



NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
QUARTER FOUR FIELD TRIP REPORT
MOROBE PROVINCE
SEPTEMBER-OCTOBER 2024



Kitoc HC 2.10.24

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Date Travelled to Lae: 26.09.24
Date Returned to Port Moresby: 21.10.24
Total nights in the field: 25 nights
Funding Source: Global Fund

OBJECTIVE

This is the fourth quarter trip of 2024, to carry out the routine Malaria Health Facilities (HF)s visits and Drug Distribution in Morobe Province.

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 combined Therapy (ACT)s Primaquines (PQs) and other malaria commodities including Antenatal Care (ANC) nets.
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs whether visited or not.
- Ensure accountability of malaria commodities issued in Q3 distribution by checking Malaria Register/ ANC registers and stock cards
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and,
- Ensure updated malaria treatment protocol is followed for all confirmed malaria cases
- Ensure Intermittent Preventative Treatment in pregnancy (IPTp) is practiced by health care workers
- Ensure accurate and timely monthly reporting via National Health Information System (NHIS) and follow up on outstanding ones.
- Ensure Home Management of Malaria (HMM) program is supported by respective supervising HFs
- Strengthen Continuous Quality Improvement (CQI) activities in the province.

BRIEF BACKGROUND INFORMATION OF MOROBE PROVINCE

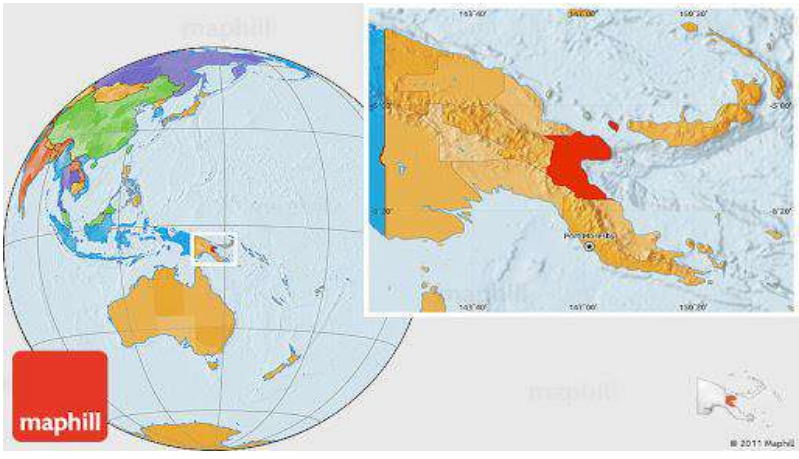
Morobe is the largest Province in Papua New Guinea (PNG) that covers a landmass of 33,705 km². It is also the most populous province in the country. According to **2011 census**, there was a population of **674,810**, and approximately **999, 835** with a **2.00%** growth rate according to **NHIS (April 19, 2024)**.

The province is located on the North Eastern part PNG and shares common borders with Madang, Eastern Highlands, Gulf, West New Britain, Central and Oro provinces. Lae City is the Provincial Capital located in the centre of the country and is the second largest after the Nation's capital Port Moresby City.

Morobe province has **10 administrative districts** since 2022 with 55 Registered Reporting HF and 365 Aid Posts (AP)s per **NHIS (August 15,2024)**.

The province also has diverse geography, which includes highlands, mountains, valleys, coastal areas and islands. Each of these regions present unique challenges to service delivery, and in this case for quarterly malaria supervisory visits with drugs and ANC nets distribution.

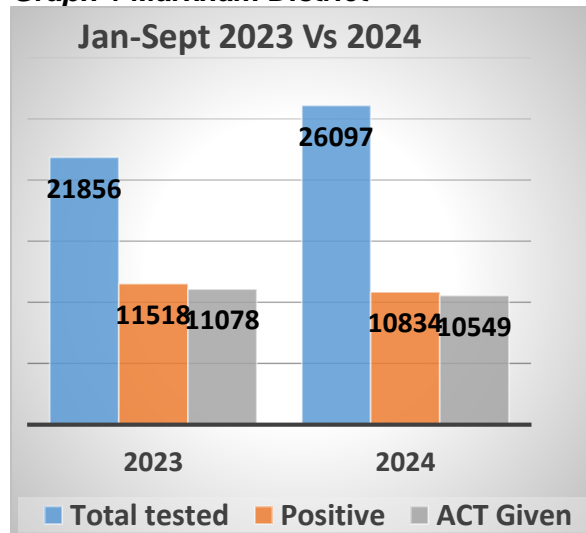
Figure1. Map of showing Morobe province in PNG.



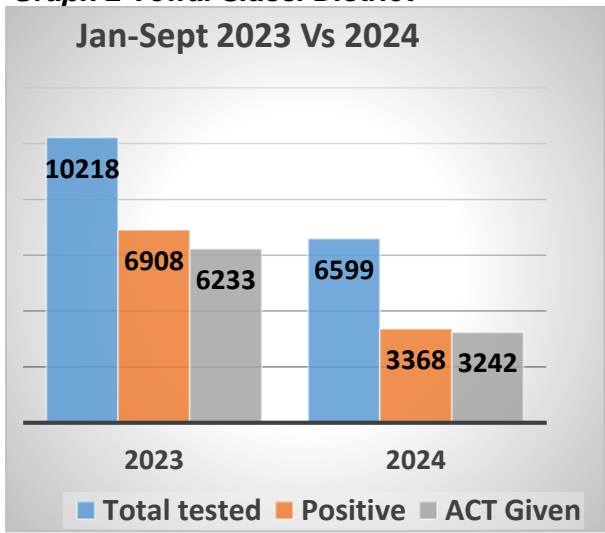
1. MALARIA SITUATION IN MOROBE PROVINCE

The Malaria Situation in the province in the last three years of **Global Fund (GF)-malaria grant cycle (2021-23)**, and the first six months of this year (2024) were highlighted in the **Q1 to Q3 Field Trip Reports** respectively. **Q4 report** however focuses on the Malaria trend in the 2/10 districts Markham and Tewai Siassi, where Household LLIN distribution was carried out in late 2023. Thus January to September 2024 is compared to 2023 (NHIS Malaria Summary 30.10.24).

Graph 1 Markham District



Graph 2 Tewai Siassi District



Source: NHIS Malaria Summary Report (30.10.24)

Graph 1 shows increased malaria testing done in 2024 compared to 2023. This increased mRDT figures reflect the uninterrupted supply of malaria commodities in the district and the province.

Additionally, Mutzing HC, highest population catchment in Makham district, reported **20585 malaria tests** with **42% positivity rate**, between Jan-September 2024 compared to that of 2023 with **15495 tests** with **54% positivity rate**.

The slight reduction of malaria positive cases can be seen as an outcome of the household net distribution carried out in late 2023. However, not all positive cases were given ACTs as shown would be due to temporary stock out situation at the HFs while awaiting stock replenishment.

Graph 2 Shows the same comparison for Tewai Siassi district. However unlike in Markham district, there is reduced number of mRDT done with lower positive cases reported in 2024 compared to 2023. A contributing factor would be the late reporting from where Aid Post data are missed out due to geography and other reasons, hence were unreported.

Household LLIN Distribution for the remaining 8/10 commenced in July 2024 and it is hoped that malaria cases should gradually start to decrease in all districts after this.

NB: It is important to note that a comparative malaria data analysis for the whole province is not captured in this report. This is because data of Angau Hospital (the largest reporting HF in the province) is currently unavailable as there is both retrospective and current data verification and entry going on. However, this information will be available on **NHIS** once completed.

MALARIA SCHOOL SURVEY RESULTS

Malaria School survey is usually done as a surveillance to assess the malaria situation in an area. It is a form of Active Case Detection (ACD) among elementary school age children. This target population tend to stay at home, thus prevalence recorded from this survey is indicative of the malaria situation in the area, unlike adults who can get malaria from a wide area as they as they travel.

Table 1. Shows malaria school surveys conducted in selected schools.

Elementary School/ Date	District	Total Students	PF	NPF	MIX	Negative	INVALID	Positive %
Haikost-14.5.24	Lae	186	4	5	2	175	0	6%
Markham Road-16.10.24	Lae	165	2	4	1	158	0	4%
Buhalu- 24.4.24	Nawaeb	104	4	1	1	98	0	3.8%
Friel -23.4.24	Nawaeb	184	5	3	3	173	0	6%
Rangia- 26.4.24	Menyamya	105	2	1	1	101	0	3.8%
Aseki- 29.4.24	Menyamya	158	2	2	0	154	0	2.5 %

Note: The highlighted schools were surveyed during wet season (April) and are pending the surveys for the dry season (October).

2. STOCK SITUATION- mRDT, ACT, PRIMAQUINE and ANC LLIN

Table 2. Indicates quantities of commodities used for Q4,2024 distribution.

Malaria Commodity	Total	Batch Numbers	Funding Source
RDTs	4963 boxes/ 25 test kits	75D0245	GF
ACT6	324 boxes/ 30 blisters	258781B	GF
ACT 12	618 boxes/ 30 blisters	NAA2419A	GF
ACT 18	390 boxes/ 30 blisters	NAA24112A	GF
ACT 24	743 boxes/ 30 blisters	NAA24128A	GF
ANC Nets	100 bales/ 50 nets	-	GF

Sufficient stock of Primaquine from Q3 were used in Q4 distribution as well.

Note: Remaining stock after Q4 distribution are being kept as buffer in the Provincial Transit Store for any HFs that may face stock outs before distribution resumes in 2025.

Table 3. Buffer stock as of 18.10.24 after Q4 distribution.

Malaria Commodity	Quantity in provincial transit store	Source
RDT	3120 boxes/ 25 kits	GF
ACT 6	72 boxes / 30 blisters	GF
ACT 12	294 boxes / 30 blisters	GF
ACT 18	80 boxes / 30 blisters	GF
ACT 24	840 boxes / 30 blisters	GF
PQ	6000 containers / 100 tablets	NDOH
ANC Nets	1300 nets	GF

Fortunately, Morobe PHA also assisted to purchase additional ACTs which will be kept and used as buffer stock.

ANTENATAL CARE NETS

Distribution of ANC nets is also supported by GF; where treated mosquito nets are issued to pregnant women upon their first visit to the ANC clinic.

A total x nets were received from RAM. Between Jan-October 17, 2024, a total of 12300 ANC nets were distributed to HFs that provide ANC services, a total of 9499 receipts (77%) collected and more expected as more ANC mothers receive nets from respective HFs.

ANC distribution is ongoing and is coordinated by the provincial malaria team.

STOCK MANAGEMENT AT HF LEVEL- Stock cards

Stock Cards are paper based stock inventory system for monitoring daily movement of malaria commodities at the HF level. Some HFs also have their own manual stock management books and Stock cards are not always utilized.

m-Supply tablets which were also introduced to manage inventory of medical supplies issued through AMSs are also used to manage malaria commodities, as done by Buang HC (Bulolo district).

3. INTERMITTENT PREVENTATIVE TREATMENT in PREGNANCY (IPTp)

IPTp is when Fansidar is given to Pregnant women as a malaria prophylaxis. Fansidar is procured by NDoH and supplied by AMSs through routine HF supply. According to the World Health Organization (WHO), a pregnant woman should take at least 3 doses (3 tablets/dose) of fansidar in a 1-month interval starting from second trimester of pregnancy. However, only the first dose is captured in the ANC Care Register book in the clinic while remaining doses are registered in their respective clinic books. This is the same finding observed during each HF quarterly visit.

4. SUMMARY OF Q4-2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION

Q4 HF Visit and drug distribution took place September 26-October 21 2024. All road accessible HFs were visited except for Boana, Torowa, Wantoat, Buang and Wafi HCs due to road conditions and other factors. However, their supplies were arranged to be collected from the Provincial Transit Store.

As always, malaria reports collected and stock distributed/replenished based on consumption assessments as per reports, and onsite refresher trainings held with staff present based on needs identified at the time of visit.

For hard to reach HFs in Tewai Siassi, Kabwum and Wau-Waria districts, arrangements were made for their Q4 malaria commodities to either be collected at the Malaria transit store or consigned to their destination with the support of MoPHA logistics team. For inaccessible HFs in Finschaffen district, supplies were delivered by RAM team who were on the ground for household LLIN distribution.

This is the similar approach taken each quarter to ensure 100% distribution coverage of malaria commodities throughout the province whether physically visited or not and visits to inaccessible HFs are also expended based on local assessments each quarter.

The table below shows summary and the mode of distribution used.

Table4. HF Visit coverage

Q1	Q2	Q3	Q4	
26	23	23	26	HFs which were physically visited and distributed
12	11	15	6	HFs not physically visited but commodities were picked up at PHO
7	11	9	15	HFs not visited but commodities left held in trust at Malaria Transit Store
2	2	0	0	HFs Closed
25	25	25	25	Total Accessible HFs
28	28	29	29	Total Inaccessible HFs
53	53	55	55	Total HFs open
6	6	8	6	Air Drop off HF sites
104.0	92.0	92.0	104	Coverage Percentage of Accessible HFs Visited
49.05	43.4	41.8	47	Coverage Percentage of Total HFs

Table5. HF's physically visited

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	03.10.24	Finschaffen	Gagidu	16	07.10.24	Lae	Butibum
2	03.10.24	Finschaffen	Kitoc HC	17	07.10.24	Lae	Haikost
3	03.10.24	Finschaffen	Braun Hospital	18	07.10.24	Lae	Milfordhaven
4	08.10.24	Bulolo	Bulolo Hospital	19	14.10.24	Lae	Tent City
5	08.10.24	Bulolo	Mumeng HC	20	14.10.24	Lae	Malahang
6	08.10.24	Wau-Waria	Wau HC	21	14.10.24	Lae	Centre of Mercy
7	12.10.24	Bulolo	Watut HC	22	16.10.24	Lae	Unitech
8	15.10.24	Huon Gulf	Wampar	23	16.10.24	Lae	Igam Barracks
9	15.10.24	Markham	Mutzing	24	16.10.24	Lae	West Taraka
10	15.10.24	Markham	Tsuia	25	16.10.24	Lae	Buimo
11	14.10.24	Nawaeb	Situm			Lae	Angau Hospital to be visited later by Provincial based team
12	09.10.24	Menyamya	Aseki HC	26	09.10.24	Menyamya	LHS Clinic Menyamya
13	09.10.24	Menyamya	Kapo HC	27	17.10.24	Lae	Mary Queen of Peace
14	09.10.24	Menyamya	Menyamya	28	17.10.24	Lae	Sir Bob Sinclair
15	09.10.24	Menyamya	Kwaplaim				

The highlighted HF's are not registered NHIS reporting HF's, however were visited and commodities supplied to them based on their reporting and consumption needs.

Malaria team made HF supervisory visits to at least 8/10 districts in quarter 4 as sea and air accessible HF's in Tewai Siassi and Kabwum districts were unable to be visited.

CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES

The purpose of CQI is to provide Malaria refresher to hospital staff and frontline district health staff especially on Malaria diagnosis with RDT, National Malaria Treatment Protocol (NMTP) and Malaria Reporting tools e.g. NHIS etc.

This is intended to:

- update staff on new changes in NMTP,
- strengthen IPTp,
- improve malaria data quality including microscopy reporting,
- emphasize on stock card management –monitor accountability of RDTs/ACTs supplied
- emphasize on ANC LLIN recording and reporting- accountability of LLINs
- encourage 100% of CMV data to be captured in NHIS monthly reports in HMM districts such as Markham, Nawaeb, Huon, Finschaffen and Tewai Siassi.

On October 2, 2024, this CQI training was held with staff and trainee students attached to Gagidu urban clinic in Finschaffen district. And on October 16, 2024 this similar onsite training was held with attending staff and trainee students attached to West Taraka urban clinic in Lae district.

Gagidu clinic 3.10.24



HOME-BASED MANAGEMENT OF MALARIA (HMM)

HMM Program has been in the province since 2020 where it is serving the rural communities with basic malaria testing and treatment through trained CMVs. This program is currently being implemented in the high malaria burden communities of Markham, Nawaeb, Huon Gulf, Finschaffien and Tewai Siassi Districts.

Since 2020, a total of 369 CMVs were trained (including 18 trained in, Markham district and 76 in Huon Gulf district). 321 CMVs are currently active and serving in the communities, and additional 27 CMVs expected to be trained later by this year in Morobe LLG, Huon Gulf district.

There are two Provincial based HMM Officers who are employed by RAM through Global Fund, that oversee the HMM program and are closely supported by the Provincial Malaria team.

VEHICLE SUPPORT

There are 6 program vehicles currently stationed in Lae to support Malaria Program Activities:

- LBI 466, LBI 467, CAW 761, GAC 677 and MAH 897 under RAM and,
- PAH 410 under MoPHA.
- Therapeutic Efficacy Study (TES) program is currently stationed at NCI yard in West Taraka.

These vehicles were also used to support LLIN Distribution including TES in Wampar area.

Q4 HF visits and distribution were carried out using GAC 677.

SUCCESS

1. PHA engaging casuals and staff to assist Medical Records team as efforts to improve chronic reporting discrepancies in Angau Hospital
2. Full time Malaria Data officer employed by PHA to assist Malaria team
3. New Malaria Office space
4. PHA assistance to purchase additional ACTs to support distribution
5. RAM-LLIN Distribution carried out in remaining 8/10 districts in the province

CHALLENGES

- Weather and geography been the main hindrance to expand visits to hard to reach HF

RECOMMENDATIONS

- Liaise with DHAs and Local MPs on how best to support logistics assistance for HFs in fly out areas.
- CQI Activities to be extended to all districts
- Combined supervisory visits with PHA M&E encouraged in 2025 onwards and PHA to support their travel costs (accommodation and allowances)

ACKNOWLEDGMENTS

- Rotarians Against Malaria- Global Fund
- Morobe Provincial Health Authority (MoPHA)- (Dr Binga, Mr. Mesere, Mr. Aita, Mr. Benny)
- Morobe Provincial Malaria Control Team (Lucy Dally and Sr Rose Aisuk)
- Provincial Health Information Office team (Wattie.W and Collin Gon)
- Mo-PHA Drivers (Monge. A and Joel. M)
- HMM Officers- (Misek. M)
- DHAs and Officer in Charge and staff of all health facilities visited
- PHA Logistics team (Gabriel. Y and Domben. G)
- RAM LLIN distribution team logistics assistance in Lae and drug delivery in hard to reach HFs in Finschaffan District

PHOTOGRAPHS

Microscopy data verification at Braun Hospital 2.10.24



Aid Post and HMM data verification at Kito HC 2.10.24



Onsite Refresher Training at Kapo HC 9.10.24



Malaria team enroute to Finschaffen District 1.10.24



e-NHIS tablet update with Menyama HC OIC 9.10.24



Provincial Health Information Office 17.10.24

