

QUARTER FOUR FIELD TRIP REPORT

Name of Officer: Brenda Fisaura
Destination: AROB
Date travelled to AROB: 1st November 2024
Date visit ended: 15th November 2024
Date returned to POM 18th November 2024 (flight cancelation since the 16th of November)
Nights away from the office: 17 nights

Type of documents attached: Air tickets/ boarding passes and Acquittals

PHA Assisting Officers: Mr. Absalom Masono (Malaria Program Officer)
RAM Assisting Officer: Ms. Racheal Puton (HMMO)

Purpose of Travel: Q4 Supervisory Visits to facilities and distribution of Malaria testing kits, Mala1 drugs and Primaquine as well Antenatal nets for the facilities



HMMO Racheal Puton with Buin HC Sister in Charge , Sr. Makunia verifying the ENHIS data against the NHIS hard copies of each month for this years reports for Buin HC

OBJECTIVE:

This is the fourth quarter trip of 2024, to carry out the routine Malaria Health Facilities Supervisory visits and Drug Distribution in the Autonomous Region of Bougainville.

The main objectives;

- Visit all accessible HFs and ensure that there is adequate supply and **NO STOCK OUT** of Malaria Rapid Diagnostic Test (mRDT) kits, Artemisinin-based Combination Therapy (ACT), Primaquine (PQs) and other malaria commodities including Antenatal Care (ANC) nets in all HFs,
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and complete treatment is given to those positive confirmed cases as per National Malaria Treatment Protocol. And that all data is recorded and Reported timely on the National Health Information System (NHIS),
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs despite not been visited,
- Strengthen Continuous Quality Improvement (CQI) activities in the region.
- Provide support and assistance to the Provincial Malaria Control team for efficient program monitoring and evaluation (M&E).

PEOPLE MET WITH DURING Q1 VISIT

- Lawrencia Kumis – Executive Public Health Director
- Buka Hospital Pharmacy OIC Mr. Edward Nanatsi
- Buin Health Centre Pharmacist Mr. Isaiah Norg
- Regional Pharmacist Ms. Gwendoline Kolonga
- Arawa District Hospital Data Entry Clark – Maggie
- Director Nursing- Arawa Hospital, Mr. Ignatius Girana
- House Hold Malaria Management Officer Ms. Racheal Puton
- Provincial Malaria Program Officer, Mr. Absalom Masono
- All officers in charge and staffs on duty of facilities visited in Q4

1. BACKGROUND INFORMATION OF AUTONOMOUS REGION OF BOUGAINVILLE

Historically the region was known as the North Solomon's Province. Conflict over the Panguna Mine became the primary trigger for the Bougainville Civil War (1988- 1998), which resulted in the deaths of up to 20,000 people. A peace agreement however was developed and resulted in the creation of the Autonomous Bougainville Government.

AROB is located 1,000 kilometres east of the mainland national capital of Port Moresby. It is the most remote of Papua New Guinea's 21 provinces with Buka Town as its current capital after the civil war. It consists of two large islands, Bougainville (8,646 square kilometres) and Buka (598 square kilometres), separated by a narrow passage, as well as many small islands. The Emperor Range, with its highest peaks at Balbi (9,000 feet [2,743 metres] and Bagana, both active volcanoes, occupies the northern half of the island, and the crown prince range occupies the southern half. Coral reefs fringe the shore. The region has an estimated population of 249,358 people (2011 national census).

AROB is divided into three main districts (North Bougainville, Central Bougainville and South Bougainville) which accommodates a total of currently forty functional health facilities which provides health services to the entire population. There are also aid posts, clinics and community health posts located in the catchments which operate directly under the main health centres. The health care service delivery is provided by a combination of government, private facilities, church facilities and Non-Government Organisations (NGO).

Most of the health facilities are accessible by road with only 10% of it being accessed by dingy and can only be so depending on the weather conditions. Few difficulties include poor road infrastructure especially in the inlands of South Bougainville district during wet season often makes it difficult to travel through and reach the facilities. Refer to map of AROB below.

Figure 1. Map of Autonomous Region of Bougainville



2. DISCRIPTIONS OF FACILITIES IN EACH DISTRICTS (REGIONS)

Buka Region

Buka Region has a total of **14 functional reporting facilities**. Five facilities; **Nissan HC, Caterets SC, Skotolan SC, Sipai SC and Kuraio SC** are sea accessed. Nissan and Caterets takes 4 to 5 hours to reach as they are located on the outer islands and is accessed when the weather and the sea is fine. The other three sea accessed facilities takes less than 2 hours to reach from Buka Town. The remaining 9 facilities; **Buka Hospital, Buka Urban Clinic, Gagan SC, Hanahan SC and Lemmanmanu SC** are accessed via road on Buka Island and **Hantoa SC, Kunua HC, Tearouki HC and Kekesu SC** are reached by road on main Bougainville Island. This quarter the team visited all facilities except Nissan HC and Caterets SC only due to time limitation.

Central Region

Central region has a total of **10 reporting facilities**. These facilities are **Wakunai HC, Ruruvu SC, Manetai SC, Arawa HC, Koromira SC, Kodora CHP, Kakusida CHP, Panguna SC, Orami CHP and Paruparu SC**. All these facilities are accessed by vehicle except for Paruparu SC, as it will take to travel by vehicle and then tracking for 2-3 hours and **that is why our team has not yet visited this particular facility**. Ruruvu SC is also visited if the road condition is good. This quarter all facilities were visited except for Paruparu SC due to inaccessibility.

South Region

This region has a total of **16 reporting facilities**. 14 of these facilities (**Oria SC, Tabago SC, Turiboiru SC, Buin HC, Lenoke SC, Piano SC, Katuhkuh SC, Konga SC, Monoitu SC, Tonu SC, Boku SC, Morotona HC, Sovele SC and Singkodo SC**) are accessed through road but during wet seasons they are almost impossible to reach as the roads leading to most of these facilities in the south deteriorates too quickly during the raining season. The remaining two facilities which are **Piva HC and Karato CHP** are accessed by boat from Buka Island. Piva HC takes almost 3 to 4 hours by dingy from Buka town to reach Torokina beach front then travel by vehicle for less than 30mins to finally reaching the facility. Karato SC is also the same but instead of vehicle, one has to track again for another hour or so to reach the facility and that is why our team has not yet visited this particular facility. This quarter all facilities were visited except for Karato CHP due to inaccessibility and Tabago SHC due to facility closure resulting from ongoing tribal fights.

3. SUMMARY OF SUPERVISORY 2024 Q4 HEALTH FACILITY VISIT

Table1. Distribution of Health Facilities in the Province, their accessibility and the dates the team visited.

DISTRICT	HEALTH FACILITY	AGENCY	ACCESSIBILITY STATUS	ACCESSIBILITY	DATE OF VISIT
NORTH	Buka UC	Government	Accessible	Road	01/11/24
NORTH	Gagan SC	Catholic	Accessible	Road	01/11/24
NORTH	Hanahan SC	Government	Accessible	Road	02/11/24
NORTH	Kekesu SC	United Church	Accessible	Road	04/11/24
NORTH	Kunua HC	Government	Inaccessible	Road	14/11/24
NORTH	Kuraio SC	Catholic	Accessible	Sea	13/11/24
NORTH	Lemanmanu SC	Government	Accessible	Road	02/11/24
NORTH	Nissan HC	Government	Inaccessible	Sea	Not visited
NORTH	Selau (Hantoa) SC	Government	Accessible	Road	04/11/24
NORTH	Sipai SC	Catholic	Accessible	Sea	13/11/24
NORTH	Skotolan SC	United Church	Accessible	Sea	12/11/24
NORTH	Buka HO	Government	Accessible	Road	01/11/24
NORTH	Tearouki HC	Catholic	Accessible	Road	04/11/24
NORTH	Carterets SC	Government	Inaccessible	Sea	Not visited
CENTRAL	Arawa DH	Government	Accessible	Road	13/11/24
CENTRAL	Manetai HC	Catholic	Accessible	Road	05/11/24
CENTRAL	Panguna HC	Government	Accessible	Road	07/11/24
CENTRAL	Ruruvu SC	United Church	Inaccessible	Road	05/11/24
CENTRAL	Wakunai HC	Government	Accessible	Road	05/11/24
CENTRAL	Paruparu SC	Government	Inaccessible	Road	Not visited
CENTRAL	Koromira HC	Catholic	Accessible	Road	06/11/24
CENTRAL	Kakusida CHP	Government	Accessible	Road	06/11/24
CENTRAL	Orami CHP	Government	Accessible	Road	07/11/24
CENTRAL	Kodora CHP	Government	Accessible	Road	06/11/24
CENTRAL	Buin HC	Government	Accessible	Road	10/11/24
CENTRAL	Katuhkuh SC	Government	Accessible	Road	09/11/24
CENTRAL	Konga SC	Government	Accessible	Road	09/11/24
CENTRAL	Lenoke SC	Government	Accessible	Road	10/11/24
CENTRAL	Monoitu SC	Catholic	Accessible	Road	09/11/24
CENTRAL	Morotona HC	Catholic	Accessible	Road	07/11/24
CENTRAL	Piano SC	Catholic	Accessible	Road	09/11/24
CENTRAL	Piva (Torokina) SC	Government	Inaccessible	Sea then road	13/11/24

CENTRAL	Sovele SC	Catholic	Accessible	Road	08/11/24
CENTRAL	Tabago SC	Catholic	Accessible	Road	Not visited
CENTRAL	Tonu SC	United Church	Accessible	Road	08/11/24
CENTRAL	Turiboiru SC	Catholic	Accessible	Road	10/11/24
CENTRAL	Oria SC	Government	Accessible	Road	12/11/24
CENTRAL	Boku HC	Government	Accessible	Road	08/11/24
CENTRAL	Singkodo SC	Government	Accessible	Road	08/11/24
CENTRAL	Karato CHP	Government	Inaccessible	Sea then track	Not visited

Table 2. Shows the coverage rate for both accessible and overall facilities in Autonomous Region of Bougainville.

	Quarter 1
Total number of HFs	40
Total Accessible Facilities	33
Total Inaccessible Facilities	7
Total Accessible Facilities Visited	32
Total Facilities Visited	35
% Coverage (Accessible)	97%
% Coverage (Total Facilities)	87.5 %

As per the summarized table above, the target for this quarter 4 was to visit all 33 accessible facilities and 4 inaccessible facilities. The team managed to reach 32 accessible facilities and only 3 inaccessible facilities. This gave an overall coverage rate of 87.5% of total facilities visited and 97% coverage rate for accessible facilities in the region visited.

Table 3: Plan for hard to reach facilities not visited

No.	Health Facility	Q1 supplies status	Reasons for not conducting a single facility visit
1.	Nissan HC	Sufficient stock on hand currently – SIC notified to pick up supplies whenever she travels into town	Inaccessible facility. 3-4 hours' travel depending on the sea current status. AROB Health Secretary advised team not to visit. Instruct to advise staffs to pick supplies in town.
2.	Karato CHP	OIC/SIC will have to be notified to pick up Q4 supplies whenever traveling into town.	Inaccessible facility. Travel by boat from Buka about 3 hours and then track Otherwise positivity rate is low so staff should notify once current stock on hand is running low
3.	Paruparu SC	Staff to be notified by PMS to collect supplies in Buka town or Arawa Pharmacy once stock is low	Inaccessible facility. Travel by vehicle from Arawa Town for 1 – 2 hours and then track
4.	Tabago SC	No visit done and no supplies given	Facility temporarily closed due to tribal fights
5.	Caterets HC	OIC/SIC will have to be notified to pick up Q4 supplies whenever traveling into town.	Inaccessible facility. Travel by boat from Buka about 3 hours and then track Otherwise positivity rate is low so staff should notify once current stock on hand is running low/

All facilities not visited, their quarter 1 supplies are not prepacked but are kept at the Medical Transit House with the rest of the buffer supplies. It will be packed and handed to the staffs when they come to the transit store to pick up. All Officers in charge of these facilities have already been notified via phone.

4. RDTs AND ACT SUPPLIES PROCURED REPORT

This quarter, the 4-month GF supplies for AROB were consigned early into the Region prior to the start of Q4 visit. Total of 22 cartons of ACTs and RDTs received by the Malaria team on the ground. There was also sufficient buffer stock available as well before the start of the quarter 4 distribution.

Table 4: Provided below is the receiving quantity.

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 13	13	RDT	40	520	13,000	101536/30/33	Jan-25	13	169	0.07	0.91
14 TO 15	2	ACT12	36	72	2,160	NAD2419A	Feb-28	10	20	0.06	0.12
16 TO 17	2	ACT24	24	48	1,440	7254366	Jan-25	15	30	0.07	0.14
18	1	ACT24	33	33	990	NAA2411A	Feb-28	15	15	0.07	0.07
			1	1	30	NAA2428A	Feb-28				
			4	4	120	7254366	Jan-25				
19	1	ACT18	14	14	420	7254366	Jan-25	15	15	0.07	0.07
		ACT24	10	10	300	7254366	Jan-25				
20	1	ACT12	31	31	930	NAD2419A	Feb-28	10	10	0.06	0.06
21	1	ACT6	10	10	300	7254176	Dec-24	15	15	0.07	0.07
		ACT18	29	29	870	NAA24128A	Feb-28				
		ACT24	1	1	30	NAA2428A	Feb-28				
22	1	RDT	35	35	875	101536/30/33	Jan-25	12	12	0.07	0.07
TOTAL	22								286		1.51

TOTAL SUMMARY

		ITEM	PACKETS	INDIVIDUAL UNITS	SOURCE (GF/GoPNG)
No. of Cartons	22	RDT	555	13,875 test kits	GF
Weight (Kg)	286	ACT6	10	300 blister pkts	GF
Volume (m ³)	1.51	ACT 12	103	3,090 blister pkts	GF
		ACT18	43	1,290 blister pkts	GF
		ACT 24	97	2,910 blister pkts	GF
		PRIMAQUINE	NOT SUPPLIED	tablets	

Table 5: Quantity distributed per facility during quarter 4 visit. Quantity supplied according to the current stock available at the facility. Facilities not listed have sufficient stock on hand.

DATE	FACILITY	STOCK ISSUED	STOCK ISSUED	STOCK ISSUED	STOCK ISSUED	STOCK ISSUED	STOCK ISSUED
02/11/2024	Lemanmanu HC	8	0	0	0	0	0
02/11/2024	Hanahan HC	3	0	0	0	0	0
04/11/2024	Hantoa HC	15	0	6	1	1	0
04/11/2024	Tearouki HC	21	0	8	0	0	0
04/11/2024	KEKESU SC	16	0	8	0	0	0
05/11/2024	MANETAI SC	10	0	8	0	0	0
06/11/2024	KOROMIRA SC	13	0	6	0	0	0
07/11/2024	ARAWA HOSPITAL	40	0	19	0	0	0
07/11/2024	PANGUNA HC	8	0	0	0	0	0
07/11/2024	ORAMI CHP	6	0	0	0	0	0
08/11/2024	SINGKODO SC	3	0	0	0	0	0
08/11/2024	SOVELE HC	2	0	0	0	0	0
07/11/2024	MOROTONA HC	4	0	5	0	0	0
08/11/2024	BOKU SC	5	0	0	0	0	0
08/11/2024	TONU SC	7	0	0	0	0	0
08/11/2024	MONOITU HC	10	0	0	0	0	0
09/11/2024	KATUKUH SC	4	0	0	0	0	0
09/11/2024	PIANO SC	7	0	3	0	0	0
10/11/2024	BUIN HC	20	0	10	0	0	0
13/11/2024	KURAI SC	7	0	0	0	0	0

Throughout the visit all facilities did not have any stock out of ACTs/RDTs for more than 2 weeks. All had sufficient stock on hand during the visit. All facilities were supplied with 4 months' supply of stock. No facilities had nil stock of ACTs when the team arrived. Facilities not listed had sufficient stock on hand thereby no new stock was supplied.

c) Malaria Microscopy

There are only 4 reporting facilities; Buka Hospital, Arawa District Hospital, Buin HC and Sovele SC whom are performing Malaria Parasite Slides Examination in the Region. The distribution of Malaria Microscopy in the Region is uneven and also there is no trained malaria microscopist at this registered facilities performing MPS. North District has 1 facility only, Central District has only 1 and South District with 2 facilities. There is still a challenge for cases which needs confirmation with MPS. There is an absolute decline in Malaria Parasite Slides (MPS) performance due to several reasons

- Buka Hospital Laboratory: There is definitely man power issue thus no MPS are usually done
- Arawa District Hospital Laboratory: MPS is done but not captured in the monthly NHIS reports despite countless emphasis from previous years till the first few months of this year. Just recently datas have been captured
- Buin HC Laboratory: No power connection to the Lab thus no MPS done

All microscope at each of the facility are in good condition and there are sufficient reagents and slides available during our visit at the rest of the other 3 facilities. All staffs performing MPS at these mentioned facilities do take part in the External Quality Assurance (EQA) program except for Buka General Hospital in which they are expected to send required number of slides every quarter to Central Public Health Laboratory (CPHL). There is however poor feedback response from CPHL to provide timely competency rate of each staff performance thus few staffs competency is always questioned.

d) Malaria School Surveys

The school survey this year 2024 was conducted in June and November respectively. Phase one was in June and Phase two in November. Kekesu Elementary school datas are yet to be submitted in. All datas gathered were forwarded to NMCP. Provided below is the datas collected.

Year	Month survey conducted	Province	District	Catchment Facility	LLG	School	Total tested	Total positive	Total Pf	Total NPf	Total Mixed	Total Invalid	Total Neg	Have enlarged spleen	Fever in last 24hrs	Own a LLIN	Slept in LLIN night before	Number ACT courses given	Number PQ courses given
2024	07/06/2024	AROB	PANGUNA (CENTRAL)	Manetai SC		MANETAI ELEMENTARY	48	0	0	0	0	2	48	-	6	27	24	0	0
2024	05/06/2024	AROB	SIWAI (SOUTH)	Monoitu HC		KORUMA ELEMENTARY	48	0	0	0	0	0	48	0	0	27	21	0	0
2024	04/06/2024	AROB	BUIN (SOUTH)	Turiboiru HC		MOROU ELEMENTARY	133	0	0	0	0	0	133	-	0	35	35	0	0
2024	06/06/2024	AROB	SELAU (NORTH)	Hantoa SC		TONGOMO ELEMENTARY	77	10	7	3	0	0	67	0	12	3	1	10	10
2024	15/07/2024	AROB	TINPUPS (NORTH)	Kekesu SC		KEKESU ELEMENTARY	45	2	1	0	1	0	43	0	1	26	17	2	2
		AROB	KIETA (CENTRAL)	Koromira SC		PEWANA ELEMENTARY	NO SCHOOL SURVEY CONDUCTED												
PHASE TWO (QUARTER 4 RMC VISIT)																			
2024	November	AROB	KIETA (CENTRAL)	Koromira SC	KOKODA	PEWANA ELEMENTARY	39	6	1	5	0	0	33	0	0	22	24	6	6
2024	November	AROB	Buin (South)	Turiboiru HC		Morou Elementary	105	0	0	0	0	0	105	0	0	86	15	0	0
2024	November	AROB	SELAU (NORTH)	Hantoa SC		TONGOMO ELEMENTARY	149	11	4	4	3	0	138	-	-	-	-	11	11
2024	November	AROB	TINPUPS (NORTH)	Kekesu SC		KEKESU ELEMENTARY													
2024	November	AROB	PANGUNA (CENTRAL)	Manetai SC		MANETAI ELEMENTARY	62	0	0	0	0	0	62	0	0	21	22	0	0
2024	November	AROB	SIWAI (SOUTH)	Monoitu HC		KORUMA ELEMENTARY	29	0	0	0	0	0	29	0	0	8	6	0	0

6. HOME BASED MANAGEMENT OF MALARIA (HMM)

Kekesu SC and Tearouki HC are the only 2 facilities to date that has the Home Based Malaria Management Volunteer Program in AROB currently. Since the start of this program in November of 2022 up till now the HMM officer Ms. Racheal Puton has trained a total of 58 volunteers. Last year 2023, there was one drop out but a replacement was taken on board and trained in the 2nd batch training held in November. The target set for Ms. Puton for 2023 was to train 100 volunteers however due to limited time as a result of attending the Annual Learning and Reflection Meeting held in Port Moresby she was unable to achieve the target set.

This year, Ms. Puton will train 64 new volunteers to complete the target set last year. All these volunteers to be trained will be under Hantoa SC catchment. So far this year

- Current existing CMVs total is 57 after a volunteer passed away in early February.

- HMMO Ms. Puton has conducted a supervisory visit in February for both Kekesu SC and Tearouki HC catchment volunteers. Total of 44 volunteers were visited and datas collected while the remaining 13 volunteers due to funeral arrangement for the late CMV member, HMMO only collected their datas and ensure that they have sufficient stock on hand.
- Ms. Puton (HMMO) conducted a refresher training for the 2nd batch of volunteers (18 volunteers) trained under Tearouki catchment of last year from March 18th to 22nd March 2024. AROB Health Department was part of the visit and assisted with vehicle for officers to use. This refresher was prioritized due to malaria registers not correctly filled out and monthly reports not submitted on time. After this refresher, the team is expecting an improvement.

Although HMM program has had a tremendous effect on the disease burden in the catchment areas that this program has been rolled out, it is the tracking of HMM datas in the NHIS that is seen to be an issue. Most particularly;

- Individual CMV datas that are submitted late to facility OICs long after the facility submits its monthly NHIS report is often not monitored/ included and in most cases the datas are not captured eventually.
- There is no field in the NHIS specifically for CMV datas thus we cannot see the actual data from CMVs alone and from facility itself as well.

7.HOSPITAL VISIT

In PNG almost all of the Provincial Hospitals have issues in maintaining consistent reporting of malaria datas. Buka General hospital also has its fair share of issues. This quarter the team did the usual routine visit to all wards to check up on malaria reporting tools and assess datas collected

- Medical Records

The in-charge of Medical records with her team are always on their toes every end of the month to collect all reports from each sectional heads to compile overall NHIS report however there is still issues as most sectional heads do not submit report on time thus it contributes to the delay in submission of Monthly reports to the PHIO. The required date of NHIS submission is every 7th of the new month, however there is always a delay.

- Laboratory

The laboratory is not performing MPS at all. This was the result as stated by the Laboratory Officer in charge, "No man power or specialised malaria microscopist to perform the MPS". Malaria Laboratory Register book was available but with no data entry. All reagents as well as slides are available for testing and there was no major stock out.

- Pharmacy

The pharmacy is connected to the Provincial Medical Transit Store with easy access on both sides. Stock take is done and drugs are kept in order. The only issue noted is excess RDTs. This push factor used will cause commodities to be supplied in large quantity and will result in drugs expiring without being used because of overstocking. The monthly reports to Medical Records is always on time

- Wards

All wards visited that perform RDT in their unit includes, Paediatric Ward, General Out Patient, Gynaecology & Obstetric Ward and Medical Ward.

- As observed, the Malaria Register Book was filled out correctly without out any discrepancies. There were no clinical cases noted as well. Reports are submitted on time to the Medical Records
- The rest of the wards are also following the malaria treatment protocol and up to date in recording the malaria datas. All reports are submitted on time except for Paediatric Ward whom is always submitting reports late to the medical records

8. CONTINUOUS QUALITY INITIATIVE (CQI) TRAINING

This quarter visit, there were no CQI conducted however there were still continuous onsite refresher training with one to one staffs on duty at facilities. Facility staffs are regularly provided with up dated treatment protocol as well as identifying discrepancies with NHIS malaria data reporting and discussing those with the appropriate staffs. Most often issues discussed are on

- Monthly NHIS reporting discrepancies noted.
- Over reporting of ACTs compared to total positives
- Timeliness of NHIS report submission

- ANC LLIN Accountability

9.MALARIA REPORTING TOOLS

Projected below is the NHIS reports capturing malaria data from January to September of 2024.

Autonomous Region of
Bougainville Province

MALARIA REPORT January to September 2024

Date Printed: 21/10/2024 14:05:04

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
200101	Arawa DH	9	356	820	5	1	0	0	168	64.9	43.5	2273	29.3	12.7	0.5
200102	Koromira HC	8	24	630	0	10	0	0	0	0	0	1181	52.4	19.9	0
200103	Manetai HC	9	5	347	0	1	0	0	0	0	0	942	38.1	22.1	1.9
200104	Panguna HC	9	2	36	1	3	1	0	1	0	0	153	26.8	16.3	0
200105	Runuvu SC	9	1	56	3	4	0	0	0	0	0	251	23.5	15.1	0
200107	Wakunai HC	8	25	427	0	6	0	0	0	0	0	1064	41.7	30.9	0
200108	Paruparu SC	9	1	1	0	0	0	0	0	0	0	41	2.4	2.4	0
200109	Kakusida CHP	8	0	2	0	2	0	0	0	0	0	170	15.3	5.3	0
200110	Orami CHP	9	0	25	0	0	0	0	0	0	0	175	15.4	9.7	0.6
200111	Kodora CHP	8	247	114	0	0	0	0	0	0	0	312	28.5	20.8	0.6
CENTRAL BOUGAINVILLE District		86	661	2458	9	27	1	0	169	64.5	43.2	6562	35.5	18.5	0.5
200201	Buka UC	9	0	0	0	0	0	0	0	0	0	0	0	0	0
200202	Gagan SC	9	1	46	0	3	0	0	0	0	0	244	20.1	10.2	0
200203	Hanahan SC	8	23	183	0	0	0	0	0	0	0	525	28.0	16.2	0
200204	Kekesu SC	8	96	790	1	3	0	0	2	50.0	50.0	2626	35.5	18.8	3.5
200205	Kunua HC	8	11	28	0	0	0	0	0	0	0	112	30.4	25.0	0
200206	Kuraio SC	9	0	63	0	1	0	0	0	0	0	425	16.2	8.7	0
200207	Lemanmanu SC	9	15	32	0	0	0	0	0	0	0	352	19.0	15.9	0.3
200208	Nissan HC	7	5	235	0	0	0	0	0	0	0	244	57.8	56.6	0
200209	Selau (Hantoa) SC	8	97	799	0	3	0	0	1	100	100	2340	45.1	32.2	0.0
200210	Sipai SC	8	12	32	1	0	0	0	0	0	0	139	23.7	12.9	0
200211	Skotolan SC	9	40	379	0	1	0	0	0	0	0	606	29.7	19.0	2.0
200212	Buka HO	8	230	859	9	6	1	0	1	0	0	4628	20.2	12.9	0.6
200213	Tearouki HC	9	36	1018	1	1	0	1	3	33.3	33.3	2611	40.8	22.0	0.5
200214	Carterets SC	7	8	11	2	0	0	0	0	0	0	40	27.5	20.0	0
NORTH BOUGAINVILLE District		116	574	4474	14	18	1	1	7	42.9	42.9	14892	31.7	19.6	1.0
200301	Buin HC	8	12	30	1	1	0	0	0	0	0	586	4.1	0.9	0
200302	Katukuh HC	8	4	1	0	0	0	0	0	0	0	14	14.3	7.1	0
200303	Konga SC	9	0	13	0	0	0	0	0	0	0	131	9.9	3.8	0
200305	Lenoke SC	8	0	2	0	0	0	0	0	0	0	66	15.2	12.1	0
200306	Monoitu SC	9	1	25	0	2	0	0	0	0	0	167	14.4	4.8	0
200307	Moratona HC	9	14	10	1	1	0	0	0	0	0	213	15.5	6.6	0
200308	Piano SC	9	16	27	0	1	0	0	1	0	0	306	11.8	3.6	0.7
200309	Piva (Torokina) SC	9	0	83	1	2	0	0	0	0	0	296	25.0	14.9	0.3
200310	Sovele SC	9	15	51	1	8	0	0	30	66.7	53.3	443	11.5	5.4	0
200311	Tabago SC	6	39	5	4	12	0	0	0	0	0	30	40.0	26.7	0
200312	Tonu SC	9	10	8	4	3	0	0	1	0	0	115	8.7	6.1	0
200313	Turiboiru SC	8	5	18	2	2	0	0	0	0	0	215	10.7	6.0	0
200314	Oria SC	8	6	22	0	2	0	0	0	0	0	72	38.9	38.9	0
200315	Boku HC	9	0	0	0	0	0	0	0	0	0	51	2.0	0	0
200317	Sinkodo SC	9	0	2	0	0	0	0	0	0	0	55	14.5	5.5	0
200318	Karato CHP	8	2	1	0	0	0	0	0	0	0	44	4.5	4.5	0
SOUTH BOUGAINVILLE District		135	124	298	14	34	0	0	32	62.5	50.0	2804	12.5	6.5	0.1
Autonomous Region of Bougainville Province		337	1359	7230	37	79	2	1	208	63.5	44.2	24258	30.5	17.8	0.8

AROB is one of the Provinces that is trying its best to improve in submitting NHIS/ENHIS reports to the Provincial Information Team on time. During the visit, all facilities stated that all reports are always submitted no later than the 7th of the new month and always saves a copy for the facility, which the team verified however, from the NHIS report, it is seen that most facilities have their reports submitted late.

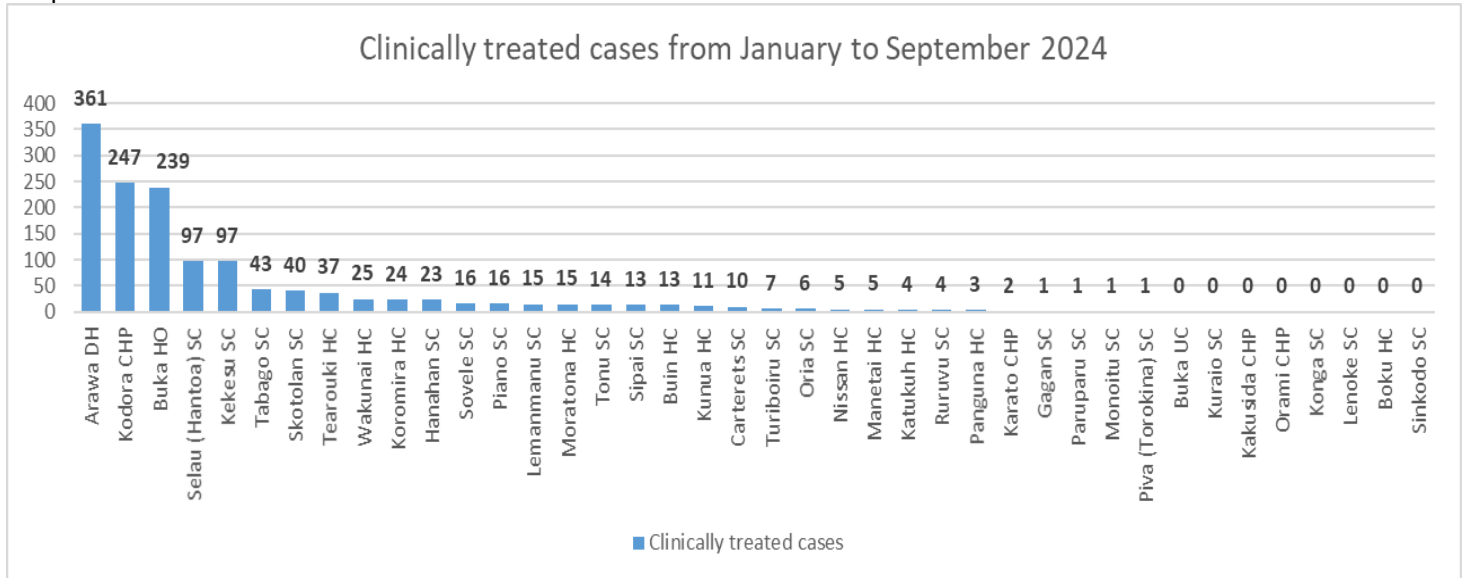
10.MALARIA OVERVIEW

AROB is one of the Provinces with lesser malaria burden compared to other Provinces. Malaria cases in AROB is mostly common in both North and Central Bougainville whereas the southern part of the region has almost zero cases of malaria. Few cases are seen but most often this are imported cases.

The low malaria burden is due to various reasons including the geographical setting, the weather pattern and also the vegetation makeup. The Malaria causing mosquito Anopheles is well known to live in humid conditions and rainfall areas in which AROB has some areas ideal for that.

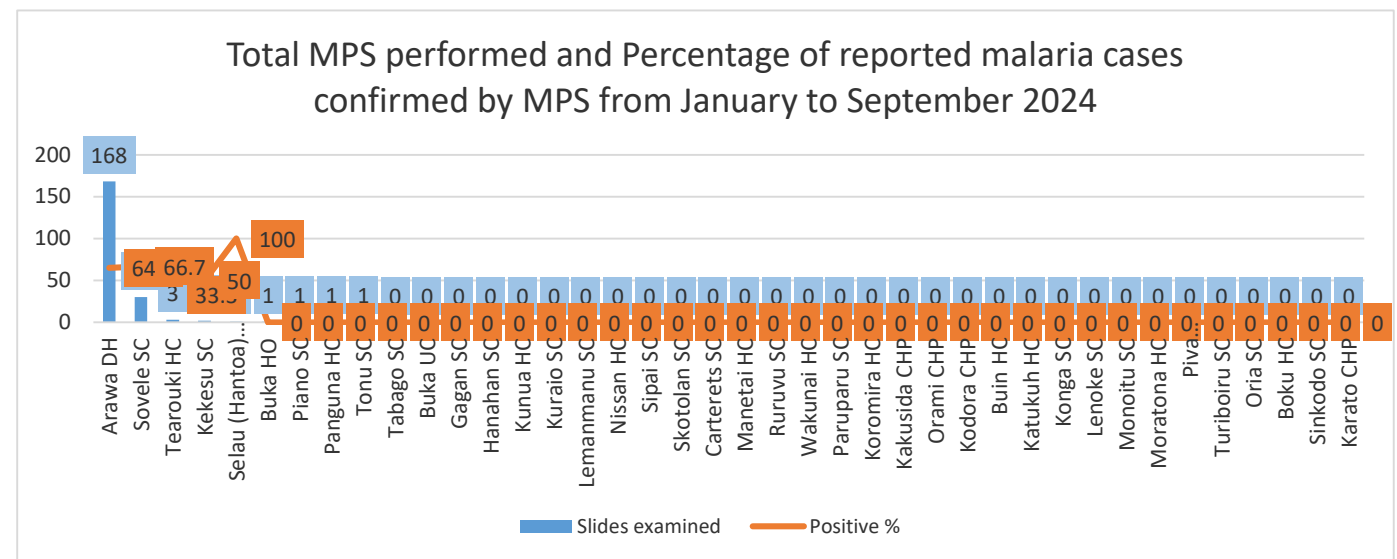
The graphs below show the trend of Malaria situation in the Province in the first 9 months of 2024 as per NHIS reports.
Source; ENHIS 21/10/2024 14:05:04

Graph 1



Graph 1 shows facilities performing clinical diagnosis from the facilities performing most clinical diagnosis to the least performing. Despite continuous visit and emphasis there is still clinical diagnosis been reported. This clinical cases needs to be verified because the malaria registers been collected throughout all the visits do not contain much clinical cases as projected through the NHIS reports.

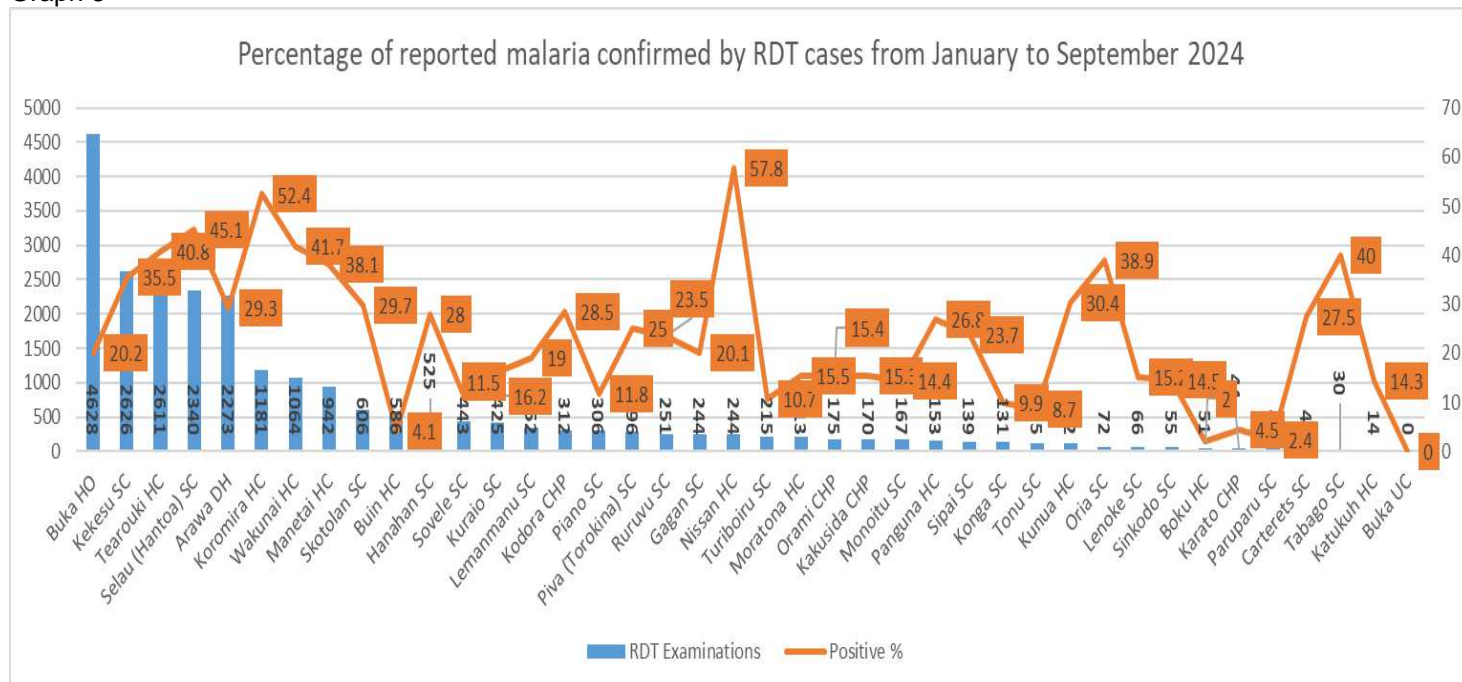
Graph 2



Graph 2 shows MPS performance in the Province.

- There is obviously mis reporting under Tearouki HC, Kekesu SC, Hantoa SC, Piano SC, Panguna HC and Tonu SC. These facilities do not have microscopy nor reagents to perform MPS but yet NHIS report contain datas under microscopy for each facility.
- The only facilities in AROB that have microscopes, skilled workers to performed MPS and reagents are Buka Hospital, Arawa Hospital, Buin HC and Sovele HC.
- After lengthy discussions and follow up with Arawa Hospital Laboratory officers and Director Nursing, the MPS datas are being recorded and captured in the NHIS. Arawa Hospital and Sovele HC currently the only facilities doing active malaria confirmation using microscopy.

Graph 3



- Buka Hospital currently doing a lot of RDT testing at the OPD and datas are well captured
- Most positive cases identified after testing are from Tearouki, Kekesu, Koromira, Arawa and Buka Hospitals
- RDT confirmed cases are encouraged more often in all facilities except in Buka Urban clinic. Buka Urban Clinic is connected to Buka Hospital and as such all-out patient cases are sent to Buka Hospital instead and the clinic only provides ANC, Family planning and Baby Immunization.

10. PROGRAM VEHICLE

Currently there is no assigned Program vehicle in the Region. All facility visits conducted are with the aid of local hire cars. Most of the budget is used up for vehicle hire as well as dingy hire for sea accessible facilities. It is very expensive to continue to hire.

11. ACHIEVEMENTS

- There was sufficient stock kept by the Malaria team to maintain the facilities from December 2024 to January 2025. As such no stock out of commodities were noted from anyone facilities.
- Successfully visited 32 facilities out of 33 accessible facilities and distributed the quarter4 RDTs/ACTs and Primaquine together with the Antenatal Care Nets on time
- Managed to rotate soon to expire RDTs, ACTs as well as sufficient Primaquine from over stocked facilities to Arawa District Hospital as well as Tearouki HC to be used up without wastage.
- Successfully met with Director Nursing Service Mr. Ignatius Girana of Arawa Hospital and discussed on the issue of no datas projected through the NHIS report for microscopy
- Successfully cross check with hard copies of monthly NHIS report by each facility.
- Arawa Hospital Laboratory datas have now been captured in the monthly NHIS reports

12. CHALLENGES / ISSUES

- Clinical diagnosis is still being done by many health care staffs in the facilities despite emphasis and continuous refresher training provided to officers on duty during quarterly visit.
- Poor monitoring of clinical cases performed in facilities by Malaria team in the Region. There shouldn't be any clinical cases as RDTs are always supplied without any delay. The malaria team in the region should be on their toes to monitor this and advocate to all facility staffs to put a stop to clinical diagnosis as continuous clinical diagnosis will definitely lead to drug resistance.
- Microscopy performance is still poor in the region
- Monthly NHIS reports submitted by facilities OIC/staffs are actually on time (between the 1st to the 7th of the new month) but the delay is usually from the Provincial Information team
- Over reporting of ACTs by few facilities

13. RECOMMENDATIONS

- Provincial Malaria Program Officer and RMC to closely monitor clinical cases reported every month through NHIS and raise it up with responsible OICs.
- Malaria team in the Region to take the lead to focus on improving Malaria Microscopy reporting and data quality of facilities who are performing MPS (Buka Hospital, Arawa District Hospital, Buin HC and Sovele HC).
- Provincial Malaria officer to work alongside PHIO team and notify them on the findings identified so they can address it and improve.
- PMS and RMC to address the issue with specific facilities and work with PHIO to correct it

14. ACKNOWLEDGEMENT

This 4th quarter supervisory visit to AROB has been great. Although there were issues beyond our control, the team continued on and ensured that all reporting facilities receive their quarterly supplies. Your support in one way or the other and practical advice have been greatly acknowledged for the successful completion of this visit. Many thanks to;

- The Health Department Health Secretary, Mr. Clement Totavun and his staffs for their continuous support in both logistics and technical advice to ensure the program continues to run in the region.
- Many thanks to AROB Malaria Program Officer Mr. Masono for his support throughout this quarter routine visit to all road accessible facilities and ensuring that staffs adhere to the Test, Treat and Track of malaria cases.
- Thankful also to HMMO Ms. Racheal Puton for always assisting facilities with stock replenishment and attending to their requests whenever they are in town and both the PMS and RMC cannot be reached.
- And to All hard working OICs and staffs of district health facilities in the region, thank you for always working together to control malaria in the region.

Thank you

PHOTOS



Packing cartons and bale nets properly before the road trip



HMMO Racheal discussing CM-2a indicator with staffs at Tearouki HC



RMC Brenda discussing CM-2a indicator with timeliness of monthly NHIS report submission with staffs at Ruruvu SC



HMMO Racheal discussing CM-2a indicator with timeliness of monthly NHIS report submission with SIC of Wakunai HC Sr. Kusa



Loading of additional bale nets at Arawa Hospital container to distribute to facilities at South Bougainville



RMC Brenda discussing CM-2a indicator with timeliness of monthly NHIS report submission with SIC of OPD, Sr. Sele - Arawa Hospital together with data entry Clark



RMC Brenda discussing CM-2a indicator with timeliness of monthly NHIS report submission with SIC of Tonu SC



HMMO Racheal with staffs of Monoitu HC discussing the treatment regime.



RMC Brenda discussing CM-2a indicator with timeliness of monthly NHIS report submission with staffs of Piano HC



Staffs at Koromira HC conducting the school survey at Pewana Elementary



Locals at Kuraio village assist HMMO and carry supplies up to the Health Centre



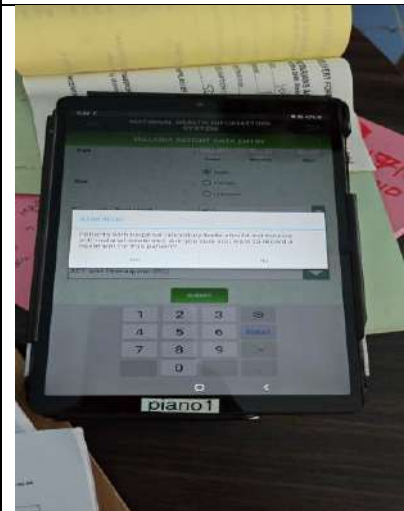
HMMO Racheal discussing CM-2a indicator with timeliness of monthly NHIS report submission with HEO Barako at Kuraio SHC



HMMO Racheal carry Q4 supplies from water front up to the health centre



HMMO Racheal at Piva HC with HEO Mr. Boboko and a CHW attached at the facility



Tablet belonging to Piano HC



**DEPARTMENT OF HEALTH
NATIONAL MALARIA CONTROL PROGRAM**

TRAINING REGISTER

Training Title:

① over reporting of ACTs
② timeliness of NMIS report submission

Date:

4/11/24 - 15/11/24

Venue:

AKOB

Facilitator:

Rachael Aiden + Brenda Fisaurz

Participants List:			
NO.	NAME	DESIGNATION	SIGN
1.	NELENEH LERRE	SIC (Hanta SHC)	[Signature]
2.	Sandra Bitu	NO } Tawadi HSC	[Signature]
3.	Delphine Koufika	CHW	[Signature]
4.	Deborah Lotoho	Midwife	[Signature]
5.	EMIL WAGHOTE	STUDENT	[Signature]
6.	RAVLEEN HOSIA	CHW	[Signature]
7.	JERIMATH OLIVER	RNO	[Signature]
8.	CELESTINE KUSA	SIC MIDWIFE (Wakunai) HSC	[Signature]
9.	LAWRENCE SONNY	RCHW	[Signature]
10.	CECILIA KAMIN	RNO } Mantai SHC	[Signature]
11.	STEPHANIE THURU	LTAO - Kodora CHW	[Signature]
12.	KOSI-RENIITA	NO - Kakusida CHW	[Signature]

National Malaria Control Program Training Register

13.	Gouddie Iwanzi	NO } Karamira SHC	[Signature]
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19.	TRELLA ANENA	NO - SHC - Savelle HC	[Signature]
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26.	JOAN MERICCO	NIO TONU SHC	[Signature]
27.	NANGET KAN	CHW - MONOITA HSC	[Signature]
28.	HAZEL KAREBA	CHW - MONOITA HSC	[Signature]
29.	DOMINICA LEAM	NIO - KADUKU HSC	[Signature]
30.	Leonard Mihweh	CHW - Katakult HSC	[Signature]
31.	JOSEPHINE M / Every (NO)	AKOB	[Signature]
32.	MARICIA FORTRO DASS (NO)	AKOB	[Signature]
33.	MAGDALENE BUNGAU MEDICAL RECORD	NO	[Signature]
34.	OLGAH VANAVIN	NO	[Signature]
35.	SAMUEL NAGUO	CHW	[Signature]
36.	JONATH KELVIN	NIO	[Signature]



**DEPARTMENT OF HEALTH
NATIONAL MALARIA CONTROL PROGRAM**

TRAINING REGISTER

Training Title: ① Over reporting of ACTs.
② Timeliness of Ntms monthly report submission.

Date: 11/11/24 - 15/11/24

Venue: ALOS

Facilitator: Rachael Putor + Brenda Asaur

Participants List:

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3.	EDNA. HAOPING	NO	E Haoping
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5.	LYDIA WUKIA	NO	L Wukia
6.	Rexie. Sai	CHW	R Sai
7.	Felicity Butu	NO	F Butu
8.	JENNY ROSSY	CHW	J Rossy
9.	ESTHER TOPWAR	CHW	E Topwar
10.	ASSENETH HINNING	STUDENT	A Hinning
11.	XANIA TOMAHAN	STUDENT	X Tomahan
12.	LYDIA PAUL	STUDENT	L Paul

13.	Clement Toakei	CHW	C Toakei
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