coordinator to the 27 health care professionals in Kudjip Nazaren Hospital. The training was funded by the Global Fund through the Rotarian Against Malaria and the National Malaria Control Program. It was held at the Hospital's conference room whereby front liners from the Emergency Department, Adult & Children outpatients, wards, Pharmacy, Laboratory, Medical Records, the Nursing Directors and the Provincial Malaria Eradication Officer attended and participated. It was totally a new and latest information especially on the updated treatment protocol as mentioned by all and acknowledged the RAM & the National Malaria Control Program for delivering the much needed information to their doorstep. When projecting their Hospital's Malaria Data, they were not satisfied as much of the data is not captured, their input doesn't match the output and the respective Managers who compile data and reports confirm that much of their data is not fully entered due to several in-house factors. Collaborative ideas were given as to how they will ensure data flow within the Hospital system be flown smoothly and that all data should be captured and they agreed to improve as a way forward to truly project their hard work and commitment.

Pictured below is the Regional Malaria Coordinator, Ms. Agatha Gola running the CQI Training to the Health Staffs of Kudjip Nazaren Hospital.



MALARIA DATA UPDATES FROM 2019-JUNE 2024:

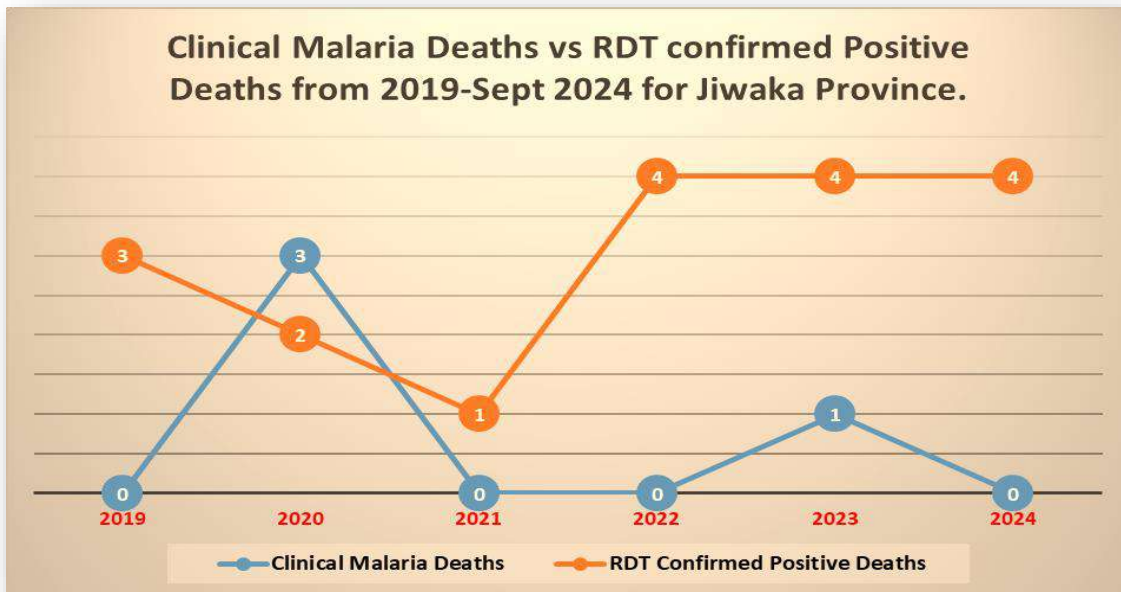
Graph 3. Malaria Clinical Diagnosis vs RDT Confirmed Positive Malaria



Source: e- NHIS Malaria Report

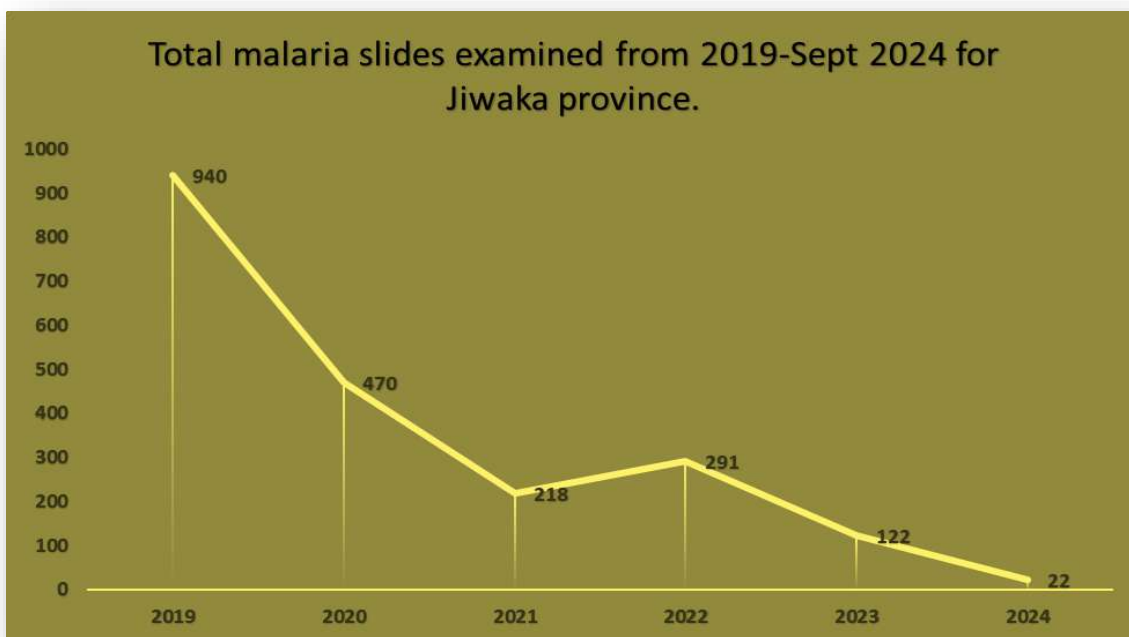
Field trip report compiled by Ms. Agatha Gola(RMC)

Graph 4. Clinical Malaria Deaths vs RDT Positive Deaths.



Source: e-NHIS Malaria Report

Graph 5. Malaria Microscopy Data for Jiwaka Province.



Source: e-NHIS Malaria Report

Table 6. Health Facilities visited, findings & observations and activities implemented.

#	District	Health Facility	Date of visit	e-NHIS Monthly Report	IPTP(Fansidar Prophylaxis)	Medical Supply Stock Cards	ANC LLIN Accountability	Activities done
1	Jimi	Ambullua HSC	12.08.2024	Using e-NHIS tablet	yes	Not yet introduced	Haven't issued any ANC LLIN as yet due to air accessible.	Visited by MEO, stock take done, refresher training and replenished.
2	Anglimp South Waghi	Minjmu CHP	21.08.2024	Not yet coded, reporting under Minj HC	yes	Well maintained	100%	Stock take and CQI Training done.
3	Anglimp South Waghi	Tsigmil HC	21.08.2024	Using e-NHIS tablet	yes	Occasionally updated.	100%	Stock take and replenished.
4	Anglimp South Waghi	Minj HC	21.08.2024	Using e-NHIS tablet	yes	Occasionally updated.	100%	Stock take and replenished.
5	Anglimp South Waghi	Aviamp HSC	22.08.2024	Using e-NHIS tablet	yes	Well maintained	100%	Stock take done
6	Anglimp South Waghi	Ketepam HSC	22.08.2024	Using manual NHIS form. No power to charge the e-NHIS Tablet.	yes, excellent recording of IpTp.	Occasionally updated.	100%	Stock take and CQI Training done.
7	Anglimp South Waghi	Kindeng HC	23.08.2024	Using e-NHIS tablet	yes	Well maintained	100%	Stock take and replenished.
8	Anglimp South Waghi	Madan CHP	23.08.2024	Using e-NHIS tablet	yes, excellent recording of IpTp.	Occasionally updated.	100%	Stock take done and replenished.
9	Anglimp South Waghi	Kurki HSC	23.08.2024	Using e-NHIS tablet	yes, not register because they are still using the old pink register book.	Occasionally updated.	100%	Stock take done and replenished.
10	Anglimp South Waghi	Polga HSC	27.08.2024	Using e-NHIS tablet	yes	Well maintained	100%	Stock take done and replenished.
11	North Waghi	Kimil HC	27.08.2024	Using e-NHIS tablet	yes, excellent recording of IpTp.	Well maintained	98%	Stock take done and replenished.
12	North Waghi	Norba HSC	29.08.2024	Using e-NHIS tablet	yes	Occasionally updated.	100%	Stock take, CQI training done and replenished.
13	North Waghi	Dona HSC	29.08.2024	Using e-NHIS tablet	yes, well done	Occasionally updated.	100%	Stock take and replenished.
14	North Waghi	Nondugl HC	29.08.2024	Using e-NHIS tablet	yes	Occasionally updated.	yet to assess, net bale in locked room.	Dispensary locked, OIC took key away. Unable to do stock take. Advised OIC to provide his SoH and collect supplies at PHO.
15	North Waghi	Banz Day 2 Clinic	28.08.2024	Using e-NHIS tablet	yes	Occasionally updated.	100%	Stock take and replenished.
16	Anglimp South Waghi	Tombil HSC	28.08.2024	Using e-NHIS tablet	Issuing new revised A3 size ANC Register book.	Occasionally updated.	100%	Stock take, refresher training and issued a new

								revised A3 size ANC register book.
17	North Waghi	Fatima HSC	28.08.2024	Using e-NHIS tablet	yes	Occasionally updated.	100%	Stock take done and replenished.
18	North Waghi	CLTC Clinic	28.08.2024	Using e-NHIS tablet	yes, trained staffs on how to register IpTp.	Occasionally updated.	100%	Stock take done and replenished.
19	North Waghi	Banz Day 1 Clinic	28.08.2024	Using e-NHIS tablet	yes	Well maintained	100%	Stock take done and replenished.
20	Jimi	Tabibuga HC	2.09.2024	Using e-NHIS tablet	yes	Occasionally updated.	100%	Stock take done and replenished.
21	Jimi	Kumbants HSC	2.09.2024	Using e-NHIS tablet	yes	Well maintained	100%	Stock take done and replenished.
22	Anglimp South Waghi	Kudjip Nazaren Hospital	3.09.2024	Using e-NHIS tablet	yes, excellent recording of IpTp.	excellent	100%	CQI Training done, stock take and replenished.
23	Anglimp South Waghi	Kurkur CHP	recently coded.					Will visit in Q4
24	Anglimp South Waghi	Mt. Au HSC	air accessible					Supplies to be collected by OIC at the PHO.
25	Jimi	Olna HSC	Tribal Fight, unable to visit					Supplies to be collected by OIC at the PHO.
26	Jimi	Waramants HSC	Tribal Fight, unable to visit					Supplies to be collected by OIC at the PHO.
27	Jimi	Kol HC	Tribal Fight, unable to visit					Supplies to be collected by OIC at the PHO.
28	Jimi	Koinambe HC	air accessible					Supplies to be collected by OIC at the PHO or be delivered by PHA staffs if a charter is available.
29	Jimi	Tsendiap HSC	air accessible					Supplies to be collected by OIC at the PHO or be delivered by PHA staffs if a charter is available.
30	Jimi	Togban HSC	air accessible					OIC collected supplies from RMC at the PHO.

UPDATE ON MALARIA TREATMENT PROTOCOL FOR PNG

- ✓ Single dose Primaquine for positive Pf cases is implemented.
- ✓ 14-day Primaquine after completion of ACT for Non-Pf & Mixed Infections is implemented.
- ✓ ACT in first trimester is disseminated to OICs and staffs. However, most of them requested for a formal circular from the NMCP-NDOH to confirm and implement.
- ✓ Well versed with the administration of Artemether 40mg & 80mg injection.
- ✓ Some staffs are now using Artesunate 60mg injection for severe positive malaria cases after several onsite trainings on how to dilute and administer for both intramuscular and intravenous. Trainings will continue for the benefit of all other new staffs and trainees.

✓ 3 doses of fansidar

for Antenatal women is implemented.

✓ Doxycycline prophylaxis for inbound travelers is disseminated. However, as mentioned by staffs, not many people seek for prophylaxis. People just travel and only visit health facilities when they feel ill.

✓ Staffs are aware of the 2nd line treatment of Malaria, however, most of them are not using as they don't have case that require 2nd line treatment and

✓ the contra-indications of Primaquine is disseminated and staffs are aware of these.

ACHIEVEMENTS

1. Successfully conducted CQI Training to the 27 health professionals of Kudjip Nazaren Hospital.

2. Visited 122.2 % coverage of accessible health facilities in this 3rd quarter visit for 2024.

3. Malaria Eradication Officer successfully visited Ambullua HSC on foot patrol for the first time and delivered their malaria commodities, reporting tools, IEC materials and also run Malaria refresher training to the health staffs.

4. Medical Supply Stock Cards introduced to all accessible health facilities and most are well maintained and updated.

5. Most Health Facilities are implementing and documenting Intermittent Preventative Treatment in Pregnancy in the A3 ANC Register Book.

6. Malaria Program Vehicle CAU 559 is used to visit the 2 health facilities in Jimi after a long time being considered as not roadworthy.

KEY CHALLENGES

PHA Level

✓ PMS issuing drug supplies without filling the GDNs, which make it really hard to maintain the stock sheet and drugs accountability.

✓ PMS not accompanying RMC for visits, only the MEO is faithfully accompanying and assisting RMC during the quarterly visits.

Health Facility Visits

✓ Tribal fight in Waramants (Jimi District) hindered visits to Olna HSC, Waramants HSC & Kol HSC.

✓ Rotation of OIC/staffs and new recruitment require more trainings and sensitization of Malaria Program. Some of the work under Malaria Program that were best performed by former OICs are now seen to be dropped or not the same.

✓ Medical supply stock cards not updated in some facilities.

✓ Poor accountability of RDTs, ACTs & Primaquine in some health facilities.

✓ Malaria RDT registers not fully entered into the e-NHIS monthly report

✓ Few health facilities have issues with accountability of Antenatal Long-Lasting Insecticidal Nets.

RECOMMENDATIONS

PHA

✓ Jiwaka PHA to continue its support in assisting the Malaria Program by providing a driver/vehicle/fuel during quarterly visits.

✓ PMS & MEO to coordinate and conduct Malaria School survey in October for the Province.

✓ PMS must fill all GDNs accurately and completely when issuing Malaria commodities to facilities for accountability and reporting purposes.

✓ PMS needs to accompany RMC in her quarterly visits to fully equip himself for sustainability and proper coordination at the Provincial level.

RMC

✓ Continue CQI trainings to other health facilities.

✓ Start bed net distribution to boarding institutions and prison camp in the 4th quarter visit.

✓ Will visit Olna HSC, Waramants HSC and Kol HC in Jimi District during the final quarter visit of 2024.

ACKNOWLEDGEMENT

I would like to sincerely thank the following important people, Departmental heads, organization and business sectors for making this trip a success. My word of gratitude to the;

1. Nation Department of Health – National Malaria Control Program.
2. Rotary Against Malaria – Regional Malaria Coordinator Program.
3. Jiwaka Provincial Health Authority Team.
4. The Malaria Eradication Officer, Mr. Bosh Alah from Jiwaka PHA for faithfully accompanying RMC during the quarterly visits.
5. All the staffs of the 22 reporting Health Facilities visited
6. The driver, Mr. Joe Ingak from Jiwaka PHA for safe driving.

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLA – Regional Malaria Coordinator for Jiwaka Province.