



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

Activities implemented in conjunction with the Simbu PHA staffs & the District Health Staff.

Funded by the Global Fund through the Rotarian Against Malaria.

15th of July to 6th of August 2024



A formal and official meeting and briefing for the first time with the newly appointed A/CEO Dr. Ken Kassi (2nd from left), A/Director Public Health-Mr. Arnold Marme (3rd from right), A/PDCO-Mr. Steven Joe (2nd from right), A/PHIO-Mr. Mathew Kom (1st from right), A/PMEO-Mr. John Kerenga (1st from left) & the Regional Malaria Coordinator-Ms. Agatha Gola (3rd from left).

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EXECUTIVE SUMMARY

The 3rd quarter visit was a whole new experience whereby a formal and official briefing and meeting held for the first time with the newly appointed Acting CEO-Dr. Ken Kassi, Acting Director of Public Health-Mr. Arnold Marme, Acting Provincial Disease Control Officer-Mr. Steven Joe, Acting Provincial Health Information Officer-Mr. Mathew Kom, Acting Provincial Malaria Eradication Officer-Mr. John Kerenga and the Regional Malaria Coordinator-Ms. Agatha Gola.

The meeting was basically on the sensitization of the Malaria Program which is run by the Rotarian Against Malaria in partnership with the National Malaria Control Program(NDOH) in conjunction with various PHAs around the country. We also reflected on our achievements, challenges and discussed way forwards for the Program. Also, the transition of Malaria Program from the Rotarian Against Malaria or the National Malaria Control Program to the PHAs was disseminated to the Simbu PHA Team. Instantly, the Acting Chief Executive Officer gave an overwhelming response and support by advising the PDCO and the Provincial Malaria Eradication Officer to do an activity plan for the Malaria Program so that funds for the Malaria Program can be utilised. That was the best response coming from the CEO for the first time since 2020 and all members of both parties were very pleased with him.

With the company of the Provincial Malaria Eradication Officer and a District Health staff, we visited a total of 29 health facilities out of the 37 reporting facilities. Five health facilities in SaltNomane Karamui District are air accessible, hence, couldn't be physically visited. However, their supplies were packed and left at the PHO to be delivered by PHA or DDA's charter. The balance of 3 inaccessible facilities will collect their supplies at the PHO.

During this visit, we also met and briefed with the other sub-recipient of Global Fund, the Hope World Wide and supplied Malaria commodities to their 3 Aid Posts sites in Simbu.

The overall visit was well executed without much interference and there were no security issues.

BACKGROUND OF CHIMBU PROVINCE

Chimbu, also spelled as Simbu, is one of the provinces of Highlands Region of Papua New Guinea. It is known for its rugged geography that makes it so beautiful and unique that attracts a lot of tourists to explore the untouched flora and fauna. It is also the home to the famous Mt. Wilhelm, the highest peak in the Southern Hemisphere that also attracts tourists all around the world every year to explore. The other features of this unique province lies in its people, bird life, the incredible sceneries from the mountain sides looking down at pristine and fast flowing and crystal clear rivers. It is indeed mountainous but unique!

Its capital is Kundiawa town and it comprises of six districts namely; Kerowagi, Kundiawa-Gembogl, Chuave, Sinasina-Yongomugl, Karimui-Nomane and Gumine District. Current population as per the Provincial Health Indicator 2024 is at 398007 with the growth rate of 3.40%.

Economy in the province is mainly generated through subsistence farming and Human Resource. Cash crops in the province are mainly coffee and fresh vegetables. Few mindset of the inhabitants is business minded, self-reliant and goal oriented through perseverance.

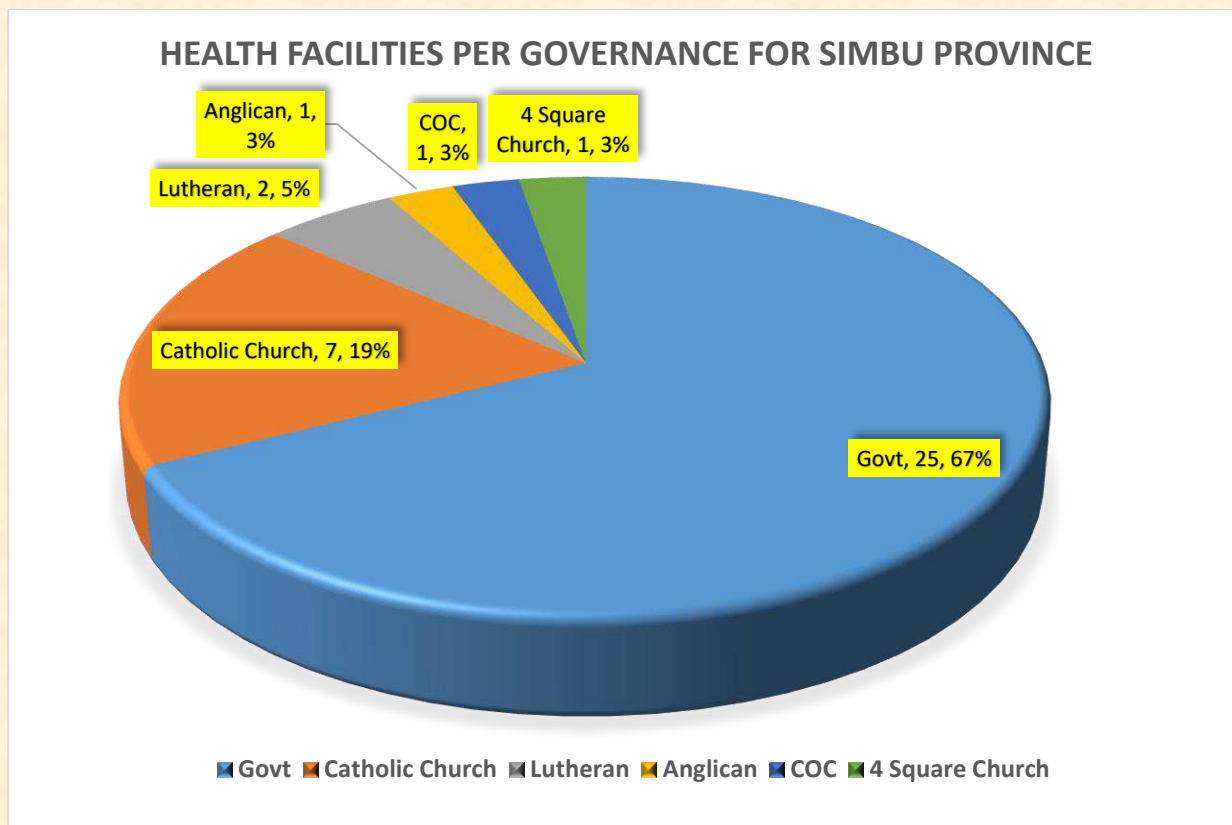
Infrastructure is going from bad to worse following the recent natural disaster that strikes many Districts in Simbu. The road link to Gumine District and Karimui-Nomane is totally cut off due to huge cracks along the roads and landslips which is extremely bad and difficult for vehicles to pass through.

Political influence in the province doesn't have much impact on the service delivery because most of the service providers are loyal to their jobs and serving the population with their hearts. Any tribal fighting or serious crimes are short lived and are automatically solved by their peacemakers and law & order personnel. Few opportunists and drug addicts cause nuisance around public places but otherwise it's a peaceful place with loving and caring people.

HEALTH SERVICES IN SIMBU

Simbu has a total of 37 reporting health facilities. Of the 37 reporting health facilities and as per the District, Kerowagi has 9 reporting health facilities, Kundiawa-Gembogl has 9, SinaSina Yongomugl has 4, Chuave has 6, Gumine has 3 while SaltNomane Karamui District has 6. Thirty-three (33) out of the 37 health facilities are accessible by road while the 4 in SaltNomane Karamui District are air accessible. It is governed by both the Simbu Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 37 reporting health facilities as per the governance.



AID POSTS

Simbu has 97 Aid Posts of which 7 are inactive while the 90 are active or functioning.

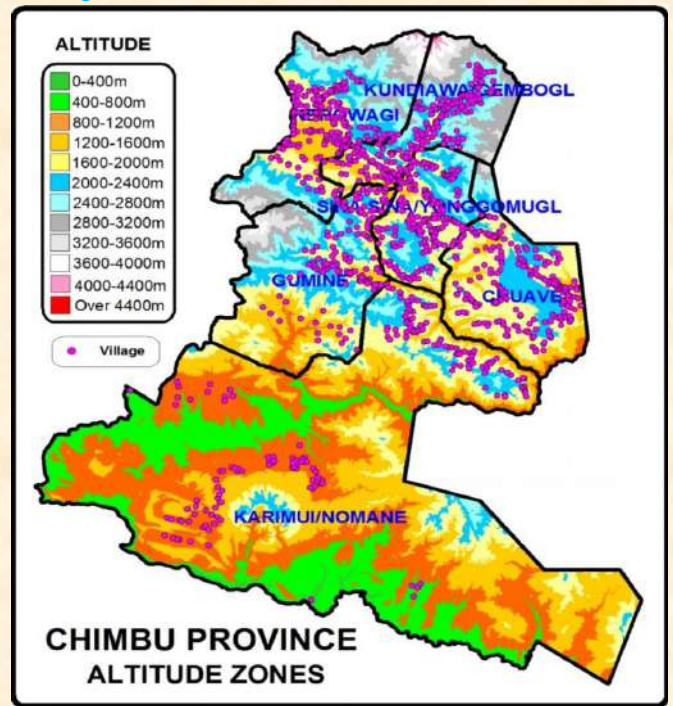
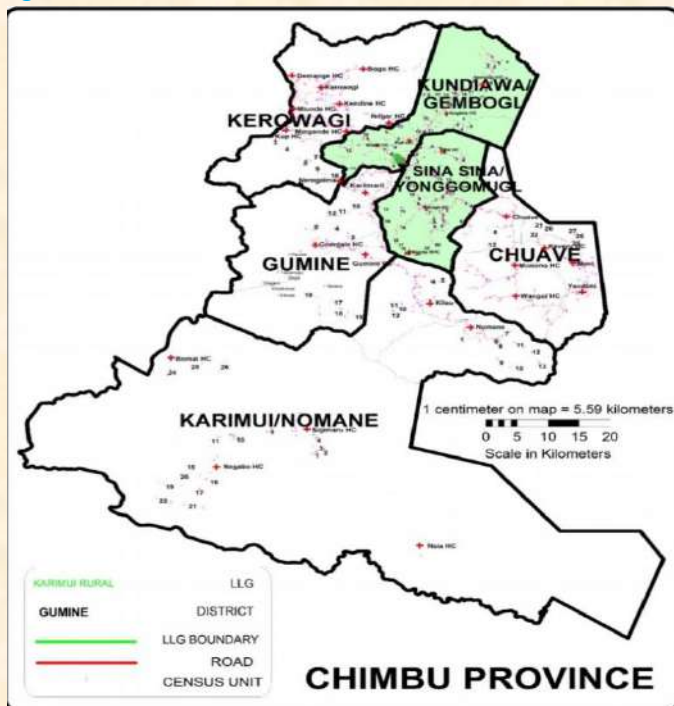
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid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

MALARIA PREVALENCE BY ALTITUDE

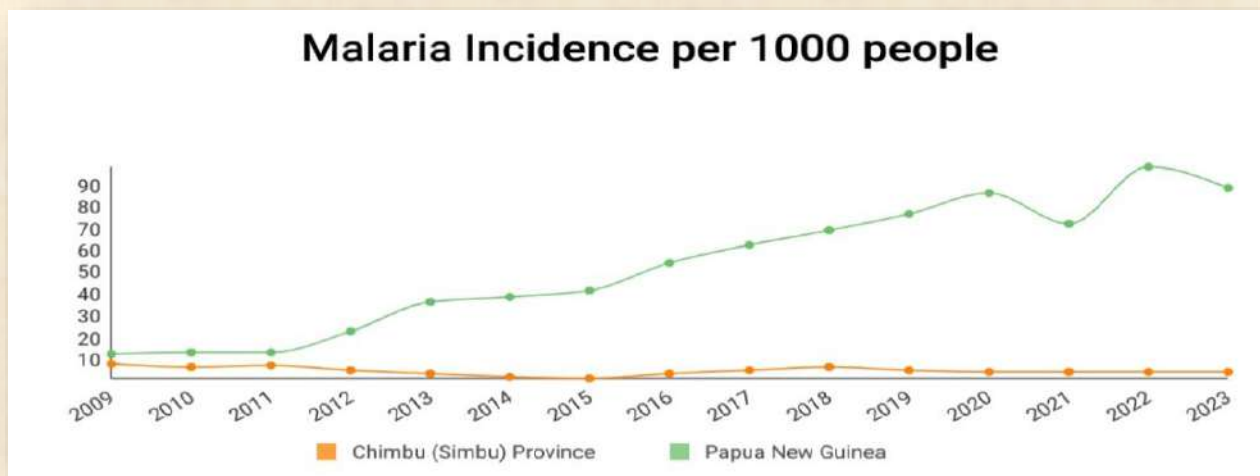
Malaria prevalence in the province strongly depends on the altitude. Places located in the north of Chimbu province is characterized by very low level of local transmission and few imported cases whereas in the South Simbu areas, SaltNomane Karamui District, malaria is considered highly endemic and stable due to its lower altitude of 1200m and the climate is generally warm all year round. Most malaria positive cases are locally transmitted as evident in the malaria registers.

Figure 1. Shows the boundaries of 6 Districts for Chimbu Province

Figure 2. Shows the altitude zone for Chimbu Province.



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



Source: e-NHIS Simbu Province Health Indicators.

PURPOSE OF VISIT

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 and
- issue new and additional e-NHIS tablets to the Kundiawa General Hospital Laboratory.

Table 1. SIMBU PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Dr. Ken Kassi	A/ Chief Executive Officer	72189443	drkassiken@gmail.com
Mr. Arnold Marme	A/Director Public Health	74765800	arnoldmarme@gmail.com
Sr. Lyn Kua	A/Deputy Director of Public Health	71647450	lynnkuaspg@gmail.com
Mr. Jerry Kubu	A/Coordinator Rural Health	71299609	
Mr. Mathew Kom	A/Provincial Health Information Officer	73931632	eocsimbu@gmail.com
Mr. Steven Joe	A/Provincial Disease Control Officer	72592000	stevenjoe034@gmail.com
Mr. John Kerenga	A/Malaria Eradication Officer	72480469	johnkerenga49@gmail.com

Table 2. TYPE OF TRANSPORT USED:

VEHICLE	MALARIA PROGRAM VEHICLE
Vehicle Used	LBX 513
Color	RAM Color, Blue Yellow
Type	Toyota Land Cruiser 10 seater
Registration Validity	14.11.2024
Safety Sticker Validity	5.01.2025
Duration of use	23 Days
Driver	Dominic Pora
Contacts	73204135

The Project vehicle LBX 513 was used by the RAM LLIN Team in Kainantu District in the Eastern Highlands Province and was handed over to the RMC on the 15th of July 2024 in Goroka. All the 4 tires were smooth so the RAM Fleet office made payment and approved for new tires, hence all 4 tires were replaced the next day at Ela Motors-Goroka and driven up to Simbu for the third quarter visit. Vehicle was well-kept and used for the duration of 23 days and returned to IMR Goroka base after the visits.

HIGHLIGHTS OF Q3- 2024 RMC's VISIT

1. Official Meet and brief with the A/CEO and the Simbu PHA Team for the first time in 4 years.



A formal and official briefing and meeting held for the first time with the newly appointed Acting CEO-Dr. Ken Kassi, Acting Director of Public Health-Mr. Arnold Marme, Acting Provincial Disease Control Officer-Mr. Steven Joe, Acting Provincial Health Information Officer-Mr. Mathew Kom, Acting Provincial Malaria Eradication Officer-Mr. John Kerenga and the Regional Malaria Coordinator-Ms. Agatha Gola.

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2. Issuing of new and additional e-NHIS Tablet to the Sir Joseph Nombri Kundiawa General Hospital Laboratory



It was observed over the years that the Malaria data from the Hospital Lab and the entry points were not fully entered which is evident in the Monthly e-NHIS Malaria Report, therefore, we (PHIO & RMC) have communicated with the Remote Sensing Team for some time and eventually they gave us 3 additional tablets in June. So, we trained the OIC of Kundiawa Hospital Lab and issued 1 e-NHIS tablet to her and her staffs to enter Malaria data (both RDT & Malaria Microscopy Data).

3. Presentation of Malaria Promotional Items to Sir Joseph Nombri Kundiawa General Hospital Pharmacy.



The presentation of these Malaria items to the Pharmacy Team transpired as a result of effective and efficient management of Antimalarials through the use of Medical Supply Stock Cards both manually and electronically. Not only Antimalarial but also all other categories of drugs and medical consumables are well organised and managed. This act of appreciation is to boost the morale of staffs to continue perform and advocate on the Malaria Program within the Hospital, families and their communities.

4. Involving NGO Partners –Hope World Wide, Sub-Recipient of Global Fund through World Vision.



In this 3rd quarter visit, we met and briefed with the Hope World Wide and sensitized them with the Malaria Program. They were thankful to have met with them and requested for Malaria commodities for their 3 Aid Posts sites so we supplied them with RDT kits, ACTs and Primaquine tablets and Malaria Register books for recording. I pledged to visit at least 2 of their Aid Posts in the final quarter visit of 2024.

Pictured inserted: From left to right is; Mr. Peter Kagl(Hope WW), Ms.Kauna Girua(Hope WW), Ms. Agatha Gola(RMC-RAM), Mr.Peter Kaupa(Hope WW) and Mr. Dominic Pora(RMC’s driver) posing in front of Hope WW’s office with their carton of drug supplies.

5. Health Facility Visits Summary for Quarter 3-2024.

Simbu has a total of 37 reporting health facilities. Of the 37, 5 are air accessible health facilities located in the SaltNomane Karamui District, 3 are hard to reach due to the deteriorating road condition and collapsed bridge. The balance of 29 facilities were physically visited as shown in the summary table 3 below.

Table 3. shows the summary of the visit.

	Qtr. 3
Total number HFs	37
Total Number Accessible	29
Total Number Reached	29
% Coverage (Accessible)	100.0
% Coverage (Total HFs)	78.4

6. Malaria Commodities for 5 Air accessible Health Facilities in SaltNomane Karamui District:

Drug supplies for the 5 air accessible health facilities in SaltNomane Karamui District were packed and stored at the PHO for Simbu PHA team to deliver once charter is available.

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

Of the 29 accessible health facilities visited, only 1 facility had stock out of RDT kits and 5 had stock outs of ACTs, none for Primaquine tablet. Otherwise, all had enough stocks on hand.

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

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

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	3	10175 test kits	2250 blisters	22400 tablets

9. Update of Antenatal Long Lasting Insecticidal Nets.

20 bales of nets (1000 nets) were borrowed from the general bed net distribution in Simbu. Out from this 20 bales, 18 were distributed to the health facilities in Simbu while 2 remain in the storage container as buffer stock.

Table 5. Shows the ANC LLIN distribution to health facilities in Simbu Province.

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS
18.07.24	SIMBU PHA MALARIA FROM RAM	AGATHA GOLA-RMC	DAVID KOI-RAM LLIN	53004	1,000		1,000	Borrowed nets from RAM LLIN Stocks
19.07.24	KUNDIAWA URBAN CLINIC	JEAN TAGIMA-MIDWIFE	AGATHA GOLA-RMC	30277		50	950	Issued by RMC & MEO upon HF visit
22.07.24	DENGLAGU HSC	JUNIOR ROBERT-OIC	AGATHA GOLA-RMC	30278		50	900	Issued by RMC & MEO upon HF visit
23.07.24	BOGO HSC	SEINE KUPUL-OIC	AGATHA GOLA-RMC	30279		50	850	Issued by RMC upon HF visit
24.07.24	GEMBOGL HC	ALOIS GENDE-HEO/OIC	AGATHA GOLA-RMC	30280		50	800	Issued by RMC & MEO upon HF visit
25.07.24	GOGLME HSC	JOAN KO'OU-OIC	JOHN KERENGA-PMEO	30281		50	750	Issued by RMC & MEO upon HF visit
26.07.24	CHUAVE RURAL HOSPITAL	KARL BAFI	AGATHA GOLA-RMC	30282		50	700	Issued by RMC upon HF visit
26.07.24	MAI HSC	CECILIA DIKINE-CHW	AGATHA GOLA-RMC	30283		50	650	Issued by RMC upon HF visit
27.07.24	WANGOI HC	SR.DIRI GORO-OIC	AGATHA GOLA-RMC	30284		50	600	Issued by RMC upon HF visit
27.07.24	MONONO HSC	SMITH JACKY-DGN2	AGATHA GOLA-RMC	30285		50	550	Issued by RMC upon HF visit
29.07.24	KOGE HC	HENREY TINE	JOHN KERENGA-PMEO	30287		50	500	Issued by RMC upon HF visit
29.07.24	SEGIMA HSC	MARK TUL-OIC	JOHN KERENGA-PMEO	30246		50	450	Issued by MEO
30.07.24	MAKI COC HSC	ARNOLD BEN-N/O	JOHN KERENGA-PMEO	30289		50	400	Issued by MEO
30.07.24	MIUNDE HSC	FABIAN JOE-OIC	JOHN KERENGA-PMEO	30290		50	350	Issued by MEO
30.07.24	KUP HSC	JOHN STEVEN-OIC	JOHN KERENGA-PMEO	30291		50	300	Issued by MEO
30.07.24	KENDINE HSC	ANDY MICHAEL-CHW	JOHN KERENGA-PMEO	30292		50	250	Issued by MEO
31.07.24	KARIGLMARIGL HSC	CLARA KWIKE	JOHN KERENGA-PMEO	30295		50	200	Issued by MEO
1.08.24	KEROWAGI HC	FREDA WAVIMBUKIE-DFHSC	JOHN KERENGA-PMEO	30296		50	150	Issued by MEO
5.08.24	MINGENDE RURAL HOSPITAL	EILEEN ALALO	AGATHA GOLA-RMC	30286		50	100	Issued by RMC
5.08.24	SIMBU PHA MALARIA	JOHN KERENGA-MEO	AGATHA GOLA-RMC				100	Q3-24 Buffer stock remain in container
	TOTAL NETS DELIVERED TO HF				1,000	900	100	

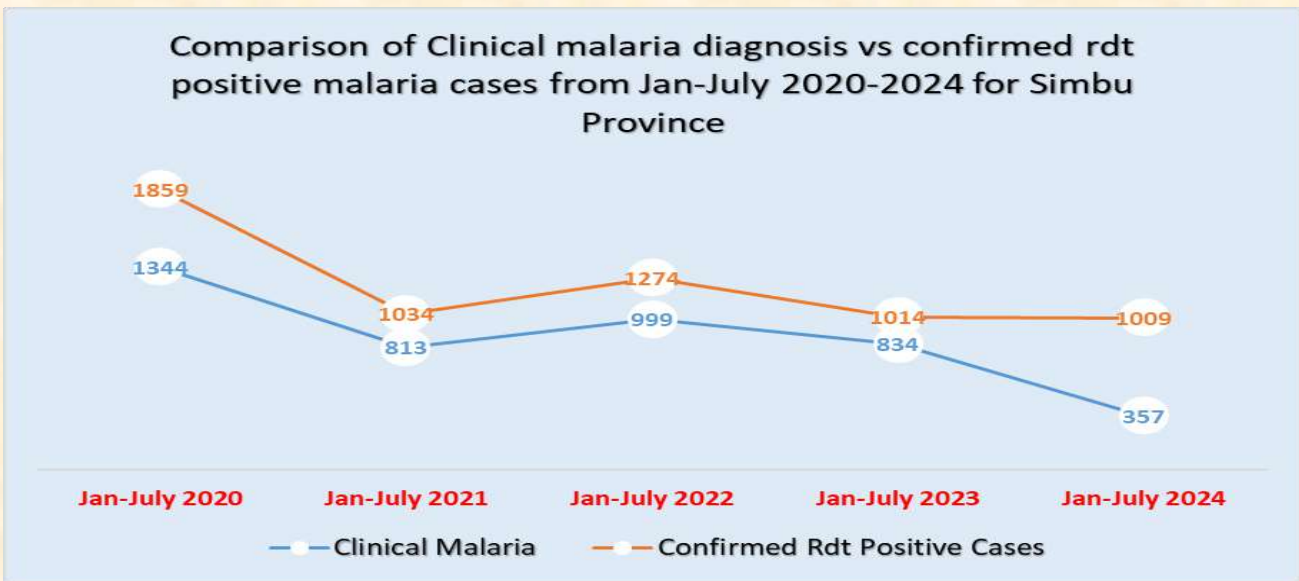
10. Malaria Stock Update.

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).

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Buffer Stocks	2775 kits	450 blisters	570 blisters	30 blisters	510 blisters	34600 tablets
Batch #	H006B003D	3E01046	A1APH004	B1APH019	B1APH009	240721
Exp Date	Jul-24	Dec-25	Oct-25	May-25	Oct-25	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	7500 kits	0 blisters	720 blisters	270 blisters	1020 blisters	13000 tablets
Batch #	H006C003D		C1APH001	B1APH005	B1APH020	220721
Exp Date	May-25		Jun-26	Oct-25	May-25	Jun-24

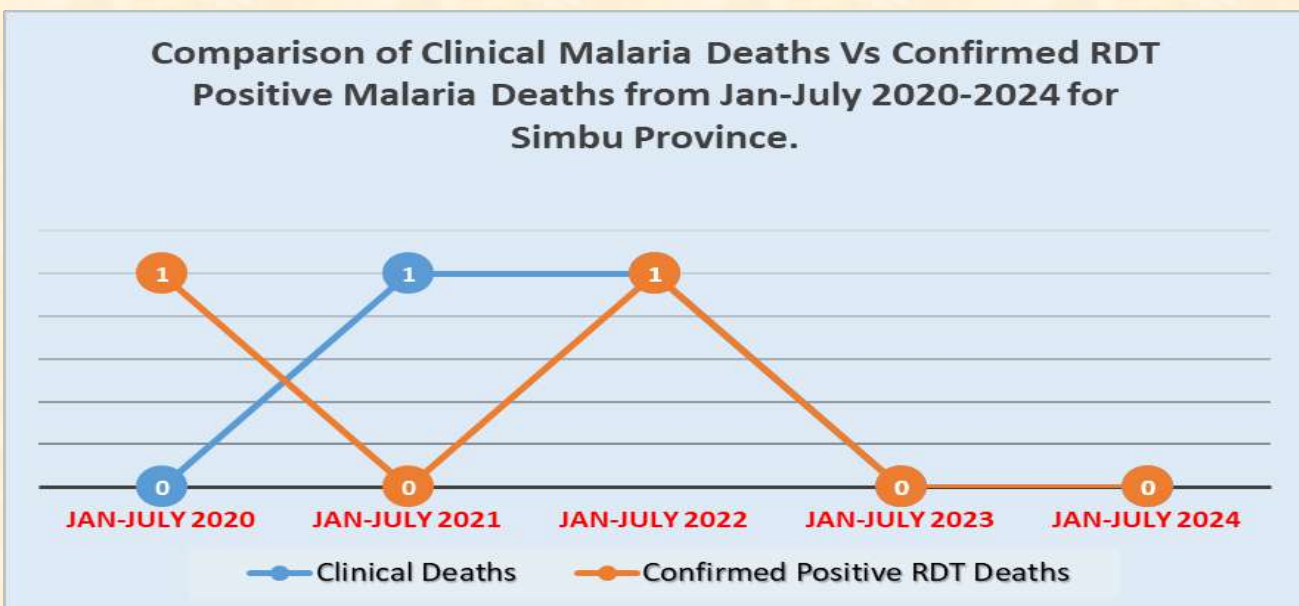
MALARIA DATA UPDATES.

Graph 3. Shows a comparison of Malaria Clinical Diagnosis Vs Confirmed RDT positive Malaria Cases.



Source: e-NHIS Malaria Monthly Reports.

Graph 4. Shows a comparison between Malaria Clinical Deaths Vs Confirmed RDT Positive Deaths from Jan-July 2020-2024.



Source: e-NHIS Malaria Monthly Reports.

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.
- ✓ Many 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 and documented in the A3 size ANC Register Book.
- ✓ 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 tablet is disseminated and staffs are aware of these.

ACHIEVEMENTS

1. Formal meeting with the A/CEO for the first time in 4 years.
2. Issued the new additional e-NHIS tablet to the Kundiawa Hospital Laboratory for Malaria Data entry.
3. Successfully completed the 3rd quarter visits without interference or security issues.
4. Achieved 100% coverage of accessible health facilities.
5. NO MAJOR STOCK OUT of ANTIMALARIALS in the main Hospital and Rural Hospitals.
6. Major improvement on misreporting of Drug shortages especially RDT, ACTs and Primaquine. This is achieved through ongoing CQI trainings and coaching on e-NHIS tablet.
7. Constant decline in Malaria Clinical Diagnosis since 2020 till current as evident in Graph 3.
8. No Malaria Clinical Deaths or Confirmed Deaths reported since last year.
9. Recording of Intermittent Preventative Treatment in Pregnancy in A3 size ANC Register book for those facilities that received the register books recently.
10. Improving in updating of Medical Supply Stock Cards

KEY CHALLENGES

Health Facility Visits

- ✓ Unable to visit the 5 Air accessible health facilities in SaltNomane Karamui District.
- ✓ Deteriorating roads and collapsed bridge to Kilau HC, Gomgale HSC and Gaglmamambuno CHP hindered physical visits
- ✓ Gumine HC, Kerowagi HC, Mingende Rural Hospital and Kundiawa General Hospital are doing lot of RDTs and malaria slides, however, never reported through the e-NHIS monthly reports and is obviously reflected in the e-NHIS reports.
- ✓ 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

1. Provincial Malaria Eradication Officer to conduct the 2nd batch of Malaria School Survey in October.
2. Simbu PHA to assist Malaria Program with operational funds in the 4th quarter visit.
3. To slot in Malaria Program to conduct Continuous Quality Initiative Training in every opportunity during review meetings or any workshop/trainings for OICs.

RMC

1. Follow up on Kundiawa General Hospital Laboratory on the progress of Malaria Data entries and assist them to enter their data if time permits.
2. Conduct a CQI Training for the Kundiawa General Hospital, Mingende Rural Hospital and Kerowagi HC.
3. Coordinate 2nd batch of Malaria School Survey Program in October.
4. Will visit 2 accessible Aid Posts for Hope World Wide in the 4th quarter visit.

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. Simbu Provincial Health Authority Team.
4. The Simbu Catholic Mission for providing safe accommodation.
5. The District Health Team.
6. All the staffs of the 29 reporting Health Facilities of Simbu
7. The driver, Mr. Dominic Pora for safe driving.

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLLA – Regional Malaria Coordinator for Simbu Province.