



NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
QUARTER THREE FIELD TRIP REPORT
ORO (NORTHERN) PROVINCE
AUGUST- SEPTEMBER 2024



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Date Travelled to Oro: 28.08.24
Date Returned to Port Moresby: 06.09.24
Total nights in the field: 9 nights
Funding Source: Global Fund

OBJECTIVE

This was the third quarter trip of 2024, to carry out routine Malaria Health Facilities (HF)s supervisory visit and Drug distribution in Oro Province

The main objectives and activities involved

- Visit all accessible HFs and ensure that there is adequate supply and NO STOCK OUT of malaria Rapid Diagnostic Test (RDT) kits, Artemisinin-based combined Therapy (ACT)s Primaquines (PQs) and other malaria commodities including Antenatal Care (ANC) nets.
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs whether visited or not.
- Ensure accountability of malaria commodities issued in Q2 distribution by checking Malaria Register/ ANC registers.
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and,
- Ensure updated malaria treatment protocol is followed for all confirmed malaria cases
- Ensure Intermittent Preventative Treatment in pregnancy (IPTp) is practiced by health care workers
- Ensuring accurate and timely monthly reporting via National Health Information System (NHIS) and follow up on outstanding ones.
- Ensure Home Management of Malaria (HMM) program is supported by respective supervising HFs
- Strengthen Continuous Quality Improvement (CQI) activities in the province.

BRIEF BACKGROUND INFORMATION OF ORO (NORTHERN) PROVINCE

Oro is one of the least populated provinces in Papua New Guinea (PNG) that covers an area of 22,800 km², with a population of 271,193 according to 2021 estimated statistics. It is a coastal province in the Southern Region and shares land borders with Morobe, Central and Milne Bay provinces.

The province is characterized by its geography, which includes high mountains, low lands and coastal areas. Each of these regions present unique opportunities and challenges to service delivery, and in this case for quarterly malaria supervisory visits with drugs and ANC nets distribution.

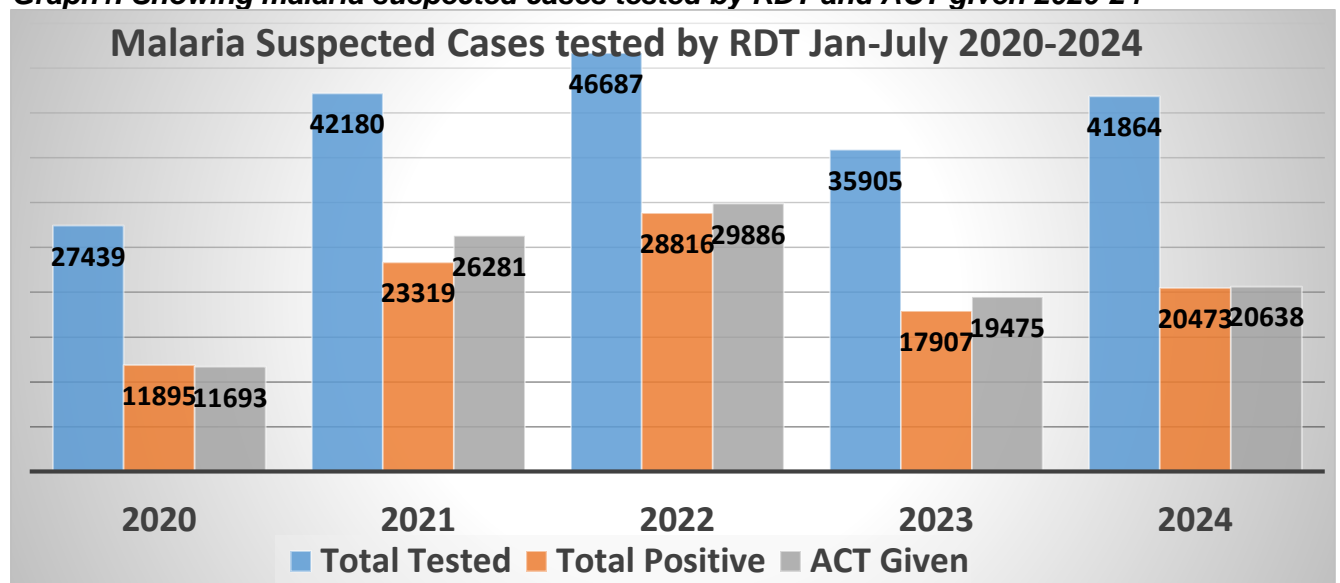


Figure1. Map of showing Oro province in PNG.

1. MALARIA SITUATION IN ORO PROVINCE

The graphs below highlight the malaria situation in the province between Jan-July in the last five years (2020-24) as per NHIS Reports (19.09.24)

Graph1. Showing malaria suspected cases tested by RDT and ACT given 2020-24

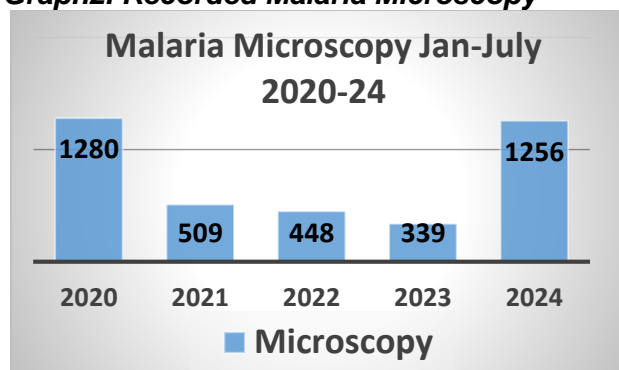


Source: NHIS Malaria Summary Report (19.09.24)

Graph 1 shows malaria suspected cases tested and treated between Jan-July in the last five years. It is noted that after 2020, there has been a non-steady but gradual increase in the number of suspected cases reported. And this increase could be a reflection of HMM program implemented in the province since 2021, where malaria data generated by CMVs were also reported under the respective supervising HFs.

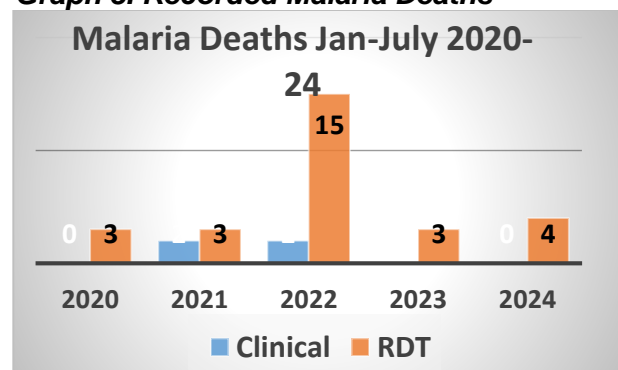
During the same period, it can be noted also that there has been higher number of ACTs given out compared to the positive cases reported. While the reasons may vary between different HFs, some contributing factors identified during the supervisory visit are; ACT treatment given to clinical cases (RDT results show negative but treatment is given on caregiver's assessment), ACTs given to patients getting tested elsewhere, or a possible software glitch with e-NHIS tablet such as that of St Mary's District Hospital (SMDH)-Oro bay.

Graph2. Recorded Malaria Microscopy



Source: NHIS Malaria Report (19.09.24)

Graph 3. Recorded Malaria Deaths

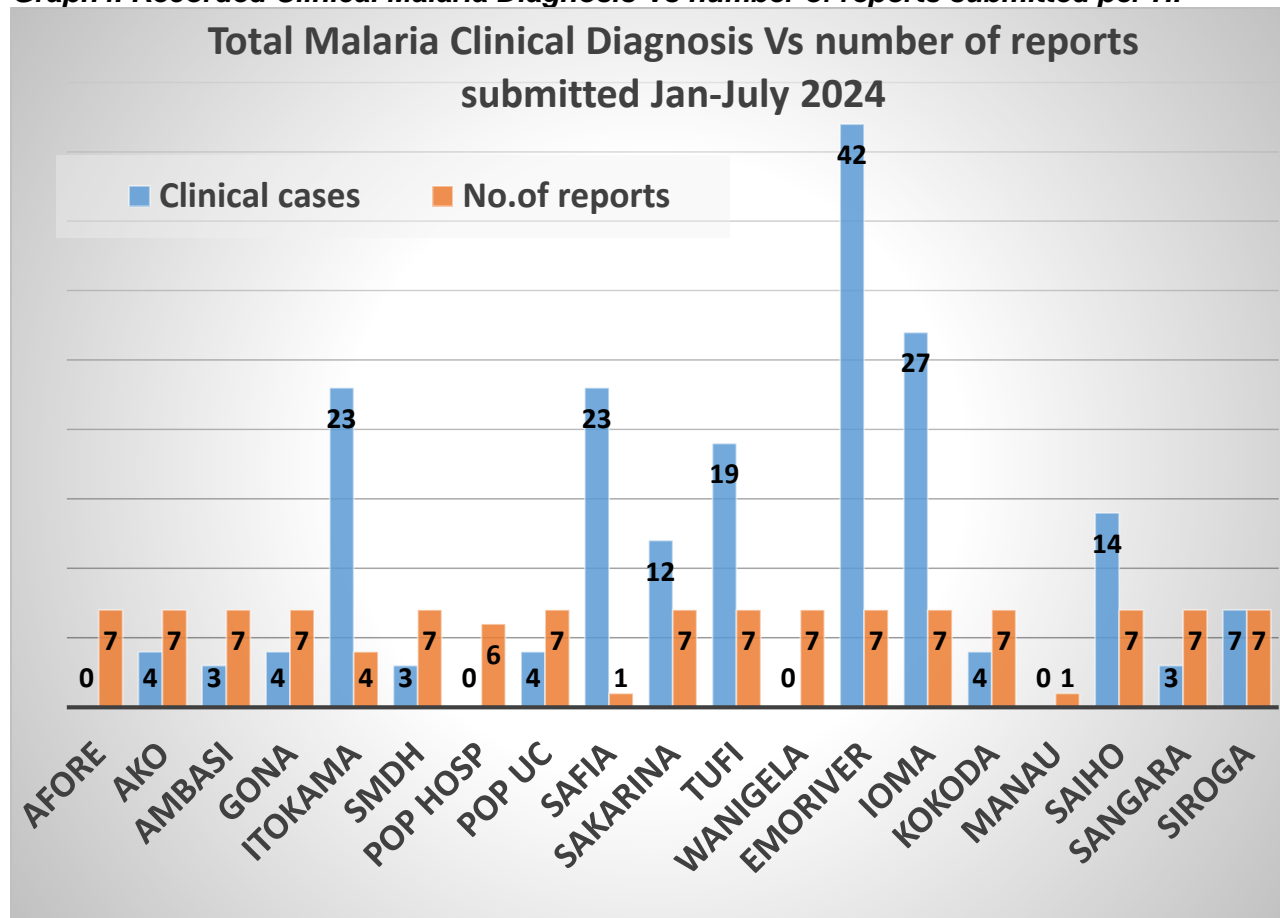


Graph 2 shows steady decline in malaria microscopy since 2020 and an increase in 2024. It is encouraging to see the gold standard of malaria diagnosis using microscopy still being upheld and maintained. **Graph 3**, shows no Clinical malaria deaths since 2022.

It is hoped that a 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

Graph4. Recorded Clinical Malaria Diagnosis Vs number of reports submitted per HF



Source: NHIS Malaria Report (19.09.24)

Graph 4 shows that almost all HF submitted 7/7 reports, for Popondetta Hospital with 6/7 reports. Manau and Safia HF were previously closed and submitted 1/7 reports after reopening.

For clinical diagnosis, **Itokama, Safia, Tufi, Emo River** and **Saiho** have reported the highest numbers and hope this practice can be done away with in the coming months as there is sufficient stock of RDTs issued to all HF in the 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	1809 boxes/ 25 test kits	H006B009D/101530	NDoH/GF
ACT6	112 boxes/ 30 blisters	7258781B	GF
ACT 12	194 boxes/ 30 blisters	NAD2419A	GF
ACT 18	148 boxes/ 30 blisters	NAA24112A	GF
ACT 24	312 boxes/ 30 blisters	NAA2412BA	GF
PQ	-		
ANC Nets	-		

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 06.09.24 after Q3 distribution.

Malaria Commodity	Quantity in provincial transit store	Source
RDT	2620 boxes/25 test kits	NDoH/ GF
ACT 6	50 boxes/30 blisters	GF
ACT 12	63 boxes/30 blisters	GF
ACT 18	52 boxes/ 30 blisters	GF
ACT 24	128 boxes/ 30 blisters	GF
PQ	194 packets/ 100 tablets	NDoH
ANC Nets	17 bales/ 50 nets	GF

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-September 6, 2024), a total of 2050 ANC nets were distributed to HFs that provide ANC services, a total of 948 receipts (46%) collected and more expected as more ANC mothers receive nets from respective HFs.

ANC nets distribution is ongoing in the province to ensure all pregnant women are catered for. **Thus NO ONE should be left out.**

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. During Q3 supervisory visit, it was identified that almost all the HFs have stock cards present, and this was a very positive finding. For example, Gona HC which is also a HMM Supervising HF, and during the visit, they had

excellent stock management records using updated paper stock cards, similar to Siroga Oil Palm clinic and SMDH-Oro bay.

However other HFs such as Kokoda Hospital which is also a HMM supervising HF and Afore HC who also maintain stock cards, do not update them regularly. Some of the reasons include workload from limited staff working or no permanent staff managing the dispensary during outreach programs.

Saiho HC on the other hand has very poor management of stock; during the supervisory visit, a lot of commodities had expired. This may also be a reflection of poor management of the dispensary and the HF as a whole.

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 Area Medical Stores (AMS)s 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. During Q3 supervisory visits, all HFs are providing IPTp.

4. SUMMARY OF Q3-2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION

Q3 HF Visit and drug distribution took place between August 28 to September 6 2024. The distribution was initially planned for 11 days and 10 nights however due to flight disruptions this was reduced to 9 days and nights. Due to this reason, the first few days of distribution was done in 2 groups where PMS accompanied by NPHA support staff travelled to cover sea accessible HFs for 3 days and 2 nights in Wanigela, Tufi and Ako HC while RMC and HMMO covered road accessible HFs.

There are 20 reporting HFs out of which 3 are currently closed and 17 are operational. Out of these 17 HFs, 4 are operated by Anglican Health Services, 12 by Government Health Services and 1 (siroga HC) operated by Higaturu Oil Palm company.

In Q3 distribution 14 out of 17 HFs were visited as shown in the tables below. Ambasi HC could not be visited due to security issues during the scheduled time of visit however their supplies were picked up at the Malaria Office and were assisted with logistics support on their return while loma HC and Emo river HCs are inaccessible and hence were not visited and supplies will be collected later.

The table below shows summary and the mode of distribution used.

Table3. HF Visit coverage

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HFs Open	17	17	17	
Total Number Accessible	13	13	13	
Total Number Reached	13	12	14	
% Coverage (Accessible)	100.0	92.3	107.7	
% Coverage (Total HFs)	76.5	70.6	82.4	

Table4. HF's physically visited

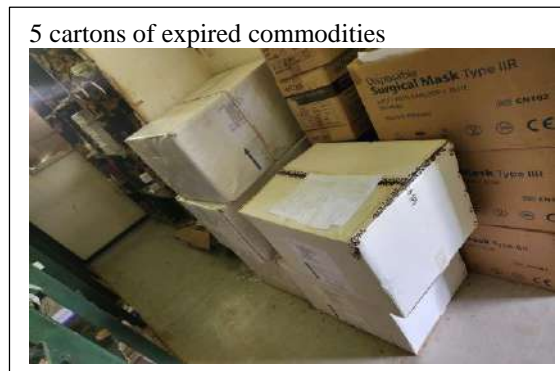
No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	05.08.24	Ijivitari	Itokama HC	8	02.09.24	Sohe	Siroga HC
2	29.08.24	Sohe	Saiho HC	9	02.09.24	Sohe	Gona HC
3	29.08.24	Sohe	Sangara HC	10	02.09.24	Sohe	Popondetta U/C
4	30.08.24	Ijivitari	Wanigela HC	11	03.09.24	Ijivitari	Afore HC
5	30.08.24	Ijivitari	Tufi HC	12	03.09.24	Ijivitari	Sakarina HC
6	30.08.24	Ijivitari	SMHD-Oro Bay	13	04.09.24	Sohe	Kokoda Hospital
7	31.08.24	Ijivitari	Ako HC	14	04.09.24	Sohe	Popondetta Hospital

VISIT FINDINGS

During the Q3 supervisory visit, it was observed that almost all HF's have sufficient stock of RDTs and PQs while ACTs are usually low or out of stock. This was the case for Sangara, Saiho, St.Mary's District Hospital-Oro Bay, Popondetta Urban clinic and Popondetta Hospital.

Q3 supplies to these HF's were reduced as balance of quantities were kept at the Malaria office to be issued later upon receiving malaria reports. This temporary control measure is to prevent potential risk of misuse of ACTs while the Officers in Charge (OIC)s work with their staff to guarantee safe keeping and accountability of commodities at their respective HF's.

For Saiho HC, Q3 supplies were not issued during the time of visit because dispensary was not in a conducive state; large quantities of expired commodities, shelves destroyed by termites, no officer overseeing the dispensary and no OIC present to discuss findings/ discrepancies identified.

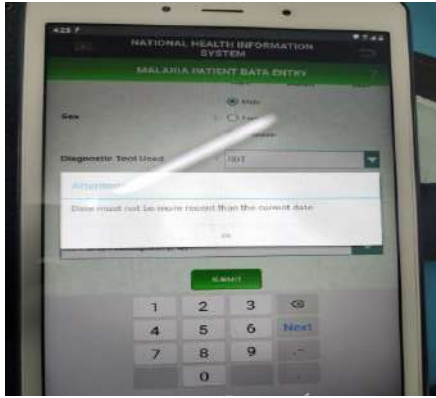


Afore HC had sufficient stock due to proper management, hence no supplies issued during Q3 visit. However, will receive supplies once commodities are low.

Siroga HC which is a company run facility was flagged for not submitting reports since March 2024. However, during Q3 visit it was identified that their e-NHIS tablet had technical issues which also contributed to inability to send monthly reports. This was issue was immediately reported to Remote Sensing team during the visit and the e-NHIS tablet was sent with RMC to Port Moresby for reset work. Also with coordinated effort from clinic

staff, outstanding reports Siroga HC were immediately compiled and submitted to Provincial Health Information Officer (PHIO) after Q3 visited and now updated.

Siroga HC e-NHIS tablet unable to access monthly data reporting



For SMDH- Oro bay, Wanigela HC and few others, it was identified that e-NHIS tablet generates large figures for “**ACT given to malaria cases**” tables compared to total positive cases reported.

This issue was also immediately reported to remote sensing team during the HF visit, and according to their feedback, there are possibilities of glitch that could contribute to such discrepancies and that officer responsible for data entry have to regularly contact the PHIO for data verification before submitting monthly reports.

For Popondetta Hospital, it was identified that most data captured from emergency and adult outpatient sections are usually not captured. Attending staff usually don't report this information and hence are missed out. A separate meeting will be arranged with staff responsible to resolve a better way forward.

Malaria Microscopy data is always reported on a timely manner is this is truly encouraging.

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 Q3, these refresher trainings were done one on one with staff present during the visit, however this training will be expended next quarter.

HOME-BASED MANAGEMENT OF MALARIA (HMM)

There are a total of 152 CMVs in Oro Province, out of which 115 are active and reporting. Some of the supervising sites include: Wanigela HC, Tufi HC, Gona HC, Korisota and Togaho under Saiho HC, Bagau under Popondetta Urban Clinic, Ilimo and Kokoda HF catchment area.

This program is overseen by Province based HMM Officer Gideon Pokowas.

VEHICLE SUPPORT

There are 2 program vehicles currently stationed in Popondetta to support Malaria Program Activities:

GAC 678 and VAC 857 which were used to carry out Q3 HF visits and distribution.

SUCCESS

1. All HFs have stock cards present and most are updated daily.
2. Improved Malaria Microscopy data reporting,
3. NPHA and Partners organized Combined outreach programs that expands HF visit coverage by PMS after RMC visit.

CHALLENGES

- Security issues interfering with HF visits
- Accountability of malaria commodities in few HFs- leading to temporary control measures at the provincial level.

RECOMMENDATIONS

- Maintain Combined supervisory visits with PHA and Partners for efficient program monitoring.
- PMS to monitor and rotate near expiry commodities to prevent wastage.
- Maintain ongoing monitoring and control measures to prevent potential drug misuse.
- PHA to enforce disciplinary measures on staff misusing drugs and consumables

ACKNOWLEDGMENTS

- Rotarians Against Malaria- Global Fund
- Northern Province Health Authority- (CEO, Director- Public Health)
- Provincial Health Information Officer- (Mr. Titus Boniepe)
- District Health Managers and OICs of HFs visited
- Popondetta Hospital staff and sectional heads met with
- NPHA Driver Robin Koike
- HMM Officer- Gideon Pokowas
- Provincial Malaria Supervisor- Henry Saofe
- NPHA accompanying officers (Bernard Goviro, Boni Arabata, Luke Tigan)

PHOTOGRAPHS

Team at Afore HC



Gona HC



Sangara HC



Loading for Tufi, Wanigela, Ako visits

