

**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
WESTERN PROVINCE
JULY 15TH – SEPTEMBER 06TH 2024**

QUARTER THREE FIELD TRIP REPORT



Figure 1 Integrated visit with WPHA Pharmacist

VISITING OFFICER:

Denzel Polly – Western Malarial Coordinator – Western Province (RAM/NMCP– NDoH)

ACCOMPANY OFFICERS IN THE FIELD:

Julie Sunakiya – HMM Officer – South Fly District

Agustine Gibuma – WPHA Malaria Officer – South Fly District

Joyleen Reken – HMM Officer – North Fly District

Ogat Ambetu – Kiunga Hospital Dispenser

Elwin Sobi – District Health Information Officer

Junior Giniha – Malaria Officer – Middle Fly District Health

Dukawa Saika – HMM Officer – Middle Fly District Health

DATE OF VISIT:

July 17 th to July 30 th 2024– **South Fly District**

August 01st to August 14th to 2024 – **Middle Fly District**

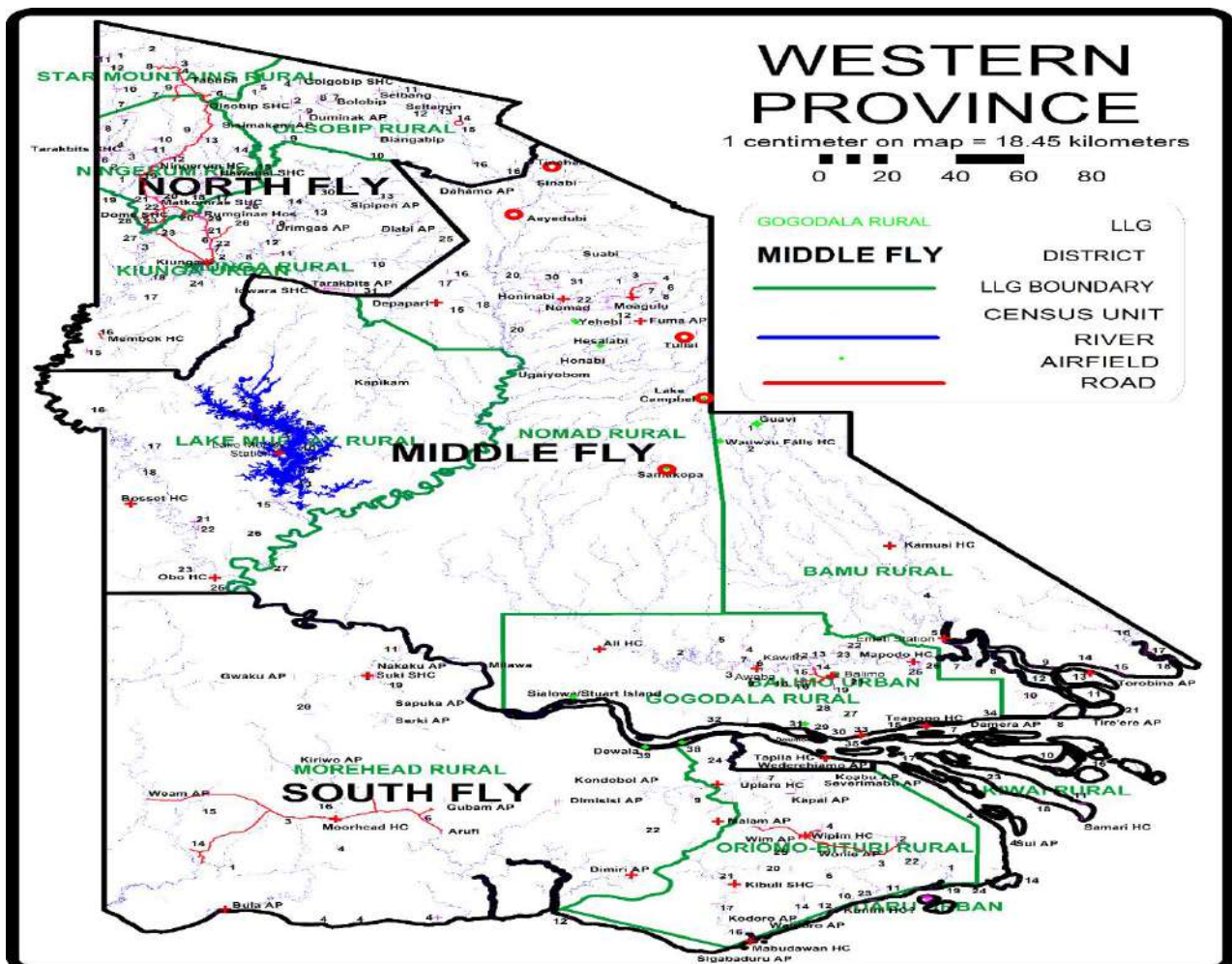
August 17th to September 03rd 2024 – **North Fly District**

BACKGROUND AND PURPOSE OF VISIT

As part of the National Malaria Program, the Rotarians Against Malaria being the Principle Recipient of the Malaria program funding from Global Fund will no longer only distribute nets but will also involve in the other aspects of the malaria program. These includes, the distribution of RDTs and ACTs, Improvement of case management of malaria in health facilities, Improvement of reporting on the use of RDTs and ACTs and reporting into the National Health Information System. To acheive these key goals the Regional Malaria Coordinators make quarterly visits to all accessible health facilities in all provinces in each region to ensure correct treatment and diagnosis and supplies of LLINs, RDTs and ACTs are available and meet the health facility needs. In doing so, we will be able to Implement the National Malaria Treatment Guideline, collect outstanding or pending reports and have small refreshers with the facility staff on the procedures of the rapid diagnostic test or the correct process of filling in a NHIS Monthly Report form

This trip report is for the **second visit** to all accessible facilities in South, North and Middle Fly Districts as well as few inaccessible health facilities in Western province

Map below still showing the three Districts with their Local Level Government boundaries and the health facilities in each district although the province has been divided into four districts



PEOPLE MET WITH

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- Mr. Gabriel Kama – A/Public Health Director – 73108194
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ACTIVITIES DONE (routine activity)

1. Distribution of ACTs and RDTs
2. Conduct Continuous Quality Initiative Trainings for district hospitals and refresher trainings on the National Malaria Treatment Protocol to health facility staff
3. Ensure that staff are implementing the Single Dose administration of Primaquine in PF positive cases
4. Ensure that health facilities are reporting all RDTs/ ACTs in the health facility Malaria Register and are accounting for all ACTs/RDTs. Stock takes of all ACTs and RDT kits in health facilities before supplying new stock
5. Ensure that health staff (OICs) are correctly filling out the Malaria section of the NHIS Monthly Reports in e-NHIS as well as the monthly reporting forms
6. Collect Antenatal LLIN Reports.
7. Restock Antenatal LLINs at health facilities that have shortages and supply LLIN nets to Prisons and Boarding Schools
8. Ensure staff are keeping an up-to-date record of their stock cards

DESCRIPTIONS OF HEALTH FACILITIES IN THE PROVINCE

Western province has a total of **42** facilities in the four districts of which **23** facilities are accessible, meaning they can be physically reached within two hours by vehicle and not more than four hours in a dinghy from PHA or district health offices. From the 42 HFs, only health facilities namely **Samari HSC** is still **closed** due to availability of staff while **Teapopo** Health Sub Center has been reopened in August

With the new district created, **North Fly District (NFD)** now has **15 health facilities**, **Delta Fly District (DFD)** has **10 health facilities**, **Middle Fly District (MFD)** has **6 health facilities** and **South Fly District (SFD)** still have **11 health facilities**. However, the two new districts are still being regarded as only **Middle Fly District**.

From this trip, we visited the 11 HFs in North Fly, 12 HFs in Middle Fly (including Delta Fly), 5 HFs in South Fly District..

Below is the Table of the health facilities in all the districts of Western Province.

Table 1. Summary of the Health Facilities in the province, their accessibilities and the dates they were visited.

District	Health Facility	Agency	Accessibility	Accessibility	Date
South Fly	Daru Hospital	Government	Accessible	Road	25/07/24
South Fly	Daru Urban Clinic	Government	Accessible	Road	18/07/24
South Fly	Kunini HSC	Government	Accessible	Water	19/07/24
South Fly	Mabudawan HC	Government	Accessible	Water	21/07/24
South Fly	Kibuli HSC	Government	Accessible	Water	20/07/24
South Fly	Suki HSC	Government	Inaccessible	Water/Air	Not visited
South Fly	Upiara HSC	ECPNG	Inaccessible	Water/Air	Not visited
South Fly	Samari HSC	Government	Accessible	Water	CLOSED
South Fly	Teapopo HSC	Government	Accessible	Water	Reopened in August
South Fly	Wipim HC	Government	Inaccessible	Water/Air	Not visited
South Fly	Morehead HC	Government	Inaccessible	Water/Air	Not visited
Middle Fly	Wasua HSC	ECPNG	Inaccessible	Water	25/08/24
Middle Fly	Tapila HC	Government	Accessible	Water	24/08/24
Middle Fly	Adiba HSC	ECPNG	Accessible	Water	05/08/24
Middle Fly	Awaba HSC	ECPNG	Accessible	Water	05/08/24
Middle Fly	Kamusi Clinic	ECPNG	Accessible	Water or by Air	06/08/24
Middle Fly	Wawoi Falls HSC	ECPNG	Inaccessible	Water and then by road or by air	Not visited
Middle Fly	Emeti HC	ECPNG	Accessible	Water	07/08/24
Middle Fly	Mapodo HSC	ECPNG	Accessible	Water	06/08/24
Middle Fly	Balimo UC	Government	Accessible	Road	09/08/24
Middle Fly	Balimo Hospital	ECPNG	Accessible	Road	09/08/24
Middle Fly	Lake Murray	Government	Inaccessible	Water or by air	03/09/24

	HC				
Middle Fly	Obo HSC	ECPNG	Inaccessible	Water or by air	Not visited
Middle Fly	Bosset HC	Catholic	Inaccessible	Water	29/08/24
Middle Fly	Debepari HSC	ECPNG	Inaccessible	Air	03/09/24
Middle Fly	Nomad HSC	Government	Inaccessible	Air	Not visited
Middle Fly	Mougulu HSC	ECPNG	Inaccessible	Air	Not visited
North Fly	Kiunga DH	Government	Accessible	Road	20/08/24
North Fly	MCM UC	Catholic	Accessible	Road	27/08/24
North Fly	Rumginae RH	ECPNG	Accessible	Road	23/08/24
North Fly	Haewenae HSC	ECPNG	Inaccessible	Road and by water	Not visited
North Fly	Matkomnai HSC	Catholic	Accessible	Road	21/08/24
North Fly	Dome HSC	ECPNG	Accessible	Road and by water	22/08/24
North Fly	Ningerum HC	Government	Accessible	Road	21/08/24
North Fly	Tarakbits HSC	Catholic	Accessible	Road and by water	17/08/24
North Fly	Kungim HSC	Catholic	Inaccessible	Road and by water	18/08/24
North Fly	Tabubil HP	Private	Accessible	Road	23/08/24
North Fly	Tabubil UC	Private	Accessible	Road	23/08/24
North Fly	Olsopbip HC	Government	Inaccessible	Air	Not visited
North Fly	Golgobip HSC	Catholic	Inaccessible	Air	Not visited
North Fly	Iowara HSC	Catholic	Inaccessible	Road and by water	Not visited
North Fly	Membok HSC	Catholic	Accessible	Air	28/08/24

Table 2. Shows the coverage rate for both accessible and overall facilities in Western Province.

	Quarter 3
Total number of HFs	42
Total number of functional HFs	41
Total Accessible Facilities	22
Total Inaccessible Facilities	17
Total Accessible Facilities Visited	24
Total Facilities Visited	28
% Coverage (Accessible)	100%
% Coverage (Total Facilities)	68.3%

The coverage rate is calculated based on the functional health facilities in the province. For this Q3 visit we managed to visit all accessible health facilities and 5 inaccessible health facilities consequently, about 68.3% for the total coverage in the province but the coverage rate for accessible HFs is 100%

From the coverage rate seen and because of Western Province being a water-logged area and geographically difficult province in terms of logistics, below is the list of HFs that were not visited because of their inaccessibility.

No.	Health Facility	Q2 Supplies	Reasons for not conducting a single facility visit
1	Suki HSC	Their supplies were delivered through SDP AHP team from Balimo.	More than 10 hours of travelling by dinghy from PHA. Will consume a lot of fuel. Plan to visit in Q4 through integrated visit with partners WPHA, SDP, etc..
2	Wawoi Fall HSC	Their supplies were delivered through SDP AHP team from Balimo.	Travel by air to site or by road from Kamusi logging camp, only during dry season due to condition of the road to Wawoi.
3	Wipim HC	Their supplies were delivered through SDP AHP team from Balimo.	Travel by dinghy from Daru to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
4	Morehead HC	Their supplies were delivered through SDP AHP team from Balimo.	Approximately 12 hours by dinghy and then by road for 5 hours. (Expensive) but can be visited through arrangements with partner such as SDP
5	Obo HSC	Their supplies were picked up by a staff who was in town during the visit.	Approximately 12 hours by dinghy and will use a lot of fuel. Plan to visit in Q4
6	Lake Murray HC	Their supplies were delivered through SDP AHP team from Balimo.	More than 12 hours by dinghy and expensive to travel there. Plan to visit in Q4 through assistance from SDP
7	Iowara HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Travel by dinghy from Kiunga to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
8	Golgobip HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Access only by air.
9	Olsobip HC	Their supplies were stored in the district shed and will be delivered when there is a patrol team travelling to the facility	Access only by air

Malaria Commodities Supplied

RDTs and ACTs

Table 3 Showing the quantity of malaria commodities supplied to Western Province for this second quarter visit

Commodity	Quantity
RDT	1118 x 25
ACT 6	60 x 30
ACT 12	104 x 30
ACT 18	74x 30
ACT 24	202 x 30
Primaquine (7.5mg)	1949 x 10x10

All of the above commodities were supplies under both National Department of Health and Global Fund. Primaquine tablets supplied in this visit under NDoH whereas the RDTs and ACTs were supplied under the funding

Long Lasting Insecticide Nets (Antenatal and Positive Patients Nets)

For Western Province, we are distributing nets for both pregnant mothers and malaria positive patients.

From these two purposes, the malaria positive patients' nets were well accounted for, however, we are still having issues with few HFs who tend to submit ANC registers of fewer net issued and nets not being accounted and requested for nets.

The nets were supplied according to the stock on hand thus some facilities were not given nets during this visit. Most health facilities that were not given nets are the inaccessible HFs in the **fly in areas**.

However, we have achievement this quarter as we distributed nets some fly in areas through the support of **Aerial Health Patrol (AHP)** from SDP.

For this quarter alone, we have distributed 4270 nets throughout the province and this brings a total of 13380 nets delivered so far for the province this year. (*see table in annex*)

HEALTH FACILITY FINDINGS AND OBSERVATIONS

Health Facility	RDT/ACT Stock Management	Treatment	LLINs	Reports
Daru Hospital	Have a well-established dispensary and kept updated stock card	Had a training with OPS, MR and Hospital Pharmacist in Q1. OPD	NO ANC Service. Supply malaria positive patient nets. Receipts not updated	Timely reporting and they have improved with the malaria data in the tablets

Daru UC	Have a well-established dispensary however, stock card is not updated and maintained	Since a refresher with the staff in Q1 and the CQI training done in this quarter, they have greatly improved with the treatment protocol	Have adequate supplies and serves all Daru Island with antenatal services including people from mainland who came to the island as well. Supply positive patient nets. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Mabudawan HC	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol. Planning to do CQI in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Kunini HSC	Have a well-established dispensary however, stock card is not updated and maintained	Requesting further training	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Kibuli HSC	Have adequate supplies. However, stock card not maintained. Encouraged to start keeping stock card	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q4	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Tapila HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Plan to do CQI training in Q4	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Wasua HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q4 as they are still having problems with case management	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Adiba HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Upiara HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol but one CQI during the visit	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Awaba HSC	Have a well-established dispensary however, stock card is not updated and maintained. Encouraged to maintain the stockcard	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo UC	Have a well-established	Staff aware of the Malaria Treatment	Have adequate supplies for both	Timely reporting and they have

	dispensary and kept updated stock card	Protocol	ANC and MPP. Receipts collected	improved with the malaria data in the tablets
Balimo R Hospital	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Mapodo HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Emeti HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Kamusi Clinic	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Kiunga Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
MCM UC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Rumginae R Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Dome HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Matkomnai HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Ningerum HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol but need further refresher	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Tabubil Hospital	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet

Tabubil Clinic	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Tabubil Clinic is reporting under Tabubil Hospital
Tarakbits HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Membok HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Bosset HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Debepari HSc	Have a well-established dispensary. Stock card updated	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets
Nomad HC	Have a well-established dispensary however, stock card is not updated and maintained	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets
Mougulu HSC	Have a well-established dispensary. Stock card updated	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets

SUMMARY OF FINDINGS

From the 28 health facilities that were physically visited, we are still having some issues with these following areas:

Stock Management

Of these 29 HF's visited, from quarter visit of 12 HF's have an updated stock card and are maintained, now we have 17 health facilities practicing stock management with malaria commodities. All the other HF's do have the stock cards but were not updating and maintaining them.



Figure 2 Balimo Hospital Pharmacist with the Malaria Commodities Stock card.

National Health Information Systems Reporting

All the HFs in Western Province are reporting through eNHIS or using the tablet as their reporting tool to submit their monthly reports. However, although their reports are consistent and submitted on a timely basis which is the first week of the next reporting month, the quality of the report still is a very big issue.

Few points identified from the issues the facilities are having include:

- fields in the report tool are not always complete or some information are recorded in wrong fields as such data's do not capture the hard work that the staff did
- few facilities have only one officer who was taught on how to use the tablet, so when the officer is on holidays, no reports were submitted for that facility during his/her time of absence.
- some aging staff were not properly trained or not confident to enter results in the tablets, as a result, there were incomplete reports or data incorrectly entered in some fields.
- There were 11 facilities who had over reporting of ACTs given to positive RDT done. These facilities mostly record suspected cases as clinical cases and were administered ACTs

These issues were addressed by hands on training with the staff at the facilities with the assistance from WPHA and the district health information officers.





Figure 4CQI Training staff at the health facility

PARTNERSHIP UPDATES

Western Provincial Health Authority (WPHA)

Our main partner in the program in the province is WPHA who was always there to assist the program with logistics while on the ground. This include delivering supplies to health facilities either by boat or vehicle, storage of malaria commodities in the transit store as well providing financial support for our HMM officer on the ground for her supervisory visits and training programs

This quarter we were able to have an integrated visit with the WPHA Provincial pharmacist Mr Chris Sana to and visited several health facilities in Kiunga, North Fly District.



Papua New Guinea Sustainable Development Project (PNGSDP)

PNGSDP still remains our main partner in the province apart from WPHA in support with the logistics to deliver malaria commodities to inaccessible health facilities in the province.

For this quarter 3 visit, PNGSDP has greatly supported the program by again assisted with the delivery of 3000 nets from Port Moresby to Balimo in the Delta Fly District of the province From the 3000 nets, 500 nets were given to PNGSDP to assist with their patrols..

Apart from that, the Aerial Health Patrol team delivered malaria commodities and LLINs to inaccessible health facilities such as Debepari and Lake Murray.

PNG- Australia Transition to Health (PATH)

PNG- Australia Transition to Health (PATH) has been really helpful with our malaria program in South Fly District with the assistance of vehicle to do our visits in Daru Island as well as providing fuel for our HMM program

Australian Doctors International (ADI)

We have created a good working relationship with The Australian Doctors International Organization in Kiunga, North Fly District under the management of Mr. Aron Bale their Program Manage.

They are currently assisting the program with their storage area where we are storing our LLINs and distributing to health facilities upon requests



Figure 5 The nets being stored at ADI store room with the person in charge

Catholic Health Services (Kiunga)

Catholic Health Services in Kiunga has greatly assisted the program with logistics to deliver LLINs and antimalarial to their health facilities that are inaccessible as well as assisted malaria program with their vehicle to transport LLINs and malaria commodities to health facilities in respective Catholic Run facilities

Homebased Management of Malaria (HMM) PROGRAM

Our HMM Program for Western Province is now active in all three districts namely South Fly, North Fly and Middle Fly District (Delta Fly)

For quarter three (3), there was one Supervisory done in North Fly District, one Refresher training done in Delta Fly and one training done in South Fly district by each of the officers assigned for each district

MALARIA SCHOOL SURVEY (MSS)

There was no malaria school survey done in quarter three (3), however, the second part of the school survey will be done in quarter four (4)

KEY CHALLENGES (on going issue)

- No Provincial Malaria Supervisor in the province nor malaria district officers in the district to coordinate malaria program in the respective districts
- Other anti-malarial brought into the province and are being sold in shops, this can led to resistance with Malaria (*This was not address by responsible authorities*)



Figure 6 One of the malaria commodities found in shops

- Staff in some facilities still treating patients clinically or diagnosing patients clinically.
- Some OICs or staff designated to enter data in the tablets are still not fully trained to use the tablet when reporting through eNHIS because some sections are not completed.
- Health facilities still not accountable for the ANC nets supplied
- Inaccessible health facilities that are accessible only by planes cannot be reached as the planes to those areas are only chartered and no regular flights
- Weather and geographical impediments still is a big challenge which often hinder program activities in the province

RECOMMENDATIONS

- Western Provincial Health Authority (WPHA) to monitor and regulate policies to people selling malaria commodities in the province
- Western Provincial Health Authority (WPHA) to recruit malaria officers for each of the district to coordinate malaria program activities.
- **HMM officers on the ground to coordinate malaria programs in each district since there is still no malaria officers on the ground**
 - OICs or person in charge of ANC nets should do monthly stock take of nets against registers as to ensure there is **accountability** in the issuing of nets and drugs at provincial level as well as at facility level
 - OICs in facilities to assign officer to be in charge of dispensary so stock cards can be maintained effectively
 - Although there is timely reporting from all the health facilities, provincial and district hospital, there are still reports of poor quality so PHIO needs to do quality checks to avoid over reporting or under reporting

- The functional laboratories in the province need to consistently participate in the External Quality Assessment with the Central Public Health Laboratory so the technicians can assess their microscopy performance

- Finally, we need to have Continuous Qualitative Initiative down to every health facility so all staff can fully understand every aspect of malaria in the province

ACKNOWLEDGEMENTS

- The Western Provincial Health Authority in Daru
- PNG-Australia Transition to Health (PATH) -WPHA
- The North Fly District Health team in Kiunga
- Papua New Guinea Sustainable Development Program (PNGSDP)
- Australian Doctors International (ADI)
- The Evangelical Church of Papua New Guinea Health Services (ECPNG)
- The Catholic Christian Health Services in Kiunga (CCHS)
- The Middle Fly District Health team in Balimo
- RAM Logistics, Admin Staff and the Accounts section for their continuous support for the visit to be successful



Figure 7 Meeting with OIC Tabubil UC HEO Sheila Waisu



Figure 8 Well controlled malaria commodities on the shelf



Figure 9 CQI training with HF staff

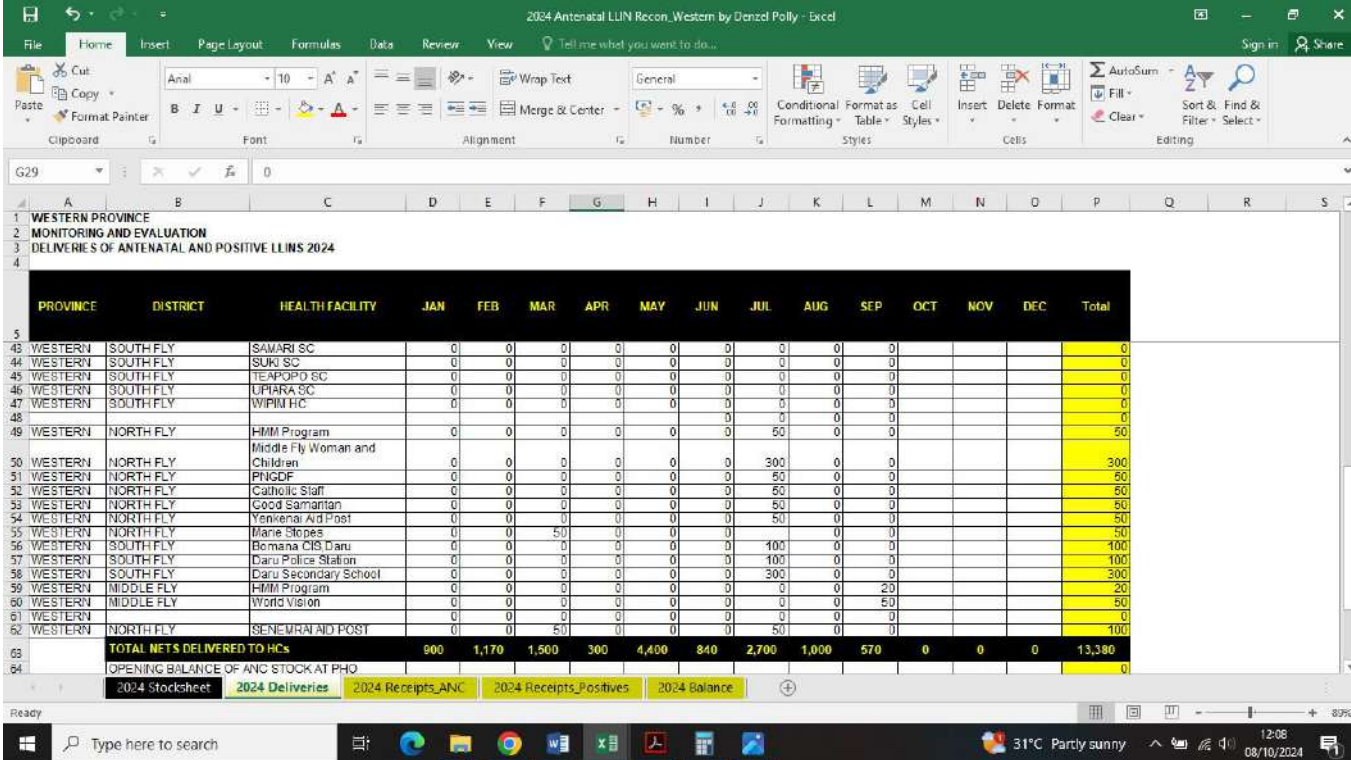


Figure 10 Figure showing the total number of nets delivered so far



