



**QUARTER 4-2024
MONITORING & EVALUATION ON MALARIA PROGRAM AND DRUG
DISTRIBUTION REPORT
JIWAKA PROVINCE**

Activities implemented in conjunction with the Jiwaka PHA staffs & the District Health Staffs.
Funded by the Global Fund through the Rotarian Against Malaria.

11th of November to 16th of November 2024



RMC with the District Health Staffs and teachers conducted the 2nd batch of Malaria school survey at Pugmie Elementary School

Q4-2024 Field Trip Report compiled by Ms. Agatha Gola-RMC

Table of Contents:

Table of Contents.....2

Executive Summary3

Background of Jiwaka Province & Health Services in Jiwaka.....4

Aid Posts & Malaria Prevalence by Altitude & Malaria Prevalence Rate5

Purpose of Visit, Jiwaka PHA team met with & Type of Transport used.....6

Highlights of Q4-2024 visit.....6-8

Malaria Data Updates.....9

Health Facility visit Summary.....10

Update on Malaria Treatment Protocol in PNG, Achievements, Key Challenges, Recommendations11

Acknowledgement.....12

Photographs of Q4 visit.....13

EXECUTIVE SUMMARY

The 4th quarter visit was short, however, much of the important and planned activities were carried out.

We had a formal briefing with the Jiwaka PHA team which include the Director Public Health, Provincial Disease Control Officer, Provincial Malaria Supervisor and the Malaria Eradication Officer. The meeting and the discussions were centred around the transition of the Malaria Program. The PHA team gave a positive response to take on the Program once transition takes place.

With the assistance from the Malaria Eradication Officer, we visited a total of 19 accessible health facilities out of the 29 reporting facilities plus 1 uncoded facility. Four (4) were air accessible and were unable to physically visit, however, OICs were advised to collect supplies from the PHO or PHA staffs to deliver on site when there's plane charters available. One facility in Jimi was temporary closed due to tribal fight. The balance of 6 accessible facilities were not visited by the MEO due to vehicle issues at the PHA level.

During the visit, we successfully implemented the 2nd batch of the Malaria school survey program in Pugmie Elementary school with the assistance of the District Health staffs and teachers.

The overall visit was well executed despite a very short period.

BACKGROUND OF JIWAKA PROVINCE

Jiwaka is one of the provinces in the Highlands region of Papua New Guinea with mountains that rise up to over 3,600 meters. It is made up of three districts namely; North Waghi, Anglimp South Waghi and Jimmy. North Waghi and Anglimp South Waghi are situated in the valleys and parts in the mountains while Jimi District is the northern district that has a low lying valley which goes down to almost 400 meters in the West and rises to high altitude in the East. This is the district with high endemic malaria in Jiwaka Province. The provincial capital is temporarily located in Kurumul. The Jiwaka Provincial Health Headquarter is also in Kurumul.

The province covers an area of 4,798 km², and there are 343,987 inhabitants (2011 census). Jiwaka province officially came into being on 17 May 2012, comprising three districts previously part of Western Highlands Province.

Jiwaka is located in a very fertile land (Waghi Valley). The Waghi River runs between the valley and most of the people benefit out of it. Besides the Waghi River, the land is naturally fertile and people harvest the best food from it. The 3 resources of the Jiwaka people are coffee, tea and human resources.

Economy in the province is mainly generated through subsistence farming, piggery and poultry and Human Resource. Cash crops in the province are mainly coffee, tea and fresh vegetables.

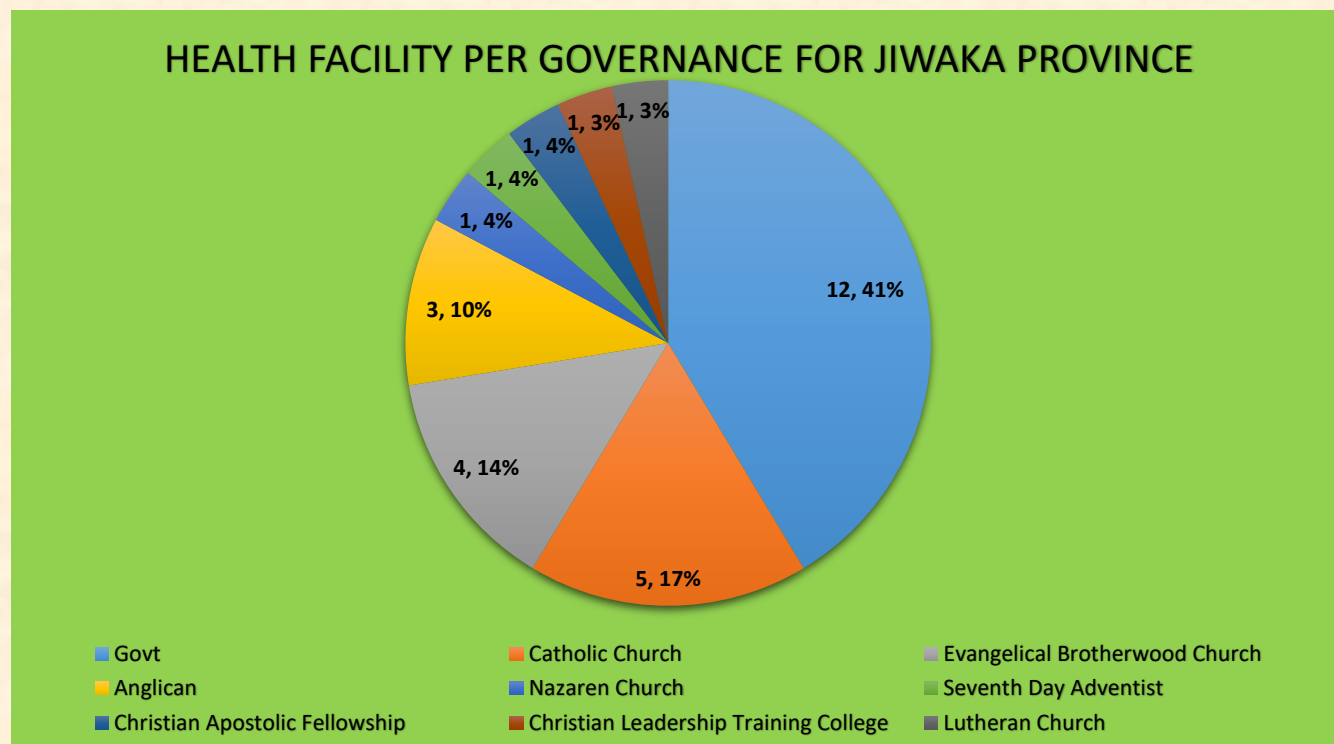
Infrastructure is slowly improving but in few selected local areas. It is deteriorating in most parts of the three districts. The road to Jimi District is extremely bad and risky in most parts, however, upgrading is recently done from Banz to Kol, which is a bit okay in good weather.

Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

HEALTH SERVICES IN JIWAKA

Jiwaka has a total of 29 reporting health facilities. Of the 29 reporting health facilities and as per the District, Jimi District has 9 reporting health facilities, North Waghi has 8 and Anglimp South Waghi has 12. Twenty-four (24) out of the 29 health facilities are accessible by road while the 4 in Jimi and 1 in Anglimp South Waghi are air accessible. It is governed by both the Jiwaka Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 29 reporting health facilities per governance.



AID POSTS

Jiwaka has 89 Aid Posts of which 8 are inactive while the 81 are active or functioning.

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

MALARIA PREVALENCE BY ALTITUDE

Malaria prevalence in the province depends on the altitude and movement of people. Local transmission is very high in Jimi District and along the mighty Waghi river where climate is generally warm. Other cases are imported by those who travel to and fro to coastal places for personal and business purposes.

Figure 1. Shows the sketch of 3 Districts for Jiwaka Province.

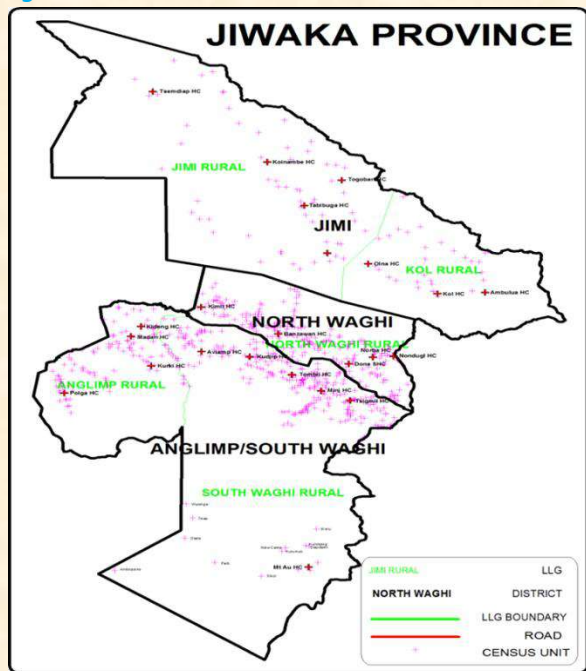
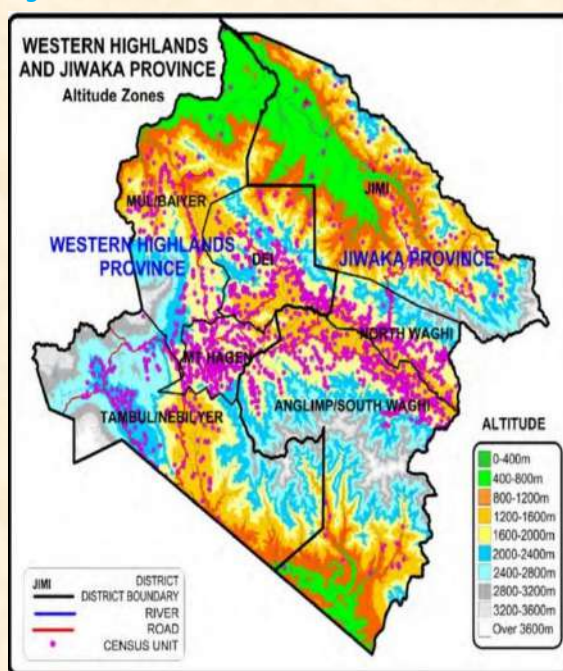
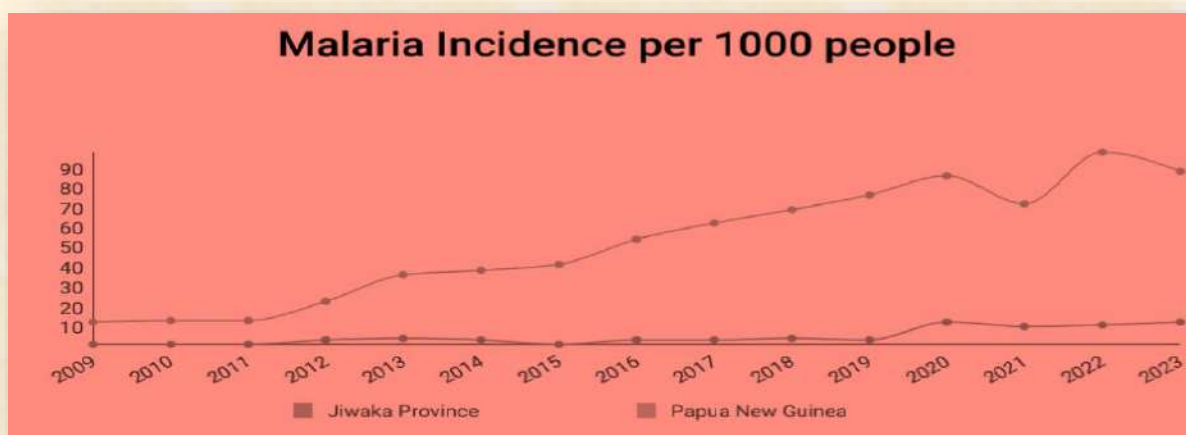


Figure 2. Shows the altitude zone for Jiwaka & WHP.



Graph2. Malaria prevalence rate for Jiwaka Province compared to the rest of PNG from 2009-2023.



Source: e-NHIS Jiwaka Province Health Indicators.

PURPOSE OF VISIT

The purpose of this visit is to;

- distribute mRDTs, ACTs, Primaquine tablets and Antenatal Long- lasting insecticidal Nets to all reporting health facilities,
- conduct 2nd batch of Malaria school survey program,
- do active stock rotation of antimalarial from one health facility to another, i.e. from low consumption rate to high consumption rate,
- run continuous quality initiative trainings to health facility's OIC and staffs/trainees where needed,
- check on Health Facility Malaria Registers and Antenatal bed net registers & collect,
- stocktake on all malaria commodities at the health centres and replenish where necessary,
- monitor medical supply stock cards for mRDT, ACTs, Primaquine tablets and update,
- check on how well the malaria data is entered into the e-NHIS tablet and whether all sections under malaria is correctly reported,
- malaria data verification and validation through the use of Monthly Malaria Report against the raw data in the reporting tools at the facility,
- coach OICs on how to enter malaria data correctly and completely under malaria sections of the e-NHIS tablet
- make sure e-NHIS monthly reports are sent on time and
- make sure intermittent preventative treatment in pregnancy (Fansidar prophylaxis for antenatal women) is implemented and documented in the ANC Registration book.
- liaise with Remote Sensing Team to solve discrepancies found in the e-NHIS tablet with regards to Malaria Program and also the general use and function of the tablet.

Table 1. Jiwaka PHA team met with:

| NAMES | POSITION | PHONE DIGITS | EMAIL ADDRESS |
|-----------------|-----------------------------|--------------|-------------------------|
| Sr. Kolly Bang | Director of Public Health | 72464470 | kollynhm@gmail.com |
| Mr. Bosh Alah | Malaria Eradication Officer | 79410079 | alahbosh39@gmail.com |
| Mr. Joe Ingak | PHA Driver | 74264193 | Nil |
| Mr. Albert Apal | Surveillance Officer | 71826231 | albert.apal22@gmail.com |

Table 2. Type of transport used:

| Vehicle | Malaria Program Vehicle |
|-------------------------|-------------------------------|
| Vehicle Used | CAU 559 |
| Color | White |
| Type | Toyota Land Cruiser 10 seater |
| Registration Validity | 8.08.2025 |
| Safety Sticker Validity | |
| Duration of use | 6 Days |
| Driver | Joe Ingak –Jiwaka PHA Driver |
| Contact | 74264193 |

HIGHLIGHTS OF Q4- 2024 RMC's VISIT:

1. 2ND BATCH OF Malaria School Survey Program

Successfully implemented the 2nd batch of Malaria School survey program in Pugmie Elementary school whereby 83 students were surveyed. All 83 were negative.

Fig 3. Shows the Malaria school survey conducted in Pugmie Elementary School, Anglimp South Waghi in Jiwaka Province.



2. Health Facility Visits Summary for Quarter 4-2024.

Jiwaka has a total of 29 reporting health facilities. Of the 29 facilities, we visited 19 of them. Four (4) were air accessible and were unable to physically visit, however, OICs were advised to collect supplies from the PHO or PHA staffs to deliver on site when there’s plane charters available. One facility in Jimi was temporary closed due to tribal fight. The balance of 6 accessible facilities were not visited by the MEO due to vehicle issues at the PHA level.

Table 3. shows the summary of the visit from Q1- Q4.

| | Qtr 1 | Qtr 2 | Qtr 3 | Qtr 4 |
|-------------------------|-----------|-----------|-----------|-----------|
| Total number HFs | 28 | 28 | 29 | 29 |
| Total Number Accessible | 18 | 18 | 18 | 18 |
| Total Number Reached | 18 | 23 | 22 | 19 |
| % Coverage (Accessible) | 100.0 | 127.8 | 122.2 | 105.6 |
| % Coverage (Total HFs) | 64.3 | 82.1 | 75.9 | 65.5 |

3. Drug stock out situation:

There were no major stock outs of mRDTs, ACTs & PQ in the 19 Health Facilities visited.

4. Total mRDTs, ACTs & PQ distributed during Q4 visit:

Table 4. Shows the total malaria commodities supplied to Jiwakas’ health facilities during the 4th quarter visit.

| Year | Quarter | Malaria RDT Kits | ACTs(blisters) | Primaquine Tablets |
|------|---------|------------------|-----------------|--------------------|
| 2024 | 4 | 9000 test kits | 2100 blisters | 20 000 tablets |

5. Update of Antenatal Long Lasting Insecticidal Nets.

Jiwaka PHA had nil stock of ANC LLIN since the 3rd quarter till October the RAM Net Logistics delivered 6000 nets (120 bales) to Jiwaka PHA yard. Those nets are for both Jiwaka and WH PHA, which is 3000 nets (60 bales) for each Province. They are stored in the central storage container for both Provinces to have access in every quarter visits to distribute to health facilities. So, during the 4th quarter visit, we distributed 1000 nets (20 bales), hence 40 bales are buffer stocks for continuous distribution.

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

| DATE | DELIVERY TO HEALTH CENTRE | PERSON RECEIVING GOODS | OFFICER SUPPLYING NETS | DOCUMENTATION N # | STOCK IN | STOCK OUT | BALANCE | COMMENTS |
|---|-------------------------------------|--------------------------|------------------------|-------------------|----------|-----------|---------|--|
| 4.10.24 | Jiwaka PHA Malaria by RAM Logistics | Mr. Titus Tul-Jiwaka PHA | Kila Tom-RAM Logistics | | 6000 | | 6000 | New Stocks supplied by RAM. 120 bales received by Titus Tul-Jiwaka |
| 7.10.24 | Tabibuga HC | Collin M-N/O | John Bak-PMS | 40102 | | 100 | 5900 | Issued by PMS to Tabibuga HC |
| 15.10.24 | WH PHA MALARIA | Salome Minar-PMS | Bosh Alah-MEO | 30085 | | 1500 | 4400 | WH PHA's stock issued to PMS from central storage |
| 29.10.24 | Kindeng HC | Jack Wambi-N/O | Bosh Alah-MEO | 30086 | | 100 | 4300 | Issued by MEO & RMC upon HF visit |
| 12.11.24 | Minjmu CHP | Thomas Donald-OIC | Bosh Alah-MEO | 30087 | | 50 | 4250 | Issued by MEO & RMC upon HF visit |
| 13.11.24 | Banz Day 2 Urban Clinic | Pauline Paul-CHW | Bosh Alah-MEO | 30088 | | 100 | 4150 | Issued by MEO & RMC upon HF visit |
| 13.11.24 | Fatima HSC | Thomas-N/O | Bosh Alah-MEO | 30089 | | 50 | 4100 | Issued by MEO & RMC upon HF visit |
| 13.11.24 | Kimil HC | Pinzo Tenge-HEO/OIC | Bosh Alah-MEO | 30090 | | 50 | 4050 | Issued by MEO & RMC upon HF visit |
| 14.11.24 | Madan CHP | Sr. Dos | Bosh Alah-MEO | 30091 | | 50 | 4000 | Issued by MEO & RMC upon HF visit |
| 14.11.24 | Kindeng HC | Sr. Betty Wandil-N/O | Bosh Alah-MEO | 30092 | | 50 | 3950 | Issued by MEO & RMC upon HF visit |
| 15.11.24 | Kurki HSC | Dominica Wanga-OIC | Bosh Alah-MEO | 30093 | | 50 | 3900 | Issued by MEO & RMC upon HF visit |
| 15.11.24 | Kurkur CHP | Esther Mark-CHW | Bosh Alah-MEO | 30094 | | 50 | 3850 | Issued by MEO & RMC upon HF visit |
| 27.11.24 | Kol HC | Kenneth Guan-HEO/OIC | Bosh Alah-MEO | 30095 | | 50 | 3800 | Issued by MEO upon HF visit |
| 27.11.24 | Olna HSC | Mark Tongil-CHW | Bosh Alah-MEO | 30096 | | 50 | 3750 | Issued by MEO upon HF visit |
| 9.12.24 | WH PHA MALARIA | Salome Minar-PMS | Bosh Alah-MEO | 30097 | | 800 | 2950 | Issued by MEO. |
| 13.12.24 | Tsigmil HC | Sr. Susan Kaupa - N/O | Bosh Alah-MEO | 30098 | | 50 | 2900 | Issued by MEO upon HF visit |
| 13.12.24 | CLTC Clinic | Sr. Joshina - N/O | Bosh Alah-MEO | 30099 | | 50 | 2850 | Issued by MEO upon HF visit |
| 13.12.24 | Banz Day 1 Urban Clinic | Cathrine T- CHW | Bosh Alah-MEO | 30100 | | 50 | 2800 | Issued by MEO upon HF visit |
| 16.12.24 | Ketepam HSC | Elly Poya-CHW | Bosh Alah-MEO | 40103 | | 50 | 2750 | Issued by MEO upon HF visit |
| 17.12.24 | Tombil HSC | David Umba - CHW | Bosh Alah-MEO | 40104 | | 50 | 2700 | Issued by MEO upon HF visit |
| 18.12.24 | WH PHA MALARIA | Salome Minar-PMS | Bosh Alah-MEO | 40105 | | 700 | 2000 | Issued by MEO. |
| | | | | | | | 2000 | Buffer Stock left in the stoage container at Jiwaka PHA yard. |
| TOTAL NETS DELIVERED TO HEALTH FACILITIES | | | | | 6000 | 4000 | 2000 | |

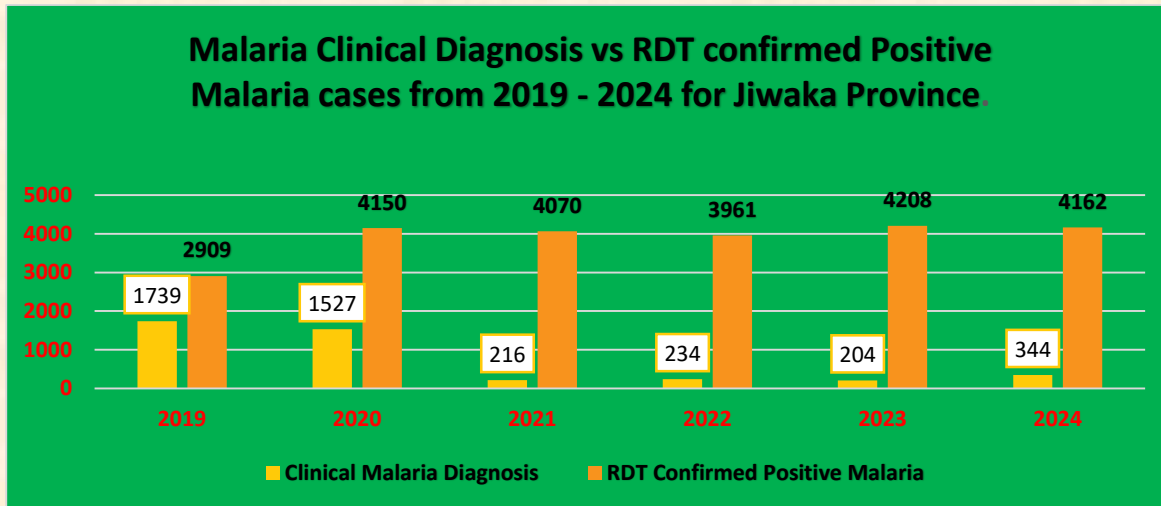
6. Malaria Stock Update.

The RDTs, ACTs & Primaquine that were used for the distributions were from the Q3 -2024 buffer stocks and additional Q4 supplies from AMS/HAGEN (NDOH stocks).

| | mRDT kits | ACT 6 | ACT 12 | ACT 18 | ACT 24 | PQ |
|---------------------|-----------|------------|--------------|------------|---------------|----------------|
| Q3-24 Buffer Stocks | 725 kits | 0 blisters | 180 blisters | 0 blisters | 0 blisters | 400 tablets |
| Batch # | H006C004D | | B1APH004 | | | 180622 |
| Exp Date | May-25 | | Oct-25 | | | May-25 |
| | | | | | | |
| | mRDT kits | ACT 6 | ACT 12 | ACT 18 | ACT 24 | PQ |
| AMS/NDOH Stock | 5400 kits | 0 blisters | 0 blisters | 0 blisters | 1230 blisters | 44 000 tablets |
| Batch # | 75L3523S | | | | HWE114003 | KE24147 |
| Exp Date | Nov-25 | | | | Dec-26 | Feb-27 |

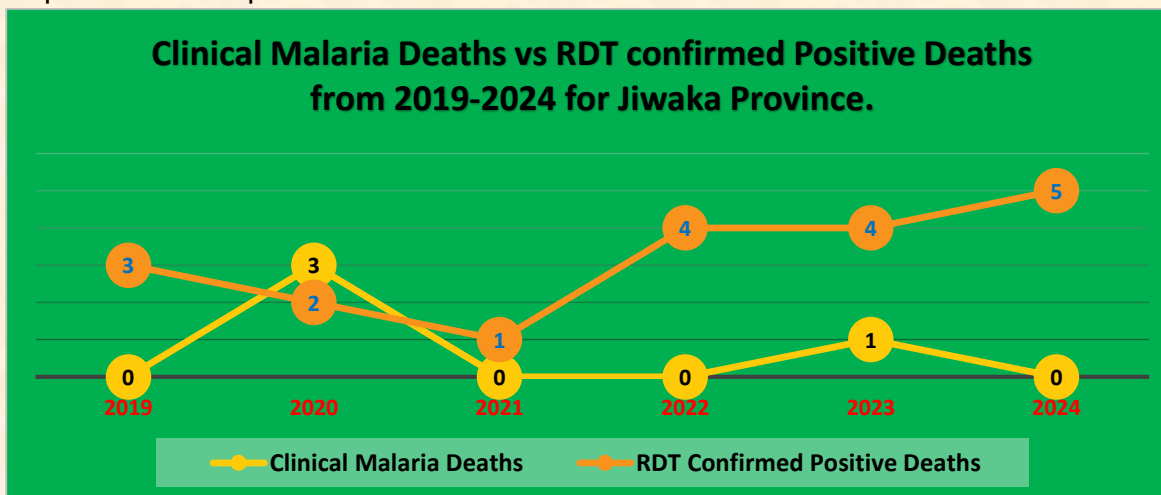
MALARIA DATA UPDATES.

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



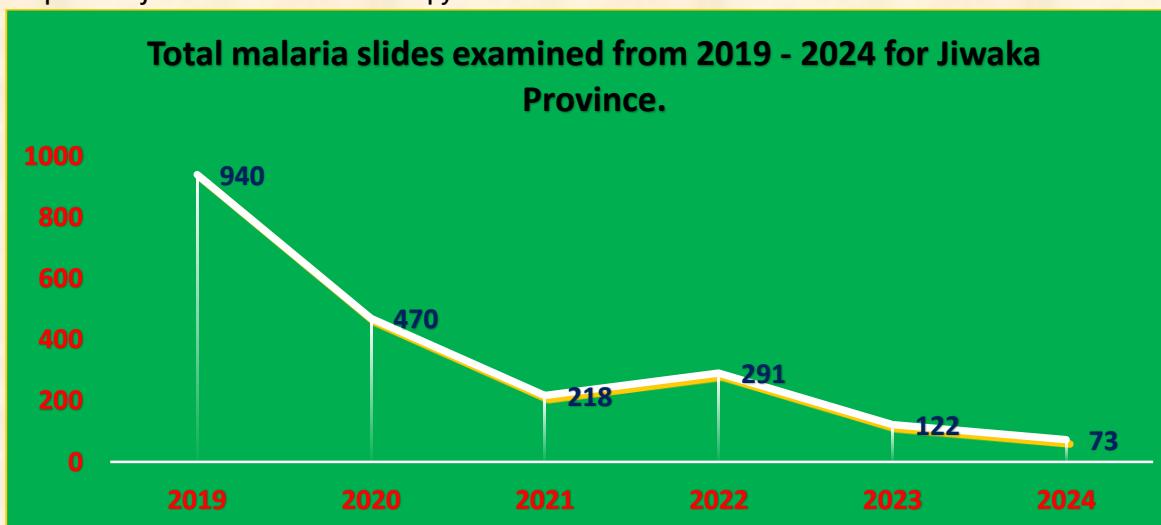
Source: e-NHIS Malaria Monthly Reports.

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



Source: e-NHIS Malaria Monthly Reports.

Graph 5. Projects the Malaria Microscopy Data from 2020 – 2024.



Source: e-NHIS Malaria Monthly Reports.

Table 6. Health Facilities visited, findings & observations and activities implemented.

| # | District | Health Facility | Date of visit | e-NHIS Monthly Report | IPTP(Fansidar Prophylaxis) | Medical Supply Stock Cards | ANC LLIN Accountability | Activities done |
|----|---------------------|-------------------------|------------------------------------|---|--|----------------------------|-------------------------|------------------------------------|
| 1 | Anglimp South Waghi | Minjmu CHP | 12.11.24 | Not yet coded, reporting under Minj HC | yes | Well maintained | 100% | Visited by MEO, stocktake done and |
| 2 | North Waghi | Banz Day 2 Clinic | 13.11.24 | Using e-NHIS tablet | yes | Occasionally updated. | 100% | Stocktake and replenished. |
| 3 | North Waghi | Fatima HSC | 13.11.24 | Using e-NHIS tablet | yes | Occasionally updated. | 100% | Stocktake done and replenished. |
| 4 | North Waghi | Kimil HC | 13.11.24 | Using e-NHIS tablet | yes, excellent recording of IpTp. | Well maintained | 98% | Stocktake done and replenished. |
| 5 | North Waghi | Banz Day 1 Clinic | 13.11.24 | Using e-NHIS tablet | yes | Well maintained | 100% | Stocktake done |
| 6 | Anglimp South Waghi | Madan CHP | 14.11.24 | Using e-NHIS tablet | yes, excellent recording of IpTp. | Occasionally updated. | 100% | Stocktake done and replenished. |
| 7 | Anglimp South Waghi | Kurki HSC | 15.11.24 | Using e-NHIS tablet | yes, not register because they are still using the old pink register book. | Occasionally updated. | 100% | Stocktake done and replenished. |
| 8 | Anglimp South Waghi | Kurkur CHP | 15.11.24 | Using e-NHIS tablet | yes, need training on how to register IPTP. | Occasionally updated. | Yet to assess. | Stocktake done and replenished. |
| 9 | Anglimp South Waghi | Polga HSC | 15.11.24 | Using e-NHIS tablet | yes | Well maintained | 100% | Stocktake done and replenished. |
| 10 | Jimi | Kol HC | 27.11.24 | Using e-NHIS tablet | yes. Yet to assess the IPTP registration. | Well maintained | 100% | Stocktake done and replenished. |
| 11 | Jimi | Olna HSC | 27.11.24 | Using e-NHIS tablet | yes. Yet to assess the IPTP registration. | Occasionally updated. | 100% | Stocktake done and replenished. |
| 12 | Anglimp South Waghi | Tsigmil HC | 13.12.24 | Using e-NHIS tablet | yes, excellent recording of IpTp. | Occasionally updated. | 100% | Stocktake and replenished. |
| 13 | Anglimp South Waghi | Minj HC | 13.12.24 | Using e-NHIS tablet | yes, excellent recording of IpTp. | Occasionally updated. | 100% | Stocktake and replenished. |
| 14 | North Waghi | CLTC Clinic | 13.12.24 | Using e-NHIS tablet | yes, excellent recording of IpTp. | Occasionally updated. | 100% | Stocktake and replenished. |
| 15 | Anglimp South Waghi | Kindeng HC | 16.12.24 | Using e-NHIS tablet | yes, inconsistent in registration. | Well maintained | 100% | Stocktake and replenished. |
| 16 | Anglimp South Waghi | Aviamp HSC | 16.12.24 | Using e-NHIS tablet | yes, inconsistent in registration. | Well maintained | 100% | Stocktake and replenished. |
| 17 | Anglimp South Waghi | Ketepam HSC | 16.12.24 | Still using the manual NHIS reporting form despite having the tablet available. The reason being is that there's no electricity to charge the tablet. | yes, excellent recording of IpTp. | Occasionally updated. | 100% | Stocktake done and replenished. |
| 18 | Anglimp South Waghi | Tombil HSC | 17.12.24 | Using e-NHIS tablet | yes, inconsistent in registration. | Occasionally updated. | 100% | Stocktake done and replenished. |
| 19 | Jimi | Tabibuga HC | not visited | | | | | |
| 20 | Jimi | Togban HSC | air accessible | | | | | |
| 21 | Jimi | Koinambe HC | air accessible | | | | | |
| 22 | Jimi | Tsendiap HSC | air accessible | | | | | |
| 23 | Jimi | Ambullua HSC | air accessible | | | | | |
| 24 | Jimi | Kumbants HSC | not visited | | | | | |
| 25 | Jimi | Waramants HSC | not visited due to tribal fight. | | | | | |
| 26 | Anglimp South Waghi | Kudjip Nazaren Hospital | not visited due to vehicle issues. | | | | | |
| 27 | Anglimp South Waghi | Mt. Au HSC | air accessible | | | | | |
| 28 | North Waghi | Norba HSC | not visited | | | | | |
| 29 | North Waghi | Dona HSC | not visited | | | | | |
| 30 | North Waghi | Nondugl HC | not visited | | | | | |

UPDATE ON MALARIA TREATMENT PROTOCOL FOR PNG

- ✓ Single dose Primaquine for positive Pf cases is implemented.
- ✓ 14-day Primaquine after completion of ACT for Non-Pf & Mixed Infections is implemented.
- ✓ ACT in first trimester is disseminated to OICs and staffs. However, most of them requested for a formal circular from the NMCP-NDOH to confirm and implement.
- ✓ Well versed with the administration of Artemether 40mg & 80mg.
- ✓ Many staffs are now using Artesunate 60mg injection for severe positive malaria cases after several onsite trainings on how to dilute and administer for both intramuscular and intravenous. Trainings will continue for the benefit of all other new staffs and trainees.
- ✓ 3 doses of fansidar for Antenatal women is implemented and documented in the A3 size ANC Register Book.
- ✓ Doxycycline prophylaxis for inbound travelers is disseminated. However, as mentioned by staffs, not many people seek for prophylaxis. People just travel and only visit health facilities when they feel ill.
- ✓ Staffs are aware of the 2nd line treatment of Malaria, however, most of them are not using as they don't have case that require 2nd line treatment and
- ✓ the contra-indications of Primaquine tablet is disseminated and staffs are aware of these.

ACHIEVEMENTS

1. Implemented 2nd batch of Malaria school survey program.
2. Despite of very short visit, we managed to visit more than 100% coverage of accessible health facilities,
3. NO MAJOR STOCK OUT of ANTIMALARIALS in the 19 health facilities visited.
4. Major improvement on misreporting of Drug shortages especially RDT, ACTs and Primaquine. This is achieved through ongoing CQI trainings and coaching on e-NHIS tablet.
5. No Malaria Clinical Deaths reported this year, only confirmed positive deaths.
6. Improving in updating of Medical Supply Stock Cards.

KEY CHALLENGES

Health Facility Visits

- ✓ The Malaria Program Vehicle was not released by the PMS on time for the MEO to continue his visits after the RMC left the Province.
- ✓ Some facilities were closed when visited initially so the MEO had to revisit.
- ✓ Medical supply stock cards not updated in some facilities.
- ✓ Poor accountability of RDTs, ACTs & Primaquine in some health facilities.
- ✓ Malaria RDT registers not fully entered into the e-NHIS monthly report
- ✓ Few health facilities have issues with accountability of Antenatal Long-Lasting Insecticidal Nets.

RECOMMENDATIONS

PHA

1. Jiwaka PHA to take ownership and ready to take on the Malaria Program coming next year as per the transition plan.
2. The Malaria Program vehicle must be stationed at the PHA yard and must be used by the MEO and the PMS for Malaria work and not personal use.
3. PMS to monitor the Malaria Microscopic sites to make sure monthly data reporting is consistent to improve the Malaria microscopy data.

RMC

1. Continue to train the MEO on the Malaria databases.
2. Continue working with the PHIO, PDCO and the MEO to improve Malaria Data.
3. Continue CQI trainings to the District Health Facilities.

ACKNOWLEDGEMENT

I would like to sincerely thank the following important people, Departmental heads, organization and business sectors for making this trip a success. My word of gratitude to the;

1. Nation Department of Health – National Malaria Control Program.
2. Rotary Against Malaria – Regional Malaria Coordinator Program.
3. Jiwaka Provincial Health Authority Team.
4. The Daughters Inn for providing safe accommodation.
5. The staffs of Ketepam HSC for assisting in conducting the Malaria school survey program.
6. All the staffs of the 19 reporting Health Facilities of Jiwaka
7. The Jiwaka PHA driver Mr. Joe Imbak for safe driving.

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

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

PHOTOGRAPHS OF Q4 VISIT:



RMC giving health education on Malaria to the students and Teachers before conducting the Malaria survey.



District Health staff, teachers and RMC conducted Malaria School survey.



Provincial Malaria Eradication Officer visited Ambullua HSC, run refresher training to the staffs and issued their drug supplies.

