



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



Pictured is the Regional Malaria Coordinator, Ms. Agatha Gola running CQI Training to the Health Professionals of Mt. Hagen General Hospital.

Report compiled by; Ms. Agatha Gola-

Regional Malaria Coordinator for Western Highlands Province

Quarter 3-2024 Field Trip Report by Ms. Agatha Gola

Visiting Officer: Agatha Gola (RMC)

Accompanying Officer in the Field: Ms. Salome Minar (WH Provincial Malaria Supervisor)

Date of visit: 16th of Sept, 2024 – 7th of Oct, 2024.

Nights away from the Office: 21 nights

Type of Documents attached: Photographs

Purpose of visit: 3rd quarter of Malaria M&E Visit & Drug Distribution.

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EXECUTIVE SUMMARY

This was the 3rd quarter visit for the National Malaria Control Program to Western Highlands Province. The visit was funded by the Global Fund through the Rotarian Against Malaria and partly by the Western Highlands Provincial Health Authority through an allocation of a PHA Vehicle, fuel and a driver for the vehicle. The PHA vehicle was used by the Provincial Malaria Supervisor for the health facility visits while the Regional Malaria Coordinator used the Hire vehicle. The visit was split

The main purpose of the visit is to distribute Malaria commodities to all reporting health facilities and generally the monitoring and evaluation of the Malaria Program.

A total of 40 health facilities were physically visited out of the 46 reporting health facilities of Western Highlands Province. Two (2) health facilities were closed, 2 collected their 4th quarter drug supplies at the PHO and the remaining 2 are to collect theirs at the PHO. This brings the total percentage coverage to 121.2%. Of these 40 facilities visited, none had stock outs of mRDTs and Primaquine, only 1 had nil stock of ACTs.

One of the biggest achievement during this visit was the Continuous Quality Initiative Training on Malaria to the Mt. Hagen General Hospital staffs. A total of 28 sectional Managers and supervisors, 2 Medical Laboratory Assistants, OIC for Medical Records and the Pharmacist for Mt. Hagen Hospital received the training. It was a whole new knowledge on the updated standard Treatment of Malaria and was timely for the staffs as most of them don't know the updated standard treatment.

BACKGROUND OF WESTERN HIGHLANDS PROVINCE

Western Highlands Province is one of the seven provinces of Highlands Region and is the largest of all. Its capital is Mount Hagen. The total population according to the 2011 National Census was 362 850, which is a densely populated Highland province compared to others. It covers an area of 4299 km².

Much of the land areas in Mul-Baiyer and Dei Districts are plain and the climate is warm.

Economy in the province is mainly generated through subsistence farming and Small-Medium Enterprises. General mindset of the inhabitants is business minded, self-reliant and goal oriented through perseverance.

Infrastructure is improving unlike before, however, some parts of Province still have deteriorating roads and bridges which hindered the health facility visits. Communication through mobile phones in few places in the province is difficult and unreachable due to poor network coverage. Unlike before due to the current political issues and infights in the province which pose a risk or prevent us from reaching the desired destination.

Tribal fights in the Dei district subsided, however, opportunists are still taking advantage of Government and NGOs' vehicles and car theft is still alarming in this particular District which prevented us from visiting all the health facilities in that district when using Malaria Program Vehicles. It is much safe to visit health facilities with Hire vehicle and local drivers.

Malaria incidence in the province strongly depends on the altitude. Places located in the low altitudes of 900m and below especially in the low plains of parts of Dei district (Ruty Valley & Ruina) and Mul-Baiyer district (Tinsley Valley) have a lot of positive malaria cases registered. These were found to be locally transmitted according to malaria registers as well as discussions made with staffs from the health facilities of these malarial zones. However, due to the climate change as a result of global warming, places situated at higher altitudes are also having malaria infections both locally and imported cases as evident in the Health Facility Malaria Registers.

The province consists of 4 districts namely; Mul-Baiyer, Dei, Mount Hagen and Tambul-Nebilyer District and has a total of 46 coded health facilities which all are accessible by road.

Fig 1. Shows the boundaries of 4 Districts for WH Province

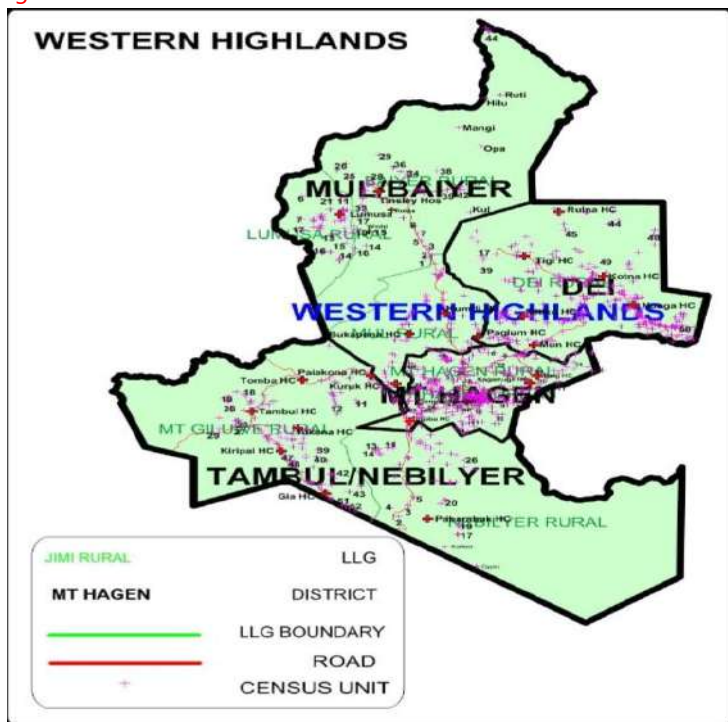
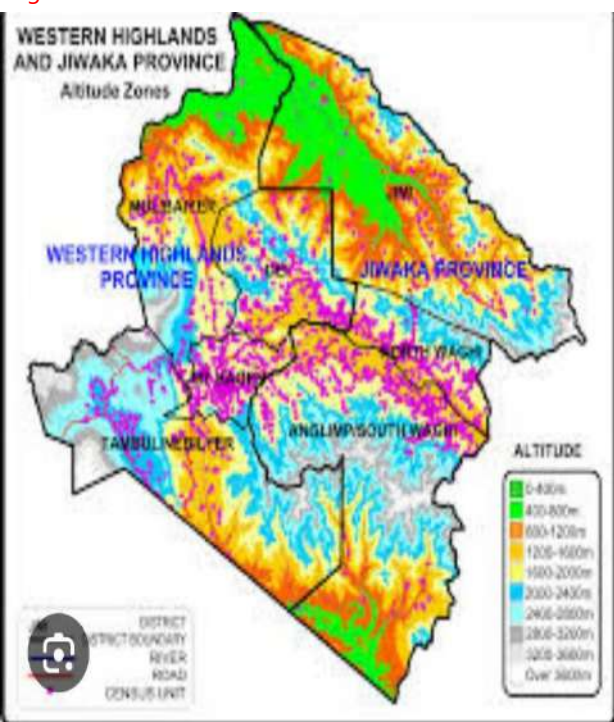


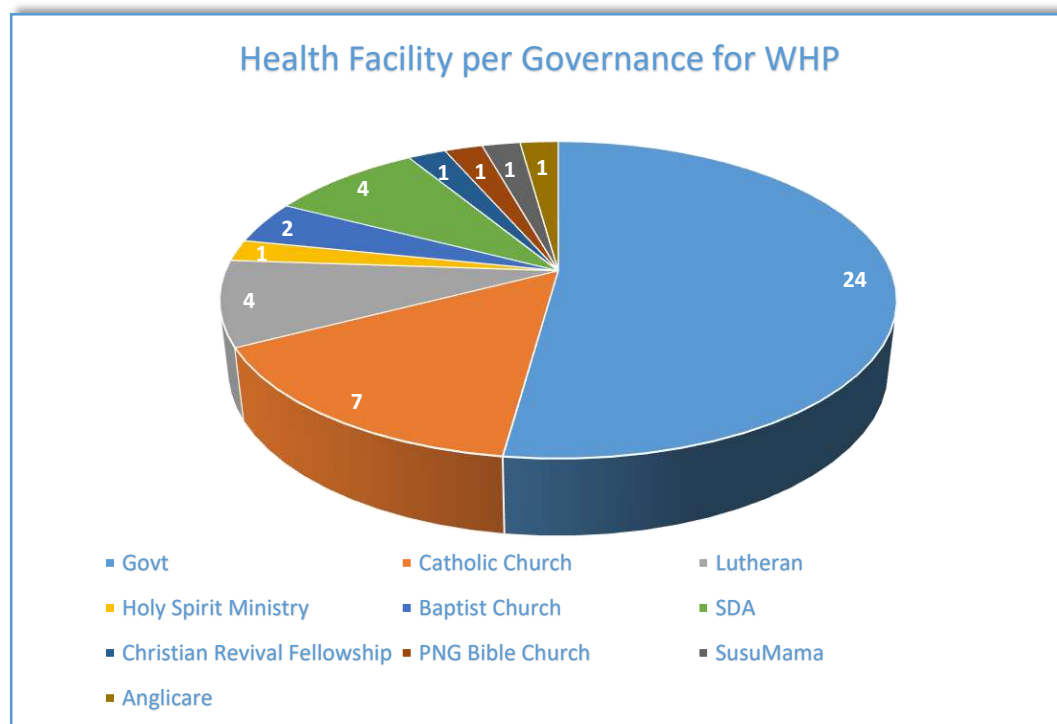
Fig 2. Shows the altitude zone for WHP.



HEALTH SERVICES IN WESTERN HIGHLANDS PROVINCE

Western Highlands Province has a total of 46 reporting health facilities. Of the 46 reporting health facilities and as per the District, Hagen Central has 12 reporting health facilities, Mul Baiyer has 15, Dei has 8 and Tambul Nebiliyer has 11. All these 46 health facilities are accessible by road. It is governed by both the Western Highlands Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 46 reporting health facilities as per the governance.



- **Government/Wester Highlands Provincial Health Authority**

The Government runs 52% (24 hfs) of the total reporting health facilities. These facilities are the Mt. Hagen General Hospital, Hagen Urban Clinic, Bukapena HC, Trolga HSC, Tambul HC, Alkena HSC, Paiakona HSC, Wakanom CHP, Kwinga CHP, Nengil CHP, Poi CHP, Nunga HSC, Pagli CHP, Kagamuga Urban Clinic, Tentenga HC, Baisu UC, Tipulga HSC, Atenga CHP, Tsinjipai CHP, Kombo CHP, Kanimerata CHP, Sanap CHP, Wagbel CHP and Ogelbeng CHP.

- **Catholic Health Services**

It is the second highest organization that runs 15%(7 hfs). The facilities under this are; Kuruk HSC, Kumdi HSC, Keripia HSC, Koibuga HSC, Rulna HSC, Mun HC and Rebiamul Urban Clinic.

- **Lutheran Health Services**

LHS runs 4 health facilities (9%) and they are Gia HSC, Kotna HC, Mukapeng CHP and Tiki HSC.

- **Seventh Day Adventist**

SDA also runs 4(9%) health facility and these are Togoba HC, Paglum HSC, Tomba HSC and Mitiku HSC.

- **Baptist Church**

Baptist Church runs 2(5%) health facility which are Tinsley HC and Laprambo CHP.

- **Holy Spirit Ministry**

This agency runs only 1(2%) health facility which is Bagl HSC.

- **Christian Revival Fellowship**

CRF also runs 1 health facility (2%) which is the Simbimale HSC in Baiyer District.

- **PNG Bible Church**

This agency also runs only 1(2%) facility which is the Pabarabuk HSC in Nebiliyer District.

- **SusuMama Organization**

This NGO runs only 1 clinic (2%) and that is SusuMama Urban Clinic in Hagen Town.

•**Anglicare**

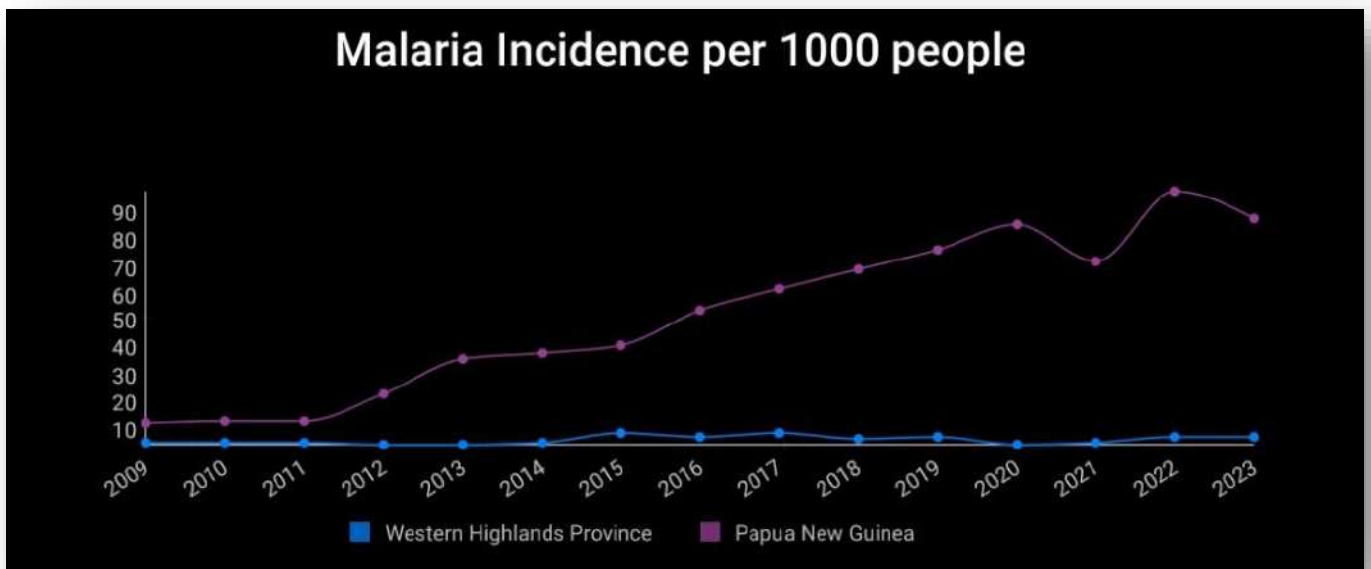
Anglicare also runs only 1 Clinic which is the Newtown Anglicare Urban Clinic.

AID POSTS

Western Highlands Province has 57 Aid Posts of which 7 are inactive while the 50 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.

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



Source: e-NHIS Western Highlands 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 the Mt. Hagen General Hospital, 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,
- issue new A3 size ANC Register Book to facilities that don't have it and
- 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. WESTERN HIGHLANDS PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Mr. Michael Kaweya	Deputy Director Nursing Service	74837690	Michael.kaweya@whhs.gov.pg
Sr. Jolly Kulimbua	Training Coordinator		
Salome Minar	Provincial Malaria Supervisor	73849037	Salome.minar@whhs.gov.pg
Sr. Nelly Newman	Provincial Family Health Coordinator	74551951	
Esther Kuya	Environmental Health Officer	71701979	

TYPE OF TRANSPORT USED:

Table 2. Shows the vehicles used in the 3rd quarter visit.

Vehicle	Hire Vehicle	WH PHA Vehicle
Vehicle Registration	BGG 925 & BGG 939	ZGT 999
Color	Blue & White respectively	White
Type	Toyota Land Cruiser 5 Door & 10 seater	Toyota Land Cruiser (10 seater)
Registration Validity		Jan 2025
Safety Sticker Validity		Jan 2025
Duration of use	16 Days	9 Days
Driver	Mr. Junior Kupi & Mr. Dominic Pora	Mr. Dickson Kiap
Contact	71299984 & 73204135	72416510

HIGHLIGHTS OF Q3- 2024 RMC's VISIT

1. Continuous Quality Initiative Training on Malaria:

A successful CQI Training was held at the Mt. Hagen Hospital's training conference on the 1st of October, 2024 where 28 participants (Hospital Unit Managers, Supervisors, Medical Records, Laboratory -MLA & RLA and Pharmacist) attended. It was fully funded by the Global Fund through the Rotarian Against Malaria.

The training was timely as most staffs were confused and unaware of the changes made to the Standard Treatment Protocol of Malaria in PNG. The Artesunate 60mg injection was never used for severe Malaria as all staffs admitted that they were not sure of how to reconstitute and administer. So, during the training, a demonstration was done on how to reconstitute for both intramuscular and intravenous and how to administer. All participants appreciated and commended the training.

Photograph below shows the CQI training held in the Mt. Hagen Hospital's training conference.



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

Of the 46 reporting health facilities, 40 were physically visited by RMC and PMS, 2 (Kwinga CHP & Mun HSC) were closed due to no staffs and tribal fight respectively, 2 were hard to reach due to deteriorating bridge and road, 1 in Dei District was not visited due to risk involved as it is situated in the fighting zone and 2 in Dei District collected their supplies at the PHO and at Mukapeng CHP when RMC and PMS visited the facility.

Table 3. shows the summary of the visit.

	Qtr. 3
Total number HFs	46
Total Number Accessible	33
Total Number Reached	40
% Coverage (Accessible)	121.2
% Coverage (Total HFs)	87

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

Of the 40 health facilities visited, only 1 had stock out of ACTs.

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

Table 4. Shows the total malaria commodities supplied to Western Highlands' health facilities in this 3rd quarter visit.

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	3	5400 test kits	1740 blisters	24 700 tablets

5. Update of Antenatal Long Lasting Insecticidal Nets:

There was nil stock of ANC LLIN during the 3rd quarter visit, hence, no distribution of nets was done.

6. Malaria Stock Update

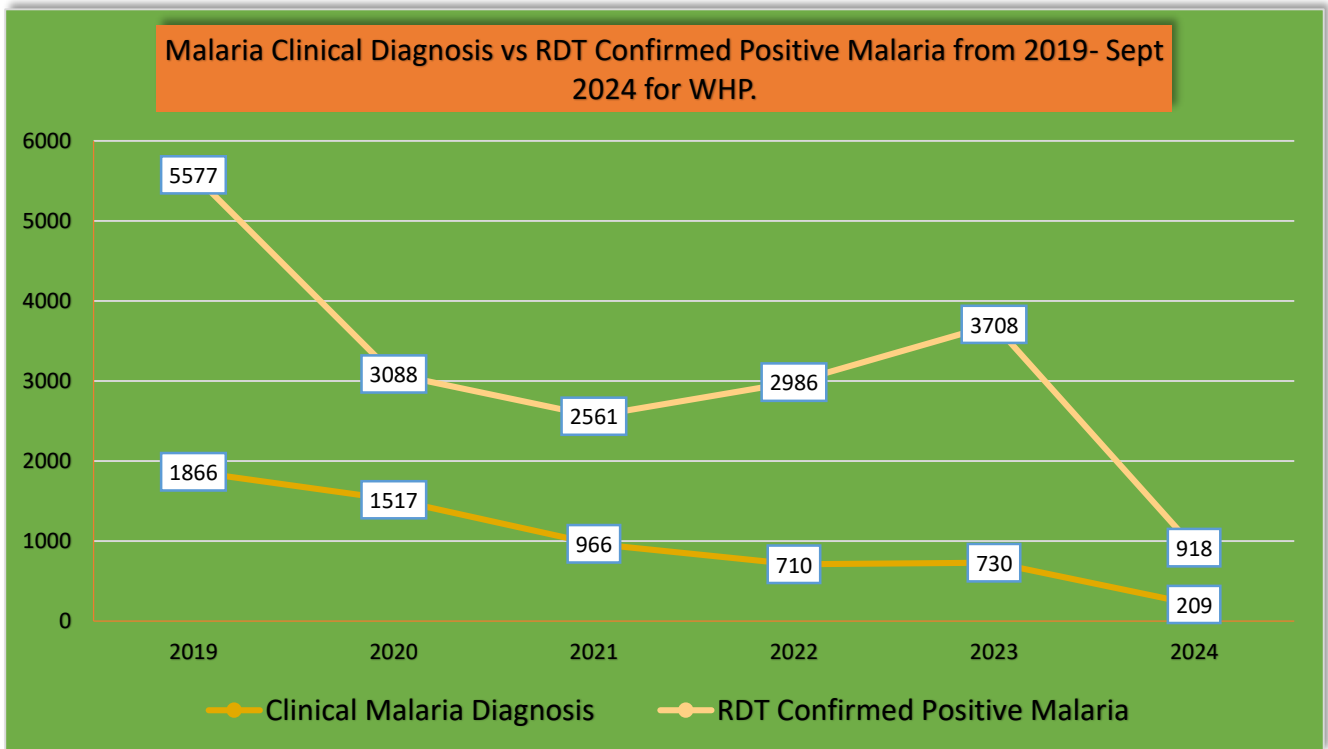
The RDTs, ACTs & Primaquine that were used for the distributions were from the Q2 -2024 buffer stocks. There was ample stock so no request was done for the 3rd quarter drugs.

Table 5. Shows the Q2 buffer stocks used in the 3rd quarter distribution.

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Buffer Stocks	1525 kits	0 blisters	180 blisters	270 blisters	90 blisters	42 800 tablets
Batch #	H006B010D		A1APH005	B1APH019	A1APH006	22071
Exp Date	Sep-24		Mar-25	May-25	Aug-24	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	6250 kits	60 blisters	720 blisters	0 blisters	1110 blisters	11000 tablets
Batch #	H006C005D	3E02047	B1APH004		B1APH007	151122
Exp Date	May-25	Dec-25	Oct-25		Oct-25	Oct-25

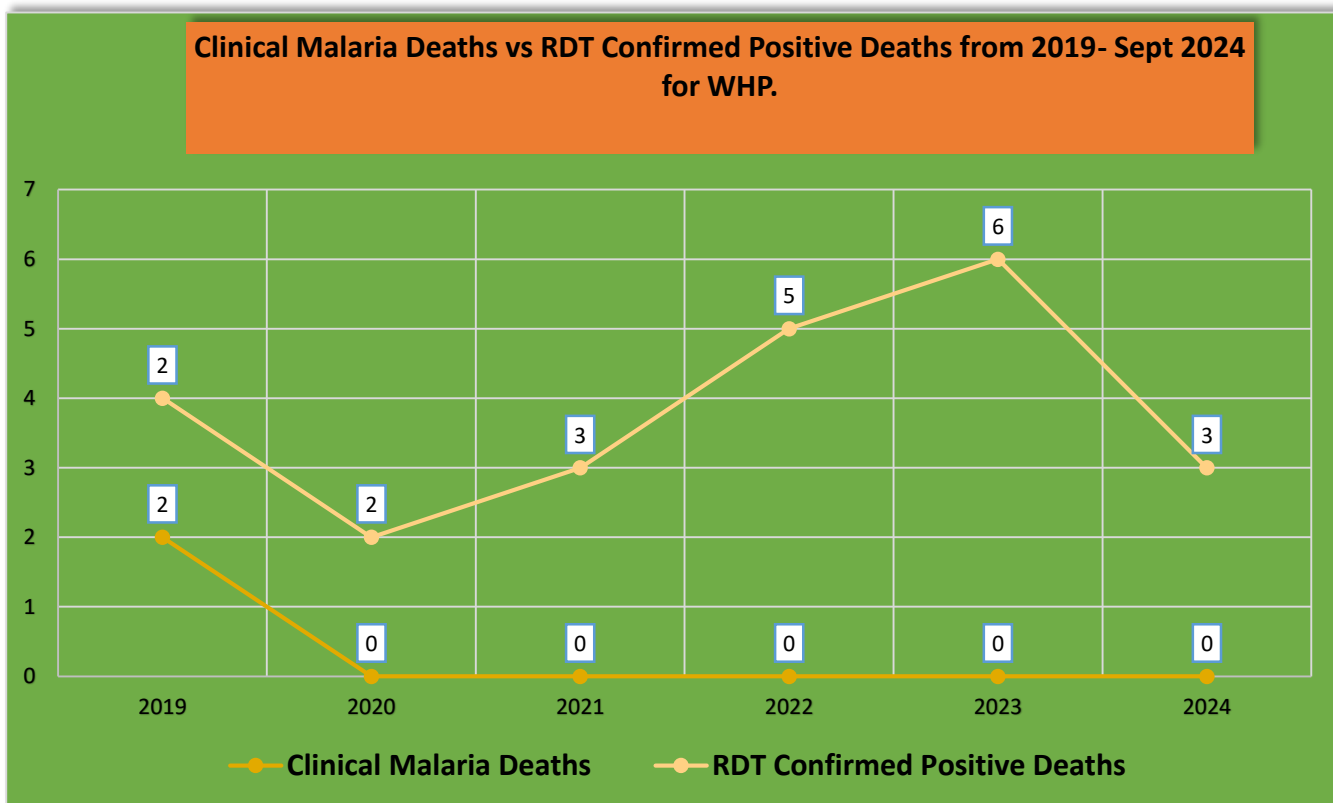
MALARIA DATA UPDATES:

Graph 3. Malaria Clinical Diagnosis vs RDT Confirmed Positive Malaria.



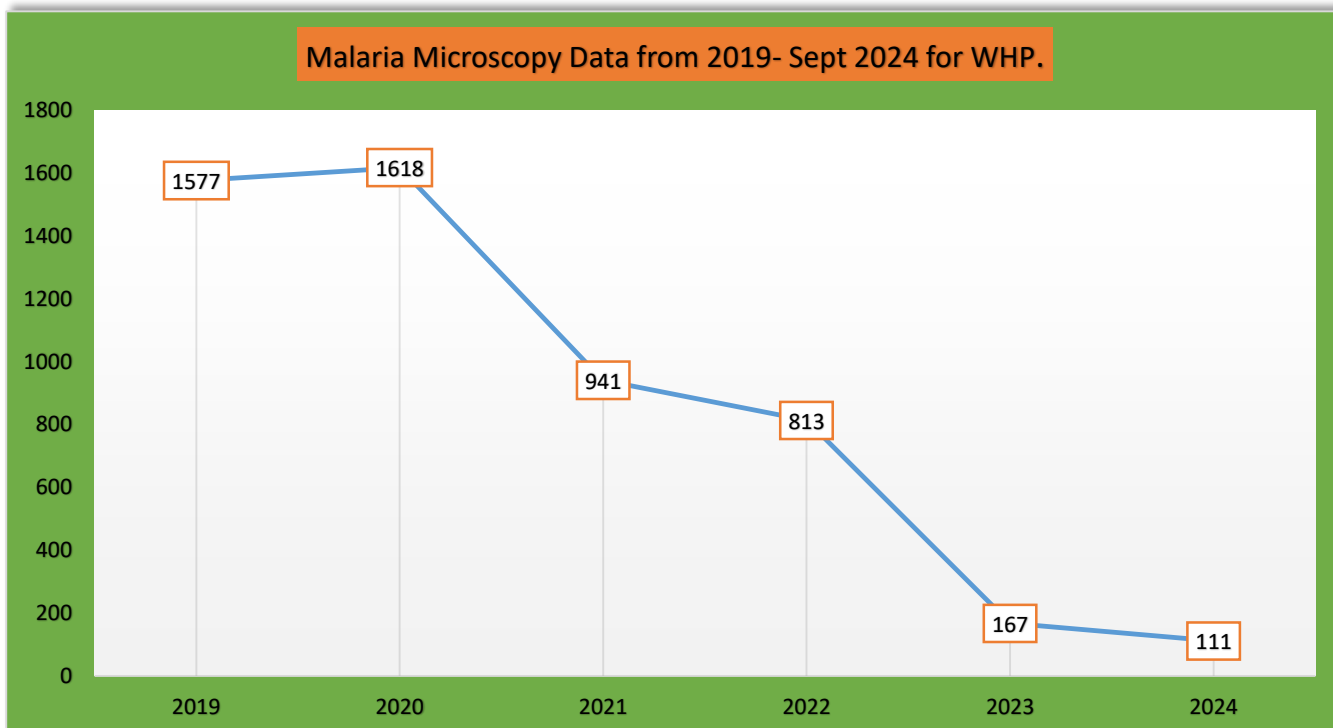
Source: e- NHIS Malaria Report.

Graph 4. Clinical Malaria Deaths vs RDT Positive Deaths



Source: e-NHIS Malaria Report

Graph 5. Malaria Microscopy Data for Western Highlands Province.



Source: e-NHIS Malaria Report

Table 6. Health Facilities visited and activities implemented.

District	Health Facility	Date of visit	Activities done
Hagen Central	Baisu Urban Clinic	18.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Paiakona HSC	18.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Kombo HSC	18.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Tsinjipai CHP	18.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Tomba HSC	18.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Anglicare Town Clinic	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Kagamuga Urban Clinic	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Bagl HSC	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Alkena CHP	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Tambul HC	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Gia HC	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Keripia HSC	19.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Wagbel CHP	20.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	SusuMama Urban Clinic	20.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Hagen Urban Clinic	20.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Rebiamul Urban Clinic	20.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Koibuga HSC	20.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Ogelbeng CHP	23.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Tipulga HSC	23.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Hagen Central	Mt. Hagen General Hospital	23.09.24	Physically visited, CQI Training done to Hospital Unit Managers, Supervisors, Medical Records, Laboratory -MLA & RLA and Pharmacist, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Kuruk HSC	23.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Tambul Nebiliyer	Togoba HC	23.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.

Tambul Nebiliyer	Pabrabuk HC	23.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Nengil CHP	24.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Poi CHP	24.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Kumdi HSC	24.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Paglum HSC	24.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Lapramb CHP	25.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Simbimale HSC	25.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Atenga CHP	25.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Tinsley District Hospital	26.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Trolga HSC	26.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Mul Baiyer	Sanap CHP	27.09.24	Physically visited, stock take on SoH, replenished with malaria commodities, checked on HFMR book/receipts & ANC LLIN receipts.
Dei Council	Tiki HSC	27.09.24	Visited by PMS. Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Hagen Central	Tentenga HSC	30.09.24	Visited by PMS. Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Mul Baiyer	Bukapena HC	30.09.24	Visited by PMS. Stock take on SoH & Replenished with malaria commodities. Checked on HFMR book/receipts, ANC LLIN receipts and IPTP registration.
Mul Baiyer	Waknam CHP	30.09.24	Physically visited by the RAM M&E Supervisor with a hire vehicle. Stock take on SoH and replenished with malaria commodities.
Dei District	Mukapeng CHP	3.10.24	Physically visited by the RAM M&E Supervisor with a hire vehicle. Stock take on SoH and replenished with malaria commodities.
Dei District	Nunga HSC	3.10.24	Physically visited by the RAM M&E Supervisor with a hire vehicle. Stock take on SoH and replenished with malaria commodities.
Dei District	Kotna HC	3.10.24	Physically visited by the RAM M&E Supervisor with a hire vehicle. Stock take on SoH and replenished with malaria commodities.
Dei District	Rulna HSC	6.09.24	Inaccessible, hence, unable to physically visit. OIC collected Q4 Drug supplies at the PHO.
Dei District	Pagli HSC	3.10.24	Inaccessible, hence, unable to visit. OIC picked up Q4 Drug supplies from RMC & PMS at Mukapeng CHP while on Health Facility visits in Dei District.
Dei District	Mitiku HSC		Inaccessible, due to tribal fights.
Mul Baiyer	Kanimerata CHP		Inaccessible, due to deteriorating road condition and worn out bridge, hence, unable to visit. OIC to pick up Q4 supplies at the PHO.
Mul Baiyer	Kwinga CHP		Temporary closed due to no staffs at the Facility.
Dei District	Mun HC		Closed for some years now due to tribal fights.

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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.
- ✓ Well-versed with the administration of Artemether 40mg & 80mg.
- ✓ 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 Continuous Quality Initiative Training on Malaria to 28 staffs of Mt. Hagen General Hospital.
2. WH PHA again assisted the Malaria Program with a vehicle and a driver to drive the PMS for her Health Facility visits.
3. Constant declining in Malaria Clinical Diagnosis and increase in RDT confirmed cases from 2020 till current.
4. Zero Clinical Malaria Deaths from 2020 till current.
5. Visited >100% accessible health facilities in Q3 visit.
6. Successfully visited 3 Health Facilities in Dei District which is a fighting zone.
7. Very good partnership with Western Highlands PHA Team.
8. PMS is able to do her visits alone and do the basic activities. However, she still needs to learn more on the technical part the Program and other important areas like the Malaria Treatment Protocol.

KEY CHALLENGES

Health Facility Visits

- ✓ Deteriorating road and bridge conditions in Baiyer District prevented visit to Kanimerate CHP.
- ✓ Risky to visit 2 health facilities in Dei District due to tribal fights and car theft.
- ✓ 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.

RECOMMENDATIONS

WH Provincial Health Authority

- ✓ PMS to conduct the 2nd batch of Malaria school survey Program in October in those same 4 Elementary schools that were surveyed in April this year.
- ✓ WH PHA to continue provide support in terms of a vehicle and driver during the quarterly visits.
- ✓ PMS to assist the Medical Records officers in entering Malaria Data because most datas are not completely entered due to workload and shortage of manpower.

Regional Malaria Coordinator

- ✓ Liaise with Geraldine and her Remote Sensing Team for an additional e-NHIS tablet for the Public Health Laboratory.
- ✓ Continue CQI trainings.
- ✓ Maintain close communication with OICs and PHIO for timely submission of Monthly e-NHIS report.

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. Western Highlands Provincial Health Authority Team.
4. The Mt. Hagen General Hospital staffs for participating in the CQI Training.
5. All the staffs of the 40 reporting Health Facilities visited.
6. The drivers, Mr. Dominic Pora & Mr. Dickson Kiap for safe driving.

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLLA – Regional Malaria Coordinator for Western Highlands Province.

FEW PHOTOGRAPHS OF QUARTER 3 VISIT:



CQI Training conducted by RMC to the staffs of Mt. Hagen General Hospital.



Mr. Gene Gunua (OIC for Medical Records-Mt. Hagen General Hospital) raised a concern on how best he can capture all the Malaria data for the Hospital. We have come up with a best Pathway of dataflow within the Hospital to Medical Records.



While on WHP's Q3 visit, there was a flight going to Haia and Bomai in Karamui District of Simbu Province so RMC Travelled from WHP to MAF-Goroka(EHP) and consigned the Drug supplies for Haia HSC and Bomai HSC.



RMC travelled down from Hagen to Simbu and offloaded the ANC LLIN bales for Simbu sent by RAM Logistics.