

NATIONAL MALARIA CONTROL PROGRAM ROTARIANS AGAINST MALARIA QUARTAR THREE (3) FIELD TRIP REPORT WEST NEW BRITAIN PROVINCE



QUARTER TWO FIELD TRIP REPORT SUMMARY

Name of Officers:	Eustin Torot
Destination:	West New Britain Province
Date Travelled:	11 th July 2024
Date Returned to Port Moresby:	02 th August 2024
Nights away from the office:	22 nights
Type of documents attached:	Ticket bud
PHO Accompanying Officer:	Grace Bid (PMS WNB PHA) Apolas Katoa (WNBPHA DRIVER) Wifred Nanghese (WNBPHA MTS OFFICER) Nancy Tanei (WNBPHA MEDICAL STORE MANAGER)
Purpose of Travel:	Quarter Three (3) Malaria Supervisory Visit and Drug Distribution

PEOPLE MET WITH:

- Dr. Tarcisius Uluk _ Acting Director Curative
- Mr. Andrew Kumogene _ Provincial Disease Control Officer (PDCO)
- Ms. Nancy Tanei_ Manager Medical Store WNBPHA
- Ms. Grace Bid _Provincial Malaria Supervisor (PMS)

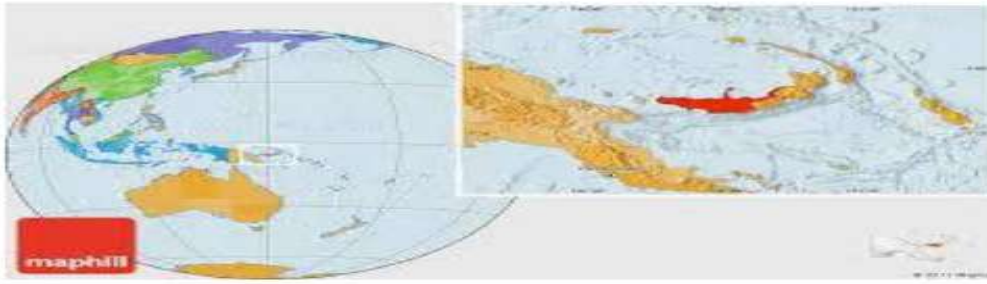
OBJECTIVE

- Distribution of malaria RDT Kits, ACTs
- Ensure all health facilities are implementing Primaquine single dose policy
- Onsite refresher training on malaria diagnosis and malaria treatment protocol, IPTp
- NHIS Training on malaria reporting updates in revised NHIS Monthly Reporting form
- Ensure correct reporting of malaria cases in eNHIS
- Collection and follow-up on outstanding ANC net reports, NHIS Monthly Reports
- Stock takes on RDTs/ACTs, antenatal LLINs and all other malaria commodities
- Ensure that HF medical stock cards are updated and maintained at health facilities

BRIEF BACKGROUND OF WEST NEW BRITAIN PROVINCE

West New Britain province is located on the island of New Britain in Papua New Guinea sharing land border with East New Britain province. The capital of West New Britain is Kimbe. The province covers a landmass of 20,387 km² with a population of 264,264 from 2011 census and divided in the past with three districts.; Talasea, Nakanai and Kandrian- Gloucester district.

Figure 1. Map showing location of WEST NEW BRITAIN PROVINCE



EXECUTIVE SUMMARY

The quarter two (3) supervisory and drug distribution visit started on the 11th of July to the 2nd of May 2024. In quarter two visit to West New Britain, we were able to physically visit 22 out of the 38 NHIS reporting facilities. The malaria commodities of facilities not visited was packed and stored in the medical transit store for collection. Meetings were held with WNBPHA administration and they were made aware of the trip plan and duration of the visit.

The Q3 Malaria Commodities (ACT/RDT/PRIMAQUINE) arrived late into the province however there was no major stock out of malaria commodities from the facilities visited as enough buffer stock was maintained by PMS and distributed accordingly. In this quarter visit, significant improvement was noted in all the facilities visited in terms of Stock Card keeping and new malaria treatment protocol practice. However, few facilities still lacking in that area and thus needs more visit by PMS and team.

Timely submission of monthly report is still an issue for some health facilities and this was conveyed to each HF during the visit and through the CQI training conducted in the Province. Kimbe Hospital have not submitted any report for the last 6 months and this was made clear to the PHIO and the team to improve. Clinical diagnosis is now subsiding but still being reported by facilities visited. Staffs are once again dis-courage to report clinical case and reminded to use the provided diagnostic tool (RDT/Microscopy) for proper diagnosis and treatment. For this quarter we were able to achieve 57.5% for Total Health Facilities coverage and 81.5% for total accessible HF coverage throughout the three district in West New Britain Province.

Nakanai District

Nakanai District have 12 NHIS reporting health facilities and for this quarter we were able to physically visit 11 out of the 12 facilities. We were unable to visit Baea HC thus their Malaria commodities were signed off and kept at Bialla HC so as to make it easy for the OIC to pick up the commodities. All of the facilities located in Nakanai district accessible by road except Baes which is only accessible by sea.

Talasea District

Talasea District have 8 NHIS reporting health facilities including the Kimbe General Hospital. For quarter three (3), we were able to visit 5 out of the 8 health facilities. The three facilities, Unea HC, Vatukele HC and Vitu HC are only accessible by sea apart from the 5 health facilities visited. Thus due to logistical issues, the three facilities were not visited. Their Malaria commodities were packed and stored at Medical Transit Store Kimbe for pick up

Kandrian-Gloucester District

Kandrian District have 18 NHIS reporting Health Facilities and is the most geographically challenging District in West New Britain especially the in Kandrian sub-district. In this quarter, we were able to physically visit 6 of the 18 health facilities. Most of the facility located in the district is accessible by sea only from Kimbe town. This quarter, we were only able to cover Gloucester Sub-District visiting 6 facilities. The Kandrian part of the District was not covered due to bad weather.

HEALTH FACILITY VISITED

Table 1. Health Facilities visited in Q3




WEST NEW BRITAIN							
HEALTH FACILITY VISIT SUMMARY							
2024 Q3							
PROVINCE	DISTRICT	HEALTH CENTRE	VISIT 3	VISIT 4	DISTANCE FROM PHO (IN HRS)	Accessibil ty	VISIT 3
WNB	NAKANAI	Bialla	19.07.24		4 hrs by road	Accessible	Physically visited
WNB	NAKANAI	Bitokara	13.07.24		1 hr by road	Accessible	Physically visited
WNB	NAKANAI	Buvussi	17.07.24		1 hr by road	Accessible	Physically visited
WNB	TALASEA	Kimbe UC	15.07.24		5 mins by road	Accessible	Physically visited
WNB	TALASEA	Kimbe Hospital	26.07.24		10 mins by road	Accessible	Physically visited
WNB	NAKANAI	Malalia	17.07.24		2 hrs by road	Accessible	Physically visited
WNB	NAKANAI	Silanga	16.07.24		2 hrs by road	Accessible	Physically visited
WNB	NAKANAI	Ulamona	19.07.24		5-6 hrs by road	Accessible	Physically visited
WNB	NAKANAI	Unea			Over 3 hours by boat	Inaccessible	
WNB	NAKANAI	Valoka	17.07.24		Under 2 hours by road	Accessible	Physically visited
WNB	TALASEA	Vitu (Paruru)			More than 3 hours by boat	Inaccessible	
WNB	NAKANAI	Lalopo	18.07.24		Under 2 hours by road	Accessible	Physically visited
WNB	NAKANAI	Mosa (NBOL)	22.07.24		Under 2 hours by road	Accessible	Physically visited
WNB	NAKANI	Hargy	18.07.24		Over 3 hours by road	Accessible	Physically visited
WNB	TALASEA	Kapiura	16.07.24		Under 2 hours by road	Accessible	Physically visited
WNB	TALASEA	Bola	13.07.24		Under 2 hours by road	Accessible	Physically visited
WNB	TALASEA	Haella	13.07.24		Under 2 hours by road	Accessible	Physically visited
WNB	NAKANAI	Navo CHP	19.07.24		4 hrs by road	Accessible	Physically visited
WNB	NAKANAI	Baea CHP			5 hrs road then boat	Inaccessible	
WNB	TALASEA	Vatukele CHP			Over 3 hrs by boat	Inaccessible	
WNB	KANDRIAN	Aka			Under 1 hour from Kandrian	Accessible	
WNB	KANDRIAN	Amio			Over 3 hours by boat from K	Inaccessible	
WNB	KANDRIAN	Eseli			Under 2 hours by road from	Accessible	
WNB	KANDRIAN	Gasmata			Over 3 hours by boat from K	Accessible	
WNB	KANDRIAN	Gloucester	25.05.24		Over 3 hours from Kaliai	Accessible	Physically visited
WNB	KANDRIAN	Kaliai	25.05.24		Over 2 hours from Millimata	Accessible	Physically visited
WNB	KANDRIAN	Kandrian			Under 1 hour by plane/ 48 h	Accessible	
WNB	KANDRIAN	Kilenge	26.07.24		1 hour by boat from Glouce	Accessible	Physically visited
WNB	KANDRIAN	Pililo			Over 3 hours by boat from K	Accessible	
WNB	KANDRIAN	Sagsag	26.07.24		1 hour by boat /road from K	Accessible	Physically visited
WNB	KANDRIAN	Sasavoru			More than 3 hours by road	Accessible	
WNB	KANDRIAN	Melenglo			Over 3 hours by boat from K	Accessible	
WNB	KANDRIAN	Turuk			Under 1 hours by road from	Accessible	
WNB	KANDRIAN	Millimata	25.07.24		Over 3 hrs by boat	Accessible	Physically visited
WNB	KANDRIAN	Sauren			Over 3 hrs by boat	Inaccessible	
WNB	KANDRIAN	Wako CHP			Over 3 hrs by boat	Inaccessible	
WNB	KANDRIAN	Akonga CHP	27.07.24				Physically visited
WNB	KANDRIAN	Silovuti HC					
TOTAL		38	22	0	36	0	

Table 2: Percentage of Q3 HF Coverage

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HFs	38	38	38	38
Total Number Access	27	27	27	
Total Number Reache	21	31	22	
% Coverage (Accessi	77.8	114.8	81.5	#DIV/0!
% Coverage (Total HF	55.3	81.6	57.9	0.0

RDTs AND ACT SUPPLIES PROCURED GLOBAL FUND

Table 3. WNB Q3 RDT and ACT supplied by Global Fund.

PACKING LIST

DESTINATION: WEST NEW BRITAIN SHIPPER: AIR NIUGINI CARGO CONSIGNMENT/WAYBILL NO. _____

PACKAGING DATE: 16-Jul-24 INVOICE NO. _____ ACTION OFFICER: JESSICA SANA DATE: 16-Jul-24

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON	TOTAL QUANTITY	TOTAL IN BASIC UNITS	BATCH #	EXPIRY DATE	WEIGHT PER CARTON (Kg)	TOTAL WEIGHT (Kg)	VOLUME PER CARTON (m ³)	TOTAL VOLUME (m ³)
1 TO 3	3	ACT 12	36	108	900	NAD2419A	Feb-28	11	33	0.07	0.21
4 TO 9	6	ACT 18	40	240	9,600	NAA24126A	Feb-28	15	90	0.07	0.42
10 TO 28	19	ACT 24	40	760	30,400	NAA241130A	Feb-28	15	285	0.07	1.33
29	1	ACT 12	3	3	9	NAD2419A	Feb-28	12	12	0.07	0.07
		ACT 18	4	4	16	NAA24126A	Feb-28				
		ACT 24	33	33	1,089	NAA241130A	Feb-28				
TOTAL	29								420		2.03

TOTAL SUMMARY					
		ITEM	PACKETS	INDIVIDUAL UNITS	SOURCE (GF/GoPNG)
No. of Cartons	29	RDT	0	- test kits	NOT SUPPLIED
Weight (Kg)	420	ACT6	0	- blister pkts	NOT SUPPLIED
Volume (m ³)	2.03	ACT 12	111	3,330 blister pkts	GF
		ACT 18	244	7,320 blister pkts	GF
		ACT 24	793	23,790 blister pkts	GF
		PRIMAQUINE	NOT SUPPLIED	tablets	

ANTENATAL LLINS REPORT

In quarter two (3) visit, we distributed a total of 1000 ANC LLINs across the 22 Health Facility visited. Those health facilities that missed out on Q3 distribution were advised to pick them up at Transit Medical Store at WNBPHA. During the Q2 visit, it is observed that most facilities that were visited in Q1 and Q2 have improved a lot in terms of accountability of issued and distributed nets. Few health facilities still need improvement thus onsite refresher was done on how to maintain the ANC register and account for distributed nets for all visited health facilities. All facilities visited were replenished with ANC nets and encourage to keep proper recording of distributed nets. For Facilities not visited, stock was kept at Medical transit store for staff to pick up

Table 4: Distribution of ANC nets in Q3

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATION ON NO.	STOCK IN	STOCK OUT	BALANCE	COMMENTS
31.06.24	OPENING BALANCE: 1050						1050	
01.07.24	BITOKARA CHP	SCHOLAR WANGEI	GRACE BID	37931		50	1000	
04.07.24					1250		2250	SUPPLIED FROM RAM
08.07.24					1150		3400	HOUSE HOLD NETS STORED IN BITOKARA
13.07.24	HEALLA CLINIC	WENDY BANGUI	GRACE BID			50	3350	
13.07.24	BOLA HC	GRACE PAMANANI	GRACE BID			50	3300	
15.07.24	KIMBE UC	FILLBERTA BATA	GRACE BID			100	3200	
16.07.24	KAPIURA CLINIC	MAGGIE WILLIAM	GRACE BID			50	3150	
16.07.24	SILANGA HC	LYDIA SAMMOT	GRACE BID			50	3100	
17.06.24	BUVUSI HC	LUCY VILUA	GRACE BID			50	3050	
17.07.24	VALOKA HC	MODO KODO	GRACE BID			50	3000	
17.07.24	MALALIA HC	JOAN LANGIT	GRACE BID			50	2950	
18.07.24	LALAPO HC	DAVE BONYAM	GRACE BID			50	2900	
18.07.24	HARGY UC	HARON TARRANG	GRACE BID			50	2850	
19.07.24	BIALLA HC	PHILOMINA EKA	GRACE BID			50	2800	
19.07.24	BAEA CHP	JAMES MANGEA	GRACE BID			50	2750	
19.07.24	ULAMONA HC	ELAINE NAMUR	GRACE BID			50	2700	
19.07.24	NAVO CLINIC	TINTAN TINGEMAT	GRACE BID			50	2650	
19.07.24	KIMBE UC	CECILIA	REX TOKAVAI			50	2600	
22.07.24	MOSA CLINIC	JOYCE JOHN	GRACE BID			50	2550	
25.07.24	MILLIMATA HC	AGNES MARA	GRACE BID			50	2500	
25.07.24	GLOUCESTER HC	BASIL RAMI	GRACE BID			50	2450	
27.07.24	AKONGA CHP	DOMINICA UVA	GRACE BID			50	2400	
						1000		
01.08.24	END OF Q3 -CLOSSING BALANCE						2400	

ACCOUNTABILITY OF MALARIA DRUGS SUPPLIES

All malaria RDT and ACTs are kept at Medical store. After quarterly Visits and distribution if Health Facilities run low of supplies they are expected to bring in their reports to PMS, Ms. Grace Bid quantifies according to their reports and fills the Goods Delivery Note (GDN) of the required get their yellow copy and supplies are to be collected at Medical store upon sight of yellow GDN from the PMS.

RDTs AND ACT RECONCILIATION

Most of the reporting health facility are not capturing the aid post reports in their catchment areas in their reporting. Therefore, correct amount of malaria commodities is not supplied resulting in commodities shortage and incorrect accountability from reporting facility. This was addressed again in the Q3 visit and facilities are now required to capture the reports of each aid post that they are supplying malaria commodities.

HEALTH FACILITY FINDINGS AND OBSERVATION AND STOCK MANAGEMENT

Table 5. Observation Findings from Health Facility Visited

Health Facility	RDT/ACT STOCK MANAGEMENT	TREATMENT	ANC LLIN	REPORTS FROM ARIL-JULY 2024
BUVUSI HC 17/07/24	HF was closed for over a month due to external issues. Stock cards not updated	Staff aware of the new Malaria treatment protocol. Onsite refresher training conducted by the team.	ANC nets well accounted for. Register book updated. Improvement from Q1 and Q2 visit. 50 nets given.	4 reports submitted
VALOKA HC 17.07.24	Malaria commodities stored in Pharmacy room. Stock card used and updated. No stock out	Staff aware of the new malaria treatment protocol. Onsite refresher training carried out.	ANC register kept well. Distributed nets accounted.	4 report was submitted
MALALIA HC 17/07/24	Malaria commodities stored in the pharmacy. Stock Cards not updated because officer in charge was on leave. Trained and advised new officer to keep stock cards.	Staff aware of the new Malaria treatment protocol including the usage of prophylaxis in pregnant mothers. Onsite refresher training conducted by the team	ANC nets well accounted for. Register book updated. Improvement from Q1 and Q2 visit. 50 nets given.	Submitted 4 reports
BOLA HC 13/07/24	Malaria commodities stored in the pharmacy. Stock card used but not updated at the time of the visit. HFs have not improved since Q1 and Q2 visit. PMS to follow up with routine visit	Staff aware of the new malaria treatment protocol. Onsite refresher training carried out by the team	Distributed nets recorded. ANC register updated. 50 nets given	3 reports submitted
Bitokara HC 13/07/24	Malaria commodities stored well in spacious Pharmacy. Good accountability of malaria drugs stock cards now used and updated	Staff aware of the new malaria treatment protocol	43 nets in stock at the time of the visit. Distributed nets recorded in the register. No stock supplied	4 reports submitted
HAELLA UC 13/07/24	Malaria commodities stored well. Stock card used for Malaria commodities	Officers well aware of the new malaria treatment protocol. Onsite refresher was done	ANC register kept well and updated	4 reports submitted during the above time period
KAPIURRA UC 16/07/24	All Malaria Commodities stored in an air conditioned room. Stock cards kept and updated.	Attending officer well aware of the new malaria treatment protocol. Onsite	Register kept well and updated. Good accountability of ANC Nets. %0 nets	4 reports submitted during the above time

	Very good accountability	refresher was carried out by the team.	supplied	period
SILANGA HC 16/07/24	Stock cards used by facility and now updated. All commodities stored well in the Facility Pharmacy. No out stock reported	Officers present at the time of visit were aware of the new malaria protocol. Onsite refresher was conducted	Distributed nets recorded well. ANC register updated	4 reports submitted however clinical case reporting is still done by staff.
LALOPO HC 18/07/24	Commodities stored well in the facility pharmacy. Stock kept well and updated. No stock out reported	Staff well aware of the new Malaria treatment protocol and are practicing it. Onsite refresher training was carried out.	Improved on ANC net register updating. All distributed nets accounted for, 50 nets supplied	4 reports submitted
ULAMONA HC 19/07/24	Health facility still operating in Sovula Care Centre. Commodities now moved from Primary school to the makeshift building. Stock cards now updated well.	Staff now aware of the new treatment protocol and is practicing it as per our refresher training in Q1.	50 nets supplied	4 reports submitted
NAVO CLINIC 19/07/24	Very good stock management from the facility. Drugs kept in a well secure air-condition room. Stock card used.	Staff aware of the new malaria treatment protocol and are practicing it. Refresher training was done by the team	50 nets supplied	4 reports submitted Still recording clinical case
BEALLA HC 19/07/24	Stock cards used and updated. Malaria Commodities stored in a spacious pharmacy. No stock out reported. 20 boxes of expired RDT was noted and removed from the shelf.	Staff aware of the new malaria treatment protocol and are practicing it. Refresher training was done by the team.	Team found that the staff are using two different register for record keeping. Advised to only use one register book and update well	Up to date with reporting. 4 report submitted
HARGY CLINIC 18/07/24	Malaria commodities stored in a spacious cupboard. Stock cards not used. Staff advised to keep stock cards for Malaria commodities. No stock out reported	Staff aware and are practicing the new malaria treatment protocol	50 nets supplied	4 reports submitted.

MOSA CLINIC 22/07/24	Malaria commodities stored well in an air conditioned room. Stocked card used and well updated. No expired ACT/RDT removed. No stock out reported	Staff aware and are practicing the new malaria treatment protocol	50 nets issued to the facility	3 reports submitted
KIMBE URBAN CLINIC 15/07/24	Malaria commodities stored in the Pharmacy. Stock cards used and updated, an improvement from Q1	Staff aware of the new malaria treatment protocols	Register Kept well and updated. 50 nets supplied	Submitted 4 reports
MILIMATA HC 25/07/24	Malaria commodities stored in well organised Pharmacy. Stock cards used by the HF	Staff aware of the new treatment protocols	50 nets issued to the HC	4 eNHIS reports was submitted
KALIAI HC 25/07/24	HF has improved a lot from Q2 visit. All malaria commodities now store in one place with stock cards kept and maintained.	Attending officer aware of the new Malaria protocol.	Register now updated. 50 nets from last is still at the HF so no nets was supplied	4 report submitted.
GLOCESTER HC 25/07/24	Malaria commodities stored in an open room. Stock cards used and updated well. No stock out reported	Staff aware of the new malaria treatment protocol and are practicing it	ANC register kept well and updated. 50 nets supplied	4 report submitted.
KILENGE HC 26/07/24	Malaria commodities stored in an open room. No stock cards used despite being issued from last RMC visit.	Staff aware of the new malaria treatment protocol and are practicing it	ANC register not updated. 50 nets supplied	Submitted 4 reports
SAGSAG HC 26/07/24	Malaria commodities stored well in the facility pharmacy. Stock cards used and updated. No stock out reported	Staff aware of the new malaria treatment protocol. Onsite Refresher training done	Distributed nets accounted for and ANC net register updated	Submitted 4 reports
AKONGA HC 27/07/24	All Malaria commodities labelled and kept in a spacious room with stock cards updated	Attending staff aware of the new treatment protocols.	Register kept well. All issued and distributed nets accounted for	Only 4 report submitted. No clinical case recorded

KIMBE HOSPITAL REPORT: DATE OF VISIT: 26.07.24

The team visited all hospital department that keep and use malaria commodities

- Hospital Pharmacy
- Hospital Laboratory
- Medical Records
- AOPD
- COPD
- Medical Ward
- Surgical

Hospital Pharmacy: All malaria commodities are stored in the pharmacy using the M-supply. In Q2 Hospital had enough supply of malaria commodities thus they were not supplied. All RDT supplied via AMS have expired and team are advised to discard.

All hospital departments have improved from Q1 and Q2 visit in terms of not using sterile water as buffer to do RDT. Also a circular was released from Director Curative Office banning the use of sterile water as buffer for doing RDT and this was captured again in the onsite trainings. It was also noted that all departments now have improved on correct recording and maintaining malaria M&E tools. However, late submission of monthly report is still a major issue for the Hospital. This was further discussed with team at Medical Records Team and the PHIO of WNBPHA.

CQI training was conducted for the Hospital Staff and surrounding HF on the 1st of August 2024. During the training, timely reporting and quality reporting was discussed with attendees. Also quality of diagnostic tool and treatment was presented and discussed.

The PHIO have admitted that the late submission of report by the Hospital is an ongoing issue. Ideally daily reporting should be carried so that monthly reports can be submitted on time but this has not done thus his office is looking into how to improve this chronic problem.

SUMMARY OF FINDING

- Most facilities visited in Q1 and Q2 have improve a lot in terms of Stock card keeping except for Bola HC who still needs to improve
- All facilities in Gloucester Sub-District visited still needs to improve in terms of stock card keeping
- All facilities still reporting clinical cases
- Most staff are now aware of the new treatment protocol and are practicing it
- Hospital have not submitted any report since January this year

MICROSCOPY

1. Kimbe Provincial Hospital

Have a functional Laboratory room and are doing Malaria Microscopy. They have enough stock of lab consumables (malaria reagents, Slides, Dye and etc.) and staffs are taking part in the External Quality Assurance (EQA) program.

2. Hargy Clinic

Currently operating with a working Microscope. They have reagents supplied from the company Hargy Oil Palm Limited. They are regularly taking part in the EQA programme

3. Kaipura Clinic

Operating with a working Microscope. They have reagents supplied from the company NBPOL. New Microscopy register book was issued. They are reporting frequently into the ENHIS monthly report.

4. Mosa Clinic

Currently operating with a working Microscope. They have surplus supplies of reagents supplied from the company NBPOL. They are regularly taking part in the EQA programme

5. Haella Clinic

Operating Laboratory with a working Microscope. They have reagents supplied from the company NBPOL. They are taking part in the EQA programme.

6. Kimbe Urban Clinic

Have a functional laboratory with a working microscopy and consumables but no lab technician to perform malaria microscopy

7. Valoka HC

Have a functional Laboratory with a working microscopy. However not doing malaria microscopy because of no reagents and consumables. They usually only do slides and send them to Kimbe Hospital for Malaria Microscopy

eNHIS TABLET

All 31 Health Facility visited currently have a functional eNHIS tablet and are currently using it for monthly submission of reports. Facilities were encouraged to do daily correct entries and submission of monthly reports on time as late reporting is still happening in some facilities. Facilities are to report any issues with the tablet VIA Provincial Malaria WhatsApp group so PHIO can be notified and action can be taken to sort out the issue.

IPTP

All facilities visited are aware of the new IPTP and are practicing it. The staff were advised to maintain proper recording for the 2nd and 3rd visit by pregnant mothers receiving IPTP (Fancidar). It vital for this data to maintained so we can properly asses the use of IPTp.

Table 6. Number of reports submitted in the Month of April to July

West New Britain Province

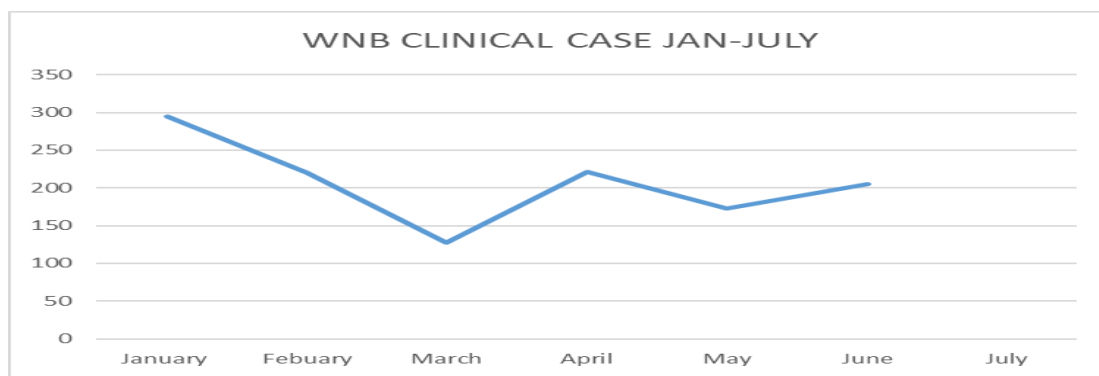
MALARIA REPORT April to July 2024

Date Printed: 20/08/2024 08:08:53

Code	Facility	No of reports	OUTPATIENT		INPATIENT		DEATHS		Slides Examined			RDT Examinations			
			Clinical	RDT	Clinical	RDT	Clinical	RDT	No. Exam	+ve %	+ve % falcip	No. Exam	+ve %	+ve % falcip	Failed
190101	Aka HC	2	4	78	0	0	0	0	0	0	0	362	21.0	13.8	0
190102	Amio SC	3	0	276	0	0	0	0	0	0	589	75.6	71.5	0.5	
190103	Eslei SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190104	Gasmata HC	1	18	37	0	0	0	0	0	0	52	69.2	44.2	0	
190105	Gloucester HC	4	0	893	2	0	0	0	0	0	880	82.3	48.6	0	
190106	Kallai SC	4	15	305	0	0	0	0	0	0	450	61.6	54.0	0.4	
190107	Kandrian HC	4	10	106	0	2	0	0	1	0	916	52.4	44.5	0.1	
190108	Kilenge SC	4	0	670	1	0	0	0	0	0	145	67.6	56.6	0	
190109	Pililo SC	4	20	212	0	3	0	0	0	0	276	59.8	53.6	0.4	
190110	Sagsag SC	4	27	194	0	0	0	0	0	0	699	51.2	43.6	0	
190111	Sassavoru SC	4	5	165	2	1	0	0	0	0	172	75.6	67.4	0	
190112	Turuk SC	4	5	518	0	1	0	0	0	0	636	72.3	42.8	0.2	
190113	Milimata SC	4	15	330	0	0	2	0	0	0	577	63.4	43.8	0.2	
190114	Melenglo SC	4	40	618	0	7	1	0	0	0	970	77.9	58.4	2.8	
190115	Sauren SC	3	24	28	0	0	0	0	0	0	32	56.3	56.3	0	
190117	Wako CHP	4	22	534	2	0	0	0	0	0	606	92.1	71.8	0	
190116	Akongia CHP	4	25	384	2	1	0	0	1	0	421	49.2	41.1	0.5	
190118	Silovuti HC	2	0	96	0	0	0	0	1	100	100	539	46.9	31.4	0
KANDRIAN/GLOUCESTER District		59	230	5444	9	15	3	0	3	33.3	33.3	8322	65.0	49.4	0.5
190201	Bialia HC	4	37	436	7	1	0	0	11	81.8	72.7	1106	40.6	30.7	0.2
190202	Bitokara HC	4	1	329	1	9	0	0	0	0	1159	53.1	40.7	0.1	
190203	Buvussi HC	3	14	335	0	0	0	0	1	100	100	493	51.5	46.2	0.4
190204	Kimbe HP	0	0	0	0	0	0	0	0	0	0	0	0	0	0
190205	Kimbe UC	4	14	957	0	0	0	0	2	0	0	2782	38.1	29.3	0.1
190206	Malala SC	4	27	671	2	1	0	0	0	0	999	81.6	71.7	2.3	
190207	Silanga SC	4	4	386	2	0	0	0	0	0	884	46.7	36.3	0	
190208	Ulamona SC	4	107	307	0	0	0	0	0	0	793	39.8	32.4	0	
190209	Unea HC	4	57	285	7	2	0	0	0	0	624	50.5	33.3	0	
190210	Valoka HC	4	0	802	3	6	0	0	0	0	765	38.4	27.7	0	
190211	Vitu (Panuru) SC	4	102	402	1	9	0	1	0	0	423	51.5	38.3	0	
190212	Lalopo SC	4	0	340	11	8	1	0	0	0	723	43.3	29.3	0	
190213	Mosa (NBPOL) UC	3	1	1187	0	0	0	0	36	41.7	30.6	308	31.5	21.4	0
190214	Hargy UC	4	50	353	0	0	0	0	0	0	1111	28.5	18.6	0.3	
190215	Kapiura UC	4	1	16	0	0	0	0	742	29.4	28.3	2394	45.3	34.1	0.1
190216	Bola SC	3	5	381	0	0	0	0	0	0	767	54.4	44.2	0.1	
190217	Haella UC	4	0	402	0	0	0	0	114	55.3	42.1	2638	52.8	41.0	0.2
190218	Navo UC	4	58	531	0	0	0	0	4	0	0	974	54.1	33.3	1.0
190219	Baea CHP	2	0	26	0	0	0	0	0	0	0	47	57.4	46.8	0
190220	Vatukele CHP	4	51	1	0	1	0	0	0	0	0	185	39.5	22.2	0
TALASEA District		71	529	8147	34	37	1	1	910	33.6	30.5	19174	46.9	35.7	0.3
West New Britain Province		130	759	13591	43	52	4	1	913	33.6	30.6	27496	52.4	39.8	0.3

- ✓ Timely submission of monly report is still an issue in the province
- ✓ In the reporting period of January to July 2024, 2 health facility including Kimbe Hospital did not submit any report
- ✓ Clinical case reporting is subsiding however facilities are still reporting clinical cases

GRAPH 1. Showing Clinical case trend in WNB from January to July 2024



CHALLENGES

- 3 health facilities, Vitu, Unea and Vatukele HC have requested for team to visit however logistical support is still an issue
- Clinical cases reporting is still an ongoing issue
- Finding more efficient route to do kandrian quarterly supervisory trips.
- Hospital reporting still an issue

RECOMMENDATION

- Plan with WNB PHA and RAM for visit in Q4 to Vitu, Unea and Vatukele HC
- PMS to meet with PHIO and relevant officers to address the Hospital reporting issue
- Increase PMS routine trip to HF to improve in clinical casse reporting
- Proper planning is needed for Kandrian trip and Nakanai District CQI training

VEIHCLE USED

KAK 652



- Came out from Ela Motors after service before our Q3 trip.
- In good running condition
- Cracked windscreen need to be replaced. PHA have already purchased windscreen.
- For glue and black rubber to repair windscreen.
- Needs a new Front shock absorber
- For new brake pads
- New tie rod hand
- Mileage: 39935km
- Registration Expiry: 24/10/24
- Safety Sticker Expiry: 16/10/24

CAU 561

The vehicle was brought into service at Ela Motors after Q2 as per directive from RAM management. However, after coming out of the service. The vehicle has grounded since due to multiple mechanical issues during the course of Q3 visit

- Back doors still unable to lock.
- Difficulty opening Back door from outside. RMS purchased new back door handle
- Front seats are torn
- Back seats torn as well
- Mileage: 295932km
- Registration Expired: 30/07/24-Safety Sticker Expiry: 17/10/24
- Plan to be taken again into Ela Motors for Service

ACKNOWLEDGEMENT

1. WNBPHA administration for the continues support towards the National Malaria program
2. WNBPHA staff who worked together with the RAM team during the quarter one visit,
Ms. Grace Bid- Provincial Malaria Supervisor
Mr. Apolos Katoa- WNBPHA Driver
Mr. Wilfred Nanghese- WNBPHA Medical Transit Storeman
Ms Nancy Tanei – WNB PHA Medical Transit Store Manager
3. The Global Fund for the continuous funding of Malaria Commodities and funding WNB Q1 Health Facility Malaria Supervisory Visits and malaria commodities distribution

PHOTOS



Onsite Training with Team in Kapiura Clinic



Team leaving Gloucester after Visit



Onsite Training in Buvusi HC



Q3 CQI Training Session with Team



Team Visit To Ulamona Makeshift HC

End Of Report