



**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
QUARTER THREE FIELD TRIP REPORT
MOROBE PROVINCE
JULY-AUGUST 2024**



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Date Travelled to Lae: 10.07.24
Date Returned to Port Moresby: 09.08.24
Total nights in the field: 30 nights
Funding Source: Global Fund

OBJECTIVE

This was the third quarter trip of 2024, to carry out the routine Malaria Health Facilities (HF)s visits and Drug Distribution in Morobe Province.

The main objectives;

- Visit all accessible HFs and ensure that there is adequate supply and **NO STOCK OUT** of Rapid Diagnostic Test (RDT) kits, Artemisinin-based Combination Therapy (ACT)s, Primaquines (PQs) and other malaria commodities including Antenatal Care (ANC) nets in all HFs,
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and complete treatment is given to the confirmed positive cases as per National Malaria Treatment Protocol. And that all data is recorded and Reported timely on the National Health Information System (NHIS),
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs whether visited or not, this includes *Community Malaria Volunteers (CMVs) under Home Management of Malaria (HMM) Program*,
- Provide support and assistance to the Provincial Malaria Control team for efficient program monitoring and evaluation (M&E).
- Strengthen Continuous Quality Improvement (CQI) activities in Morobe Province.

BRIEF BACKGROUND INFORMATION OF MOROBE PROVINCE

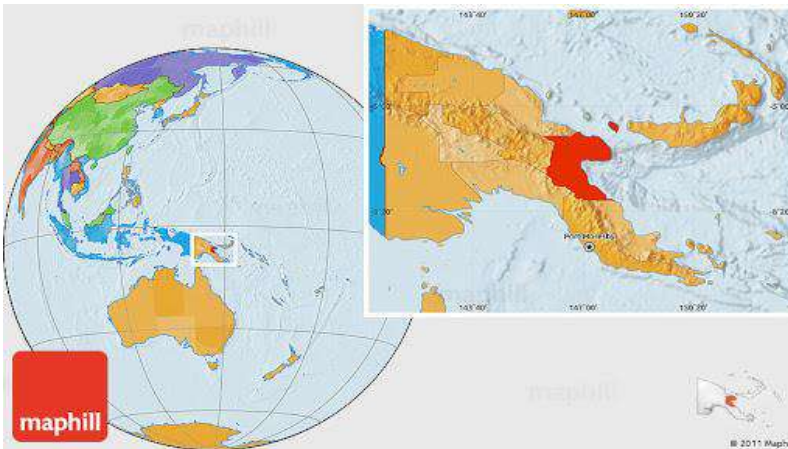
Morobe is the largest Province in Papua New Guinea (PNG) that covers a landmass of 33,705 km². It is also the most populous province in the country. According to **2011 census**, there was a population of **674,810**, and approximately **999, 835** with a **2.00%** growth rate according to **NHIS (April 19, 2024)**.

The province is located on the North Eastern part PNG and shares common borders with Madang, Eastern Highlands, Gulf, West New Britain, Central and Oro provinces. Lae City is the Provincial Capital located in the centre of the country and is the second largest after the Nation's capital Port Moresby City.

Morobe province has **10 administrative districts** since 2022 with 55 Registered Reporting HF and 365 Aid Posts (AP)s per **NHIS (August 15,2024)**.

The province also has diverse geography, which includes highlands, mountains, valleys, coastal areas and islands. Each of these regions present unique challenges to service delivery, and in this case for quarterly malaria supervisory visits with drugs and ANC nets distribution.

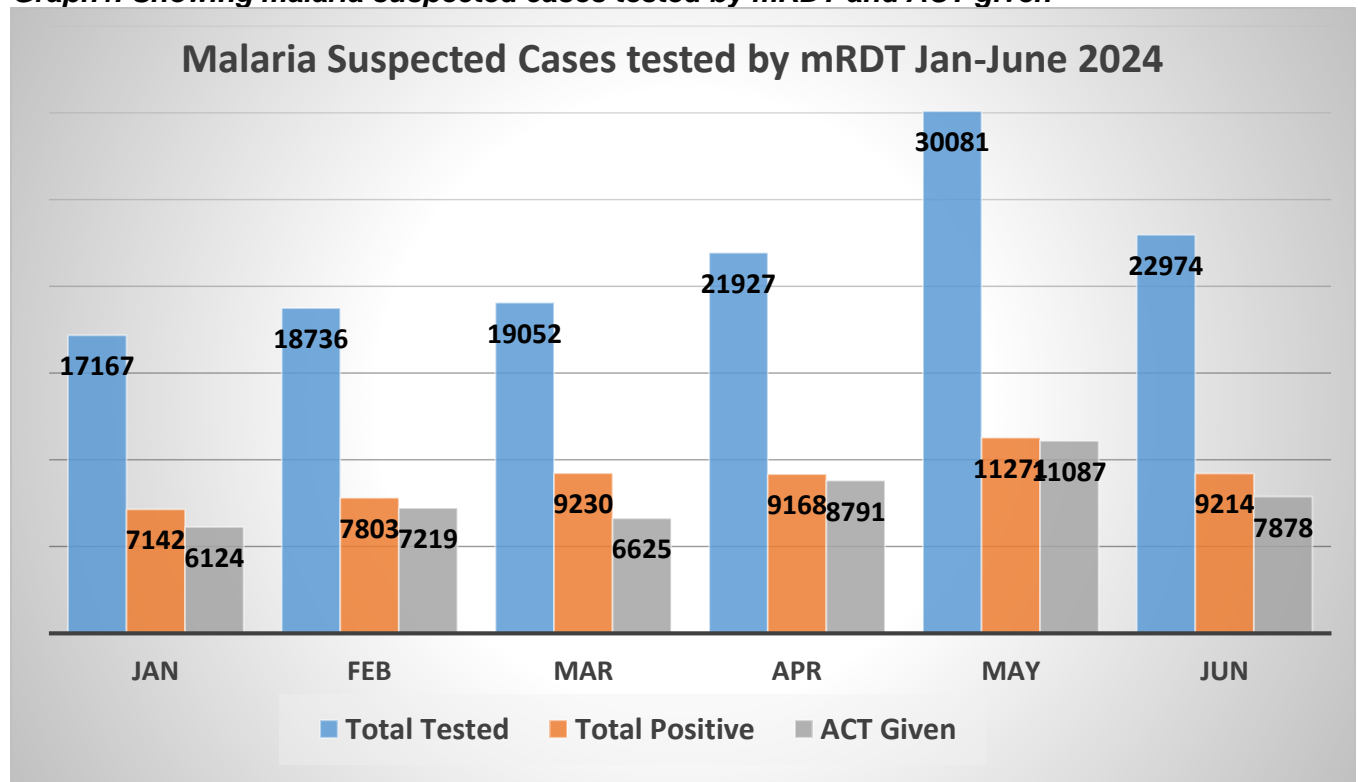
Figure1. Map of showing Morobe province in PNG.



1. MALARIA SITUATION IN MOROBE PROVINCE

The Malaria Situation in the province in the last three years of **Global Fund (GF)-malaria grant cycle (2021-23)**, was highlighted in the **Q1 and Q2 Field Trip Reports** as per NHIS data retrieved on (23.02.24) and (29.04.24) respectively. The below graphs highlight the malaria situation in the first six months of this year.

Graph1. Showing malaria suspected cases tested by mRDT and ACT given



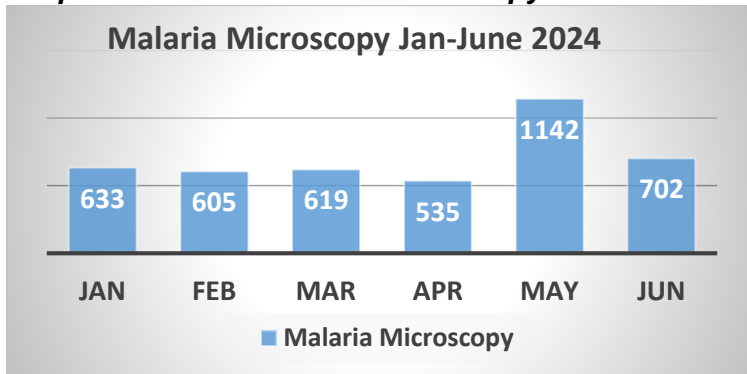
Source: NHIS Malaria Summary Report (15.08.24)

Graph 1 shows there has been a steady increase in the number of RDTs done on suspected Malaria cases since January with a peak in May, reflecting the uninterrupted supply of malaria commodities especially mRDT kits in all HF.

The steady increase in positive cases with a slight drop in June reflects the active case detection activities from HFs including more newly trained CMVs as a result of HMM program expansion in Morobe Province. Continued HF supervisory visits, are also reflected in improved reporting coverage, that captures data and reports from aid-posts and CMVs that were previously undetected hence unreported.

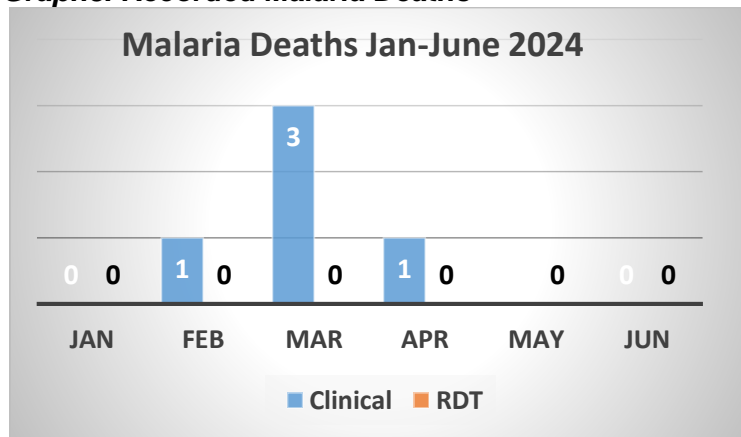
However, not all positive cases were given ACTs as shown due to temporary stock out situation at the HFs while awaiting stock replenishment.

Graph2. Recorded Malaria Microscopy



Source: NHIS Malaria Report (15.08.24)

Graph3. Recorded Malaria Deaths



Source: NHIS Malaria Report (15.08.24)

Graph 2 shows an increase in malaria microscopy diagnosis since May. **Graph 3**, shows no RDT confirmed malaria deaths since January except for unconfirmed clinical deaths reported between Feb-April.

It is hoped that this steady decline is maintained or NO MALARIA DEATHS to be reported as a way forward to **(National Malaria Strategic Plan 2021-2025)**. **National Mortality (cases/100,000 pop) to reduce to ≤0.40 % by 2024.**

NHIS REPORTING UPDATES

NOTE: It is important to also note the percentage of reports in which the 6-months' data is obtained from:

Jan-June 2024 malaria data as of (15.08.24) is highlighted below:

Jan: 54/54 expected monthly reports= 100%

Feb: 52/54 expected monthly reports= 96%

March: 51/54 expected monthly reports= 94%

April: 51/54 expected monthly reports= 94%

May: 50/54 expected monthly reports= 93%

June: 50/54 expected monthly reports= 93%

Therefore, malaria data presented above may vary as more outstanding reports get captured.

Generally smaller health facilities have gradually improved quality of monthly reporting as observed during quarterly supervisory visits. However, Hospital level reporting mainly from Angau Hospital continues to remain a challenge contributing to the poor reflection of malaria situation reported as a province.

2. STOCK SITUATION- mRDT, ACT, PRIMAQUINE and ANC LLIN

Table 1. Indicates quantities of commodities used for Q3,2024 distribution.

Malaria Commodity	Total	Batch Numbers	Funding Source
RDTs	2500 boxes/ 25 test kits	H006D007D	NDoH
ACT6	116 boxes/ 30 blisters	3E01046/7	NDoH
ACT 12	24 boxes/ 30 blisters	C1APH005	NDoH
ACT 12	174 boxes/ 30 blisters	NAD2419A	GF
ACT 18	400 boxes/ 30 blisters	NAA24126A	GF
ACT 24	120 boxes/ 30 blisters	C1APH002	NDoH
ACT 24	1658 boxes/ 30 blisters	NAA24133A	GF
PQ	10400 containers/100 tabs	1511223/191223/T35804	NDoH
ANC Nets	19 bales/ 50 nets	-	GF

These stock were used to ensure that there was **NO STOCK OUT**, and for all HFs to receive Q3 malaria commodities whether visited or not, based on their monthly reports and consumption needs.

Note: Remaining stock after Q3 distribution are being kept as buffer in the Provincial Transit Store for any HFs that may face stock outs before Q4 distribution.

Table 2. Buffer stock as of 08.08.24 after Q3 distribution.

Malaria Commodity	Quantity in provincial transit store	Source
RDT	1200 boxes/25 test kits	NDoH (AMS Lae)
ACT 18	14 boxes/ 30 blisters	Global Fund (RAM)
ACT 24	1050 boxes/ 30 blisters	Global Fund (RAM)
PQ	10350 containers/ 100 tablets	NDoH (AMS Lae)
ANC Nets	3 bales/ 50 nets	Global Fund (RAM)

ANTENATAL CARE NETS

Distribution of ANC nets is also supported by GF; where treated mosquito nets are issued to pregnant women upon their first visit to the ANC clinic.

Between Jan-July 2024, a total of 8250 ANC nets were distributed to HFs that provide ANC services, a total of 7071 receipts (86%) collected and more expected as more ANC mothers receive nets from respective HFs.

ANC distribution is currently on hold due to stock out situation at the provincial malaria store, however will recommence as soon as new stock is received.

STOCK MANAGEMENT AT HF LEVEL- Stock cards

Stock Cards are paper based stock inventory system for monitoring daily movement of malaria commodities at the HF level. Some HFs also have their own manual stock management books and Stock cards are not always utilized.

m-Supply tablets which were also introduced to manage inventory of medical supplies issued through AMSs are also used to manage malaria commodities, as done by Buang HC (Bulolo district).

3. INTERMITTENT PREVENTATIVE TREATMENT in PREGNANCY (IPTp)

IPTp is when Fansidar is given to Pregnant women as a malaria prophylaxis. Fansidar is procured by NDoH and supplied by AMSs through routine HF supply. According to the World Health Organization (WHO), a pregnant woman should take at least 3 doses (3 tablets/dose) of fansidar in a 1-month interval starting from second trimester of pregnancy. However, only the first dose is captured in the ANC Care Register book in the clinic while remaining doses are registered in their respective clinic books. This is the same finding observed during each HF quarterly visit.

4. SUMMARY OF Q2-2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION

Q3 HF Visit and drug distribution took place July-August 2024. All road accessible HFs were visited except for Boana, Torowa, Wantoat, Buang and Wafi HCs due to road conditions and other factor. However, their supplies were arranged to be collected from the Provincial Transit Store.

As always, malaria reports collected and stock distributed/replenished based on consumption assessments as per reports, and onsite refresher trainings held with staff present based on needs identified at the time of visit. Menyamy HC was unstaffed at the time of visit and hence their supplies were left with the LHS clinic staff to be picked up later.

For hard to reach HFs in Kabwum and Wau-Waria districts, supplies were delivered by RAM team who were on the ground for LLIN distribution.

For HFs that could not be visited, arrangements were made for their Q3 malaria commodities to either collected at the Malaria transit store or consigned to the destination.

This is the similar approach taken each quarter to ensure 100% distribution coverage of malaria commodities throughout the province whether physically visited or not and visits to inaccessible HFs are also expended based on local assessments each quarter.

The table below shows summary and the mode of distribution used

Table3. HF Visit coverage

Q1	Q2	Q3	
26	23	23	HFs which were physically visited and distributed
12	11	15	HFs not physically visited but commodities were picked up at PHO
7	11	9	HFs not visited but commodities left held in trust at Malaria Transit Store
2	2	0	HFs Closed
25	25	25	Total Accessible HFs
28	28	29	Total Inaccessible HFs
53	53	55	Total HFs open
6	6	8	Air Drop off HF sites
104.0	92.0	92.0	Coverage Percentage of Accessible HFs Visited
49.057	43.396	41.818	Coverage Percentage of Total HFs

Table4. HFs physically visited

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	11.07.24	Lae	Malahang HC	14	30.07.24	Bulolo	Watut HC
2	12.07.24	Lae	Haikost HC	15	31.07.24	Menyamya	Aseki HC
3	12.07.24	Lae	Milfordhaven HC	16	31.07.24	Menyamya	Kapo HC
4	15.07.24	Lae	Buimo HC	17	31.07.24	Menyamya	Menyamya HC
5	15.07.24	Lae	Butibum HC	18	31.07.24	Menyamya	Kwaplaim HC
6	15.07.24	Lae	Center of Mercy	19	22.07.24	Huon Gulf	Wampar HC
7	17.07.24	Lae	Taraka HC	20	22.07.24	Nawae	Boana HC
8	17.07.24	Lae	Tent City HC	21	25.07.24	Markham	Tsuia HC
9	17.07.24	Lae	Unitech HC	22	25.07.24	Markham	Mutzing HC
10	17.07.24	Lae	Igam HC	23	11.07.24	Lae	Sir Bob Sinclair
11	29.07.24	Lae	Angau Hospital	24	11.07.24	Lae	Mary Queen of Peace
12	30.07.24	Bulolo	Mumeng HC	25	31.07.24	Menyamya	LHS Menyamya
13	30.07.24	Bulolo	Bulolo Hospital	26			

The highlighted HFs are not registered NHIS reporting HFs, however were visited and commodities supplied to them based on their reporting and consumption needs.

Provincial Malaria team made HF supervisory visits to at least 7/10 districts in quarter 3 as sea and air accessible HFs were unable to be visited.

CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES

The purpose of CQI is to provide Malaria refresher to hospital staff and frontline district health staff especially on Malaria diagnosis with RDT, National Malaria Treatment Protocol (NMTP) and Malaria Reporting tools e.g. NHIS etc.

This is intended to:

- update staff on new changes in NMTP,
- strengthen IPTp,
- improve malaria data quality including microscopy reporting,
- emphasize on stock card management –monitor accountability of RDTs/ACTs supplied
- emphasize on ANC LLIN recording and reporting- accountability of LLINs
- encourage 100% of CMV data to be captured in NHIS monthly reports in HMM districts such as Markham, Nawaeb, Huon, Finschaffen and Tewai Siassi districts.

On July 29, 2024, this CQI training was with the Angau Hospital team with 17 participants from selected sectional heads of department within hospital. This was a follow up session to the information dialogue held in collaboration with M&E team from NMCP on July 19, 2026 as Angau Hospital had not submitted any hospital data in the first 6 months of this year.

PHIO Mr. Wattie Wando with participants 29.07.24



HOME-BASED MANAGEMENT OF MALARIA (HMM)

As highlighted in Q1 Trip Report, HMM Program has been in the province since 2020 where it is serving the rural communities with basic malaria testing and treatment through trained CMVs.

This program is currently being implemented in the high malaria burden communities of Markham, Nawaeb, Huon Gulf, Finschaffen and Tewai Siassi Districts.

Since 2020, a total of 369 CMVs were trained (including 18 trained in, Markham district and 76 in Huon Gulf district). 321 CMVs are currently active and serving in the communities, and additional 27 CMVs expected to be trained later by this year in Morobe LLG, Huon Gulf district.

There are two Provincial based HMM Officers who are employed my RAM through Global Fund, that oversee the HMM program and are closely supported by the Provincial Malaria team.

VEHICLE SUPPORT

There are 6 program vehicles currently stationed in Lae to support Malaria Program Activities:

- LBI 466, LBI 467, CAW 761, GAC 677 and MAH 897 under RAM and,
- PAH 410 under MoPHA.
- Therapeutic Efficacy Study(TES) program is currently stationed at NCI yard in West Taraka.

Q3 HF visits and distribution were carried out using GAC 677.

SUCCESS

1. Successful meeting and way forward discussed regarding Angau Hospital chronic reporting challenges
2. CQI Training in Angau Hospital
3. RAM LLIN team delivering Q3 malaria commodities in hard to reach HFs Kabwum district and Garaina HC in Wau-Waria

CHALLENGES

- Angau Hospital data collection and reporting remains a challenge.
- Weather been the main hindrance to expand visits to heard to reach HF
- Few health facilities had to prescribe treatment for malaria positive cases as a result of stock out of ACT buffer stock at the provincial malaria office.

RECOMMENDATIONS

- Leadership and Intention needed from Angau Hospital Sectional heads to address chronic data collection and reporting issues
- Angau Hospital Medical Records needs to be headed by a health worker for better interpretation of hospital data before reporting.
- Liaise with DHAs and Local MPs on how best to support logistics assistance for HFs in fly out areas.
- CQI Activities to be extended to all districts
- Combined supervisory visits with PHA M&E encouraged in Q4 onwards and PHA to support their travel costs (accommodation and allowances)

ACKNOWLEDGMENTS

- Rotarians Against Malaria- Global Fund
- Morobe Provincial Malaria Control Team (Lucy Dally and Sr Rose Aisuk)
- Provincial Health Information Office and PATH M&E team (Wattie.W and Joshua Gewasa)
- Angau Hospital- (Dr. James and Veronica)
- Mo-PHA Drivers (Monge. A and Joel. M)

- HMM Officers- (Misek. M and Elizabeth A)
- DHAs and Officer in Charge and staff of all health facilities visited
- AMS Lae team
- RAM LLIN distribution team logistics assistance in Lae and drug delivery in hard to reach HF's

PHOTOGRAPHS

NMCP Joint meeting with MoPHA CEO and team



MoPHA Malcont team with partners



CQI at Angau Hospital



Loading Q3 supplies from AMS Lae



Garaina HC dispensary (photo taken by Joses LLIN team)



GAC 677 tyre change on Bulolo Highway

