



NATIONAL MALARIA CONTROL PROGRAM ROTARIANS AGAINST MALARIA

QUARTER 4 FIELD TRIP REPORT, NEW IRELAND PROVINCE.

DATE: OCTOBER & NOVEMBER

22 HEALTH FACILITIES VISITED: Lemakot HC, Poliamba UC, Bol HSC, Kimadan HC, Namatanai RH, Kavieng Hospital, Kavieng UC, Taskul HSC, Lovongai HC, Metemana HSC, Umbukul HSC, Puas HSC, Tasingina HSC, Epo/Palakau HSC, Lipek, Kabanut HSC, Panaras HSC, Lamusmus CHP, Piliwa HSC, Simberi HSC, Simberi UC and Mapua HSC.



Report Compiled by:
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PMS_NIP
Rotarians Against Malaria
National Malaria Control Program.



DATE: 14-26TH.10.24, 14-15TH.11.24

3 Nights spent in the field.

NIPHA Malaria Team

1. Mr. Thomas Kapu: Team Leader NIPHA Malaria Program.
2. Erica Nawara: Regional Malaria Coordinator
3. Miss Joyce Johnson: Provincial Malaria Supervisor
4. Mr. Brendan Baltaku: Malaria Admin Officer
5. Miss Mariestella Lagar: Malaria Data Entry Officer
6. Mr. Bethlyn Bekes: Malaria Program Driver
7. Simon Kanguman: Storeman NIPHA Medical Transit Store

People Met during Visit

1. Sr. Copeland-SIC Lemakot HC
2. Sr. Lydia-Poliamba UC
3. Sr. Clematasia Kliawi-SIC Bol
4. Sr. Elsinh Nolish-Kimadan Dispensary
5. Alistair Passingan: Pharmacist Namatanai Rural Hospital
6. Sr. Palis-SIC Namatanai
7. Nrs. Lupou: Kabanut SC
8. Nrs. Wilson: Lipek SC
9. Nrs. Abert: Tasingina SC
10. Nrs. Linda: Epo HC
11. Dr. Samo: Simberi Mine Clinic
12. Nrs. Agesta: Mapua SC
13. Nrs: Funil Simberi SC
14. Mr. Kaki: Puas SC
15. Sr. Kopman: Umbukul SC
16. Sr. Torosie: Lavongai HC
17. Sr. Richard: Metemana HC
18. Sr. Maira: Lamusmus CHP
19. Sr. Mas: Panaras SC
20. Nrs Ferdinan: Piliwa





OBJECTIVE

This was the fourth trip for 2024. This trip was done to distribute malaria commodities especially ACTs and RDTs and most importantly to check if Health care providers were correctly diagnosing and treating malaria patients according to the National Malaria Treatment Protocol. Also this trip was to ensure Malaria Commodities are adequate for each facilities including Rapid Diagnostic Testing Kits (RDT), Artemisinin-based Combination Therapy (ACTs), Antenatal Long lasting treated Nets (ANC LLINs) and other anti-malarial drugs according to their consumption rates. Also to check for National Health Information System (NHIS) reporting as it is main reporting tool for malaria report and malaria registers reports as well. Also to verify clinical deaths in health facilities reporting clinical deaths.

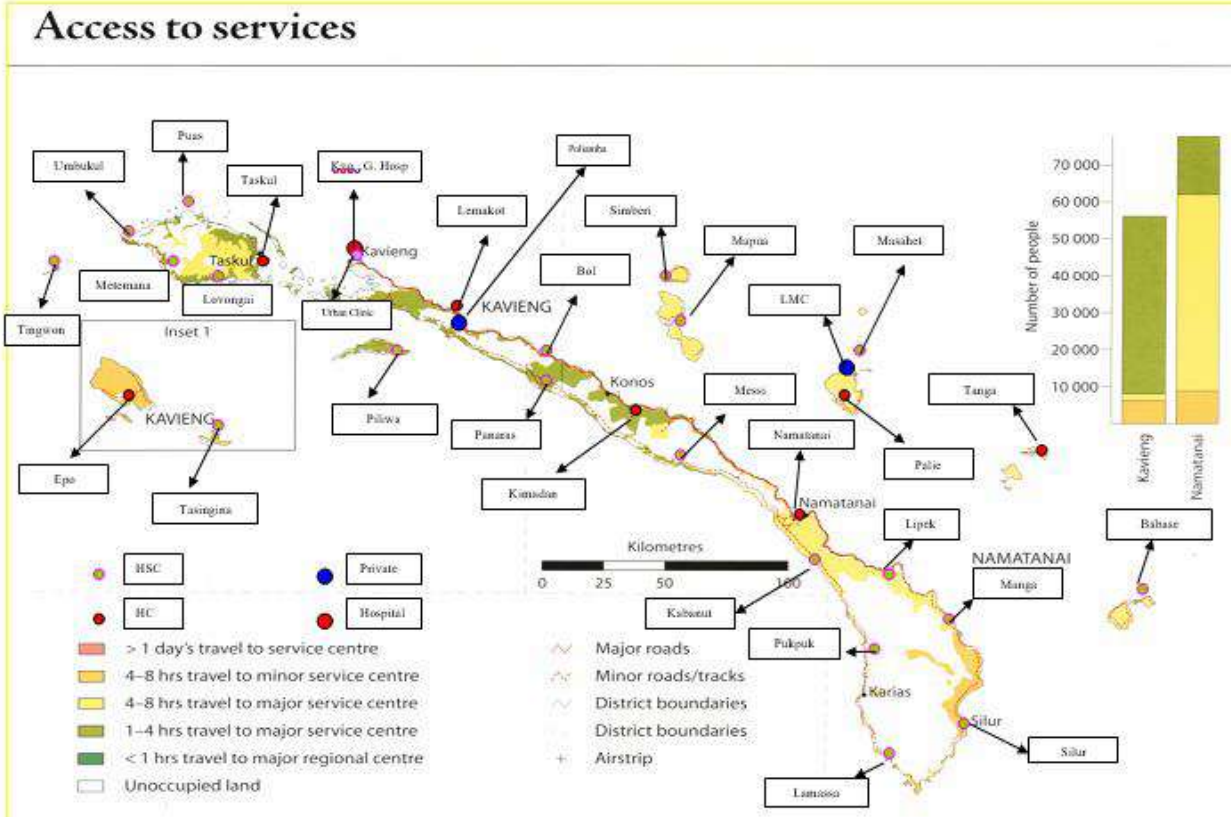
BACKGROUND

New Ireland Province is a marine province with beautiful white sandy beaches, islands on the coast with some untouched forest along the famous straight Buluminski Highway with the beautiful rivers that reaches the ocean shore. Has two major gold mines in Papua New Guinea with logging companies. Comprises of two (2) districts, Namatanai and Kavieng, and 10 local level governments (LLGs) namely, Tikana, Kavieng Urban, Lavongai, Murat in Kavieng and Namatanai District consist of Sentral Niu Ailan, Namatanai Rural, Matalai, Konoagil, Nimamar and Tanir LLG.

Located on the Northern tip of the island is the main provincial hospital (Kavieng Provincial Hospital) whilst there is only 1 district hospital in Namatanai District with 33 reporting health facilities (HF). 15 in Kavieng district and 18 in Namatanai District with 86 aid posts. As of today, 13 of the HF are accessible by road and 20 by sea. Total of 11 Health Facilities are Church run, 7 under Catholic Health Services and 4 under United Church Health Services. There are 3 Private Company Clinics and the rest of the 19 Health Facilities are all Government run.



Map of New Ireland Province Health Centre's Distribution



Summary of Quarter 4 visit

Days	Dates	Activities Done
Monday	14.10.24	Travelled from Kavieng to Lemakot, Poliamba, Bol and Kimadan. Did Q4 visit and distribution of antimalarials and returned back to Kavieng
Tuesday	15.10.24	Travelled from Kavieng to Namatanai. Visited NRH and returned to Kavieng
Saturday	19.10.24	Traveled to Taskul, Lovongai, Metemana and Umbukul. Did Q4 visit and distribution. Spent the night at Umbukul
Sunday	20.10.24	Travelled from Umbukul to Pwas. Did Q4 visit. We met rough seas and rain when returning to Kavieng
Tuesday	22.10.24	Traveled from Kavieng to Tasingina by boat. Visited Tasingina and traveled another 1 hour 30 minutes to Mussau to visit Epo. Spent the night Lomakunauru.
Wednesday	23.10.24	Travelled from Mussau back to Kavieng. Arrange logistics for Namatanai trip



Thursday	24.10.24	Travelled to Lipek. Visited Lipek. Spent the night at Tinkoris Medical Centre
Friday	25.10.24	Travelled to Manga. However, on our way, the broken bridge at Pulpulu. People were charging vehicles to cross so we turned back. Travelled to Kabanut. Visited Kabanut HSC and returned to Kavieng.
Saturday	26.10.24	Traveled to Lamusmus by car, visited Lamusmus then to Piliwa by boat and returned. Then traveled to Panaras and returned on the same day to Kavieng.
Thursday	14.11.24	Travelled to Konos for Tabar trip. However, we were not able to go to Tabar because of the weather.
Friday	15.11.24	Travelled to Konos, then to Simberi HSC, Simberi UC and Mapua.

Table 1: Table showing the trip summary

EXECUTIVE SUMMARY

New Ireland Quarter 4 Health facility (HF) visit and drug distribution was led by Provincial Malaria Supervisor HEO Joyce Johnson assisted by the team in the province. We started the distribution mid-October and later visited 3 health facilities in Tabar Island in November. A total of 22 Health Facilities out of the 33 HF in the province were visited by the team. A total coverage of 66.66%. This is less than quarter 3. However, that is due to weather not on our side during and also due to so many activities and programs that came up in the month of November. All health facilities in Kavieng District were visited including the two non-accessible facilities in Murat LLG, in which this is achievement for the program except 1 HF. For Namatanai District, all road accessible facilities were visited with 3 facilities that are accessible by sea which Simberi HSC, Simberi UC and Mapua HSC. However, Messi and Manga were not visited due to bad weather conditions. Others were not visited to limited time after November. For Messi, drugs were picked up before the patrol. Silur's commodities were dropped off at the SIC's house in Namatanai.

All Health Facilities that were physically visited were supplied with their full 4 months' stock of RDTs and ACTs with a minimal Primaquine stock due to the current shortage of Primaquine in the province. Health facilities that were physically visited, internal arrangements were done for them to pick up.

There was no major stock out of ACTs and RDTs in all facilities, except Primaquine and arthemeter injection. All HF visited were encouraged to place order to AMS Kokopo for Primaquine with their bimonthly routine order.

All HF are now using stock cards and keeping track in their records. For Tasingina and Epo, we found that they were not using stock cards and we trained HF staff on that. ANC nets were also distributed during visitation of HF.

Despite, emphasis on no clinical diagnosis of malaria, minority still reporting clinical cases. However, 20 Health Facilities out of the 33 HFs in the province are not reporting clinical malaria anymore which is an achievement for the program. Timeliness of monthly report submission is still an ongoing issue for most Health Facilities and this was emphasized again during the visit. CM2a Indicator was discussed with





Health Facility Staffs during this Visit. PHIO was also visited continuously to correct CM2a indicator and some correction has been made. Follow up on clinical deaths were also made. Mapua's case, there were no deaths justified by their health centre record book. Piliwa's case, it was a confirmed case. However, was put under non-specified diagnosis so it shows in the ENHIS as clinical. For Namatanai DH, the two clinical deaths were confirmed deaths per their death registers. During the trip, there were a lot of expired RDTs (bio credit). These were distributed in quarter 3 and was supplied by AMS when they were nearing expiry date.

All in all, quarter 4 was successfully done with the help of the Malaria team and I would like to thank the HF staff who gave their time to assist us when we were visiting their HF and also I would like to commend my Malaria Team on their great effort in making sure this Q4 visit is done successfully despite our RMC was not physically with us.

KAVIENG DISTRICT

Kavieng District has 15 health facilities and it took 6days to visit all 14/15 HF in Kavieng District. Of the 15 HF, 14 were physically visited and Q4 supplies were distributed except 1 HF (Tingwon) Q4 malaria commodities for Tingwon was packed and left at the transit medical stores for pickup as prior arrangement was done for OIC to pick-up. The two non-accessible facilities in Murat LLG, Epo and Tasingina were also visited and it is an achievement for the program.

NAMATANAI DISTRICT

For Namatanai District it took 5days in this quarter to visit all 8 Health Facilities. All HFs in NAMATANAI DISTRICT have been supplied with their 3rd quarter supplies of Malaria commodities. 8/18 HFs were physically visited and supplies were delivered at the HFs except for Lihir MC, Mashaet, Palie and Babase and Tingwon drugs were left at the transit medical stores for pickup. Messi came prior to the trip and took their supplies. Drugs for Silur was dropped off at Namatanai at SICs house. Manga was visited by our storeman during the HMM's supervisory and data collection and was only given RDTs as they have enough ACTs. Tanga, Lamasa and Pukpuk drugs were dropped off at Namatanai RH by HMMO with their respective OICs except Pukpuk.

COVERAGE RATES

22	HFs which were physically visited and drugs were distributed accordingly.
6	HFs not physically visited but commodities were picked up at PHO by Health staff
5	HFs not visited but commodities distributed half way through by the team





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0	HFs closed
25	Total Accessible HFs
8	Total Inaccessible facilities
33	Total HFs open
0	Air Drop off HF supplies
60.6%	Coverage Percentage of Accessible HFs visited
66.6%	Coverage Percentage of Total HFs visited

Table 2: Below indicates summary of the visit and mode of distribution used in Q4 2024.

HEALTH FACILITY VISITED

Dist rict	No.	Health Facility	HF Type	Agency	Accessibility	Accessibility Status	Distance from PHO (In hrs)	Date of Visit
Kavieng	1.	Bol	SC	Govt.	Road	Accessible	1 hour 30 min	14.10.24
	2.	Kavieng	Hosp	Govt.	Road	Accessible	Base	11.10.24
	3.	Kavieng	UC	Govt.	Road	Accessible	Base	4.11.24
	4.	Lavongai	HC	Catholic Health	Sea	Accessible	2 hours	19.10.24
	5.	Lemakot	HC	Catholic Health	Road	Accessible	45 min	14.10.24
	6.	Metemana	SC	Govt.	Sea	Accessible	1 hour	19.10.24
	7.	Epo/Palakau	HC	Govt.	Sea	Inaccessible	6 hours	22.10.24
	8.	Puas	SC	Catholic Health	Sea	Accessible	4 hours	20.10.24
	9.	Tasingina	SC	Govt.	Sea	Inaccessible	5hours	22.10.24
	10.	Taskul	HC	Govt.	Sea	Accessible	5 hours	19.10.24
	11.	Lamusmus	CHP	Govt.	Road	Accessible	1 hour 30min	26.10.24
	12.	Tingwon	SC	Govt.	Sea	Inaccessible	5 hours	Not visited
	13.	Umbukul	SC	Govt.	Sea	Accessible	3 hours	19.10.24
	14.	Piliwa	SC	United Church	Road/Sea	Accessible	1hr 30min road/40mins by boat	26.10.24
	15.	Poliamba	UC	Company	Road	Accessible	30 min	14.10.24
	16.	Babase	SC	Govt.	Sea	Inaccessible	4-5 hours	Not visited
	17.	Kabanut	SC	United Church	Road	Accessible	2hours	25.10.24





National Department of Health



Namatanai	18.	Kimadan	HC	United Church	Road	Accessible	2 hours	14.10.24
	19.	Lamasa	SC	Govt.	Sea	Inaccessible	5-6 hours	Not visited
	20.	Lipek	SC	Govt.	Road	Accessible	2hours	24.10.24
	21.	Manga	SC	Catholic Health	Road	inaccessible	6hours	Not visited
	22.	Mapua	SC	Catholic Health	Sea	Accessible	4hours	15.11.24
	23.	Massahet	SC	Govt.	Sea	Accessible	4-5 hours	Not visited
	24.	Messi	SC	United Church	Road	Accessible	3 hours	Not visited
	25.	Namatanai	DH	Govt.	Road	Accessible	4 hours	15.10.24
	26.	Palie	HC	Catholic Health	Sea/Road	Accessible	2-3 hours	Not visited
	27.	Panaras	SC	Govt.	Road	Accessible	3 hours	26.10.24
	28.	Pukpuk	SC	Govt.	Sea	Inaccessible	4-5 hours	Not visited
	29.	Silur	SC	Govt.	Road/Sea	Inaccessible	4-5hours	Not visited
	30.	Simberi	SC	Govt.	Sea	Accessible	5 hours	15.11.24
	31.	Tanga	HC	Catholic Health	Sea	Inaccessible	4 hours	Not visited
	32.	Lihir Medical Centre	UC	Company	Sea/Air	Inaccessible	4 hours	Not visited
33.	Simberi Mining Clinic	UC	Company	Sea	Inaccessible	4 hours	15.11.24	

Table 3. Distribution of the Health Facilities in the province, their accessibility and the date of visits in quarter 4 2024.

PLANS FOR HARD TO REACH FACILITIES

No	Health Facility	How drugs will be distributed	Reasons for not physically visiting the Health Facility
1.	Tingwon SC	Drugs to be collected by OIC	Inaccessible. Island Facility
2.	Lihir Medical Centre	They have enough stock on hand. Stocks goes to Buffer	Inaccessible.
3.	Palie HC	Arrangement for drugs to be delivered to ferry for pickup	Limited time. Was not able to visit. Island facility
4.	Mashaet SC	Arrangement for drugs to be delivered to ferry for pickup	Limited time. Was not able to visit. Island facility
5.	Tanga HC	Drugs brought up way to Namatanai with OIC. OIC brought it to Tanga	Inaccessible. Island Facility
21.	Babase SC	Drugs left at the transit store for pick up	Inaccessible. Island Facility



22. Manga SC	They have enough stocks. Only RDTs were delivered by HMMO/storeman	Inaccessible/Bad road condition
23. Silur SC	Drugs were brought half way to SIC. SIC signed and picked the drugs	Inaccessible/ Bad road condition
24. Lamassa SC	Drugs were brought half way with SIC.	Inaccessible. Bad road/sea condition
25. Pukpuk SC	Drugs were brought half way with SIC Lamasa for delivery	Inaccessible. Bad road/sea condition
26. Messi SC	Drugs picked up at the Transit Medical stores prior to distribution	Bad weather and we could not go.

Table 4: Table showing Health facilities not visited and the reasons why they were not visited with plans on the distribution of their drugs.

STOCK MANAGEMENT

Stock card management in the province has greatly improved due to continuous quarterly visits and emphasis on stocks management. However, just a minority that are still not updating their stock cards. Inaccessible facilities were trained and now using stock cards in keeping good record of their stocks. There is no major stock out of ACTs and RDTs, however New Ireland province still has the issue of primaquine shortage. AMS Kokopo is helping in supplying some Primaquine and were distributed. As done in the other quarters, health facilities are advised to order directly to AMS Kokopo. Also, there is also a shortage of arthemeter injectable in rural health facilities with Fansidar in a couple of health facility. On a good note, facilities are well managing their ACTs and RDTs.

Health Facility	Stock Card Management	Stock Out Situation
Kavieng Hospital	Stock cards are well kept and its always updated.	<i>NO STOCK OUTS</i> , found to have few stocks available. All their 2024 Q4 supplies were delivered during the visit.
Kavieng Urban	They have stock cards and its only updated by the person in charge, but when the person is not available then stock cards are not updated.	<i>NO STOCK OUTS</i> of ACTs & RDTs. Only PQ. All their Q4 supplies have been delivered during the visit.
Bol SC	Stock cards are well kept and always updated.	<i>NO STOCK OUTS</i> . Only PQ. All their Q4 supplies have been delivered during the visit.
Lemakot HC	Stock cards are well kept and always updated.	<i>NO STOCK OUTS</i> . Only PQ. All their Q4 supplies have delivered during the visit.
Taskul HC	They have stock cards and it is updated by the person responsible, but when that person is not available, then stock cards are not updated.	<i>NO STOCK OUTS</i> . All their Q4 supplies have been delivered during the visit.
Lavongai HC	Stock cards are well kept and always updated.	<i>NO STOCK OUTS</i> . All their Q4 supplies were given during the visit.



Metemana SC	Stock cards are well kept and always updated	<i>NO STOCK OUTS.</i> They have enough stocks of ACTs from AMS. Only RDTs were supplied.
Umbukul SC	Stock cards are well kept and always updated	<i>NO STOCK OUTS.</i> All their Q4 supplies were delivered during the visit.
Lipek SC	Stock cards are well kept and always updated	<i>NO STOCK OUTS.</i> Q4 supplies were given during the visit.
Kabanut SC	Stock cards are well kept and updated.	<i>NO STOCK OUTS.</i> Q4 supplies were given during the visit.
Kimadan HC	Stock cards are well kept and always updated.	<i>NO STOCK OUTS.</i> Q4 supplies were given during the visit.
Lamusmus CHP	Stock cards are well kept and always updated.	<i>NO STOCK OUTS.</i> Only PQ. Q4 supplies were given during the visit.
Poliamba UC	Stock cards are well kept and always updated.	<i>NO STOCK OUTS.</i> Q4 supplies were given during the visit.
Namatanai DH	Stock cards are well kept and always updated.	<i>No stock out of ACTS and RDTs.</i> Only PQ. RDTs only were supplied during the visit as they have enough stock of ACTs from AMS.
Simberi/Maragon SC	Stock cards are well kept and updated	<i>NO STOCK OUTS.</i> Q4 supplies were picked from TMS by OIC.
Simberi UC	They have stock cards but it is not updated.	<i>NO STOCK OUTS.</i> Q4 supplies were delivered during the visit.
Mapua SC	Stock cards are well kept and updated	<i>NO STOCK OUTS.</i> Q4 supplies were given during the visit
Piliwa SC	Stock cards are well kept and always updated	<i>NO STOCK OUTS.</i> Only PQ. All Q4 supplies were delivered during the visit
Panaras SC	Stock cards are well kept and always updated	<i>NO STOCK OUTS.</i> Only RDTs were given during the visit as they have enough ACT supplies from AMS.
Puas SC	They have stock cards but it is not updated	<i>NO STOCK OUTS.</i> Q4 supplies were given during the visit.
Tasingina SC	Stock cards are not available. Introduced stock cards to them during the visit.	<i>NO STOCK OUTS.</i> All Q4 supplies were given during the visit.
Epo/Palakau SC	Stock cards are not available. Introduced stock cards to them during the visit.	<i>NO STOCK OUTS.</i> All Q4 supplies were given during the visit.

Table 5: Shows Stock Card management and stock out situation for the 22 Health Facilities that were physically visited during Q4 2024.

ACCOUNTABILITY OF MALARIA DRUGS

Accountability of Malaria Drugs is slowly improving in the province because of continuous





visits. Most HFs are updating their stock cards very well. Only a few who are not regularly updating stock cards. This was emphasized during every quarterly visits.

DRUG DISTRIBUTION

Item	Total Distributed in Q4 2024
RDT	3286 boxes of 25 cassettes
ACT 6	Not supplied and not distributed in Q4
ACT 12	345 boxes of 30 blisters.
ACT 18	179 boxes of 30 blisters
ACT 24	607 boxes of 30 blisters
Primaquine (7.5mg & 13.2mg)	620 (boxes of 100 tablets +containers of 1000 tablets)

Table 6: Shows total number of drugs distributed in Q4 2024 per their strengths. A 4 months’ supply of RDTs and ACTs were distributed. Primaquine was supplied by AMS and distributed. For this quarter, only ACTs were supplied from GF, No RDTs. The buffer after Q3 distribution were all 12/24 and 1/25 expiry dates.

RDT	ACT 6	ACT 12	ACT 18	ACT 24	Primaquine	Antenatal Nets
354 boxes of 25 cassettes	0	152 boxes of 30 blisters	74 boxes of 30 blisters	198 boxes of 30 blisters	179 containers of 1000 tabs	4200 nets (84 bales)

Table 7: The above table shows the buffer stocks after quarter 4 distribution.

ANC NETS DISTRIBUTION

In Quarter 4, a total of 850 nets were distributed to health facilities that are providing ANC services in the province.



						1050	Stock left at PHA after Q3 Distribution
11.10.24	Kavieng Urban Clinic	Sr. Tommy	Joyce Johnson	39874	100	950	Q4 Distribution
14.10.24	Lemakot HC	Paula Brokam	Joyce Johnson	39876	50	900	Q4 Distribution
14.10.24	Kimadan HC	Dorothy Pokola	Joyce Johnson	39877	50	850	Q4 Distribution
15.10.24	Namatana Rural Hospital	Sylvester Pinga	Joyce Johnson	39878	100	750	Q4 Distribution
19.10.24	Taskul HSC	Theresa Ratu	Joyce Johnson	39879	50	700	Q4 Distribution
19.10.24	Lovongai HC	Norah Torosie	Joyce Johnson	39880	50	650	Q4 Distribution
20.10.24	Puas HSC	Lucy Are	Joyce Johnson	39881	50	600	Q4 Distribution
22.10.24	Tasingina HSC	Rayleen Abert	Joyce Johnson	39882	50	550	Q4 Distribution
22.10.24	Epoi/Palakau HSC	Linda Yambilafua	Joyce Johnson	39885	50	500	Q4 Distribution
24.10.24	Lipek HSC	Racheal Wilson	Joyce Johnson	39886	50	450	Q4 Distribution
25.10.24	Tinkoris MC	RCHW Sebulon	Joyce Johnson	39887	50	400	Q4 Distribution
25.10.24	Silur HSC	Joyce Osta	Joyce Johnson	39888	50	350	Q4 Distribution
26.10.24	Lamusmus CHP	Sr. Dalyn Maira	Joyce Johnson	39889	50	300	Q4 Distribution
15.11.24	Maragon SHC	Elizabeth Funil	Joyce Johnson	39890	50	250	Q4 Distribution
15.11.24	Mapua SC	Agesta P	Joyce Johnson	39891	50	200	Q4 Distribution
						200	Stock left after Q4 Distribution
11.11.24	GF	Joyce Johnson	PNG PORTS	39884	4000	4200	New Stock in from RAM/GF

Table 8: Shows the Antenatal Nets stock sheet for Quarter 4 2024.

ACCOUNTABILITY OF ANTENATAL NETS

There is still slow improvement of ANC LLIN accountability. Net receipts are still collected during visits and facilities were encouraged to bring in their receipts when submitting their monthly reports.

MALARIA REPORT

- 17 HFs submitted 9/9 reports, 7 HFs submitted 8/9 reports, 7 HFs submitted 7/9 reports, 1 HF submitted 6/9 reports and 1 HF submitted 5/9 reports.
- Piliwa and Mapua per the reports, it has each clinical death which was investigated in Q3 and then this quarter. Piliwa deaths was a confirmed case while Mapua has no deaths. This is due to reporting error. We have asked the PHIO to correct this.
- Namatana DH also reported two clinical deaths which was also investigated during Q4 visit and was both found to be confirmed. Reporting error also.
- Some facilities are still reporting less positives and more ACTs given. This was also discussed during Q4 and have asked the PHIO team to monitor and proof read against their hard copies before submitting to correct that.
- Timely reporting is still an issue, but facilities are slowly improving.
- There are still some facilities that are reporting clinical cases, however, due to continuous visits and emphasis on evidence base diagnosis, there are improving.

New Ireland Province

MALARIA REPORT January to October 2024

Date Printed: 06/12/2024 09:08:38

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
170101	Bol SC	9	0	3932	0	5	0	0	0	0	0	6105	60.7	48.0	0.1
170102	Kavieng Hospital	8	0	4130	0	40	0	0	291	5.5	4.5	10004	32.4	25.6	0.4
170103	Kavieng UC	6	0	2686	0	0	0	0	1	100	100	2945	79.1	60.2	0.1
170104	Lavongai HC	8	12	2058	1	15	0	0	2	0	0	3430	61.5	49.8	0
170105	Lemakot HC	8	2	2615	4	19	0	0	207	61.4	44.4	6138	45.1	29.2	0.5
170106	Metemana SC	7	0	1387	0	2	0	0	0	0	0	3154	43.9	39.7	0.1
170107	Epo / Palakau HC	7	0	272	0	2	0	0	0	0	0	941	30.2	14.5	0
170108	Puas SC	10	60	1762	0	3	0	0	1	100	100	2576	72.2	55.9	0
170109	Tasingina SC	8	27	67	0	1	0	0	0	0	0	283	17.7	12.4	0
170110	Taskul HC	9	5	2001	4	23	0	0	1	0	0	3762	47.9	45.0	0.2
170111	Tingwon SC	10	0	351	0	0	0	0	0	0	0	416	60.3	50.0	0
170112	Umbukul SC	9	0	907	0	0	0	0	0	0	0	2150	41.5	34.7	0.0
170113	Piliwa SC	10	0	1950	2	13	1	0	1	0	0	1981	52.3	38.1	0.1
170114	Poliamba UC	9	6	1172	0	0	0	0	0	0	0	2809	38.8	28.3	0.1
170115	Lamusmus CHP	9	0	1335	0	3	0	0	0	0	0	3702	60.7	39.7	0
KAVIENG District		127	112	26625	11	126	1	0	504	28.8	21.2	50396	49.7	38.3	0.2
170201	Babase SC	7	33	766	0	9	0	1	0	0	0	761	76.2	60.1	0
170202	Kabanut SC	10	0	6283	3	17	0	0	0	0	0	8834	71.2	59.2	0.4
170203	Kimadan HC	10	4	3138	44	37	0	0	13	23.1	23.1	8135	51.3	37.4	0.2
170204	Lamassa SC	8	20	735	0	6	0	1	0	0	0	1497	58.9	49.2	0
170206	Lipek SC	10	0	2677	13	9	0	0	4	75.0	75.0	6838	57.7	45.2	0.4
170207	Manga SC	7	12	2301	3	1	0	0	2	100	100	3560	67.2	50.5	0.2
170208	Mapua SC	7	0	653	2	1	1	0	0	0	0	1700	53.8	38.9	0.2
170209	Masahet SC	10	0	3010	0	0	0	0	0	0	0	5771	52.6	37.8	0.4
170210	Messi SC	10	0	2257	7	23	0	0	2	50.0	50.0	3897	58.5	39.3	0.1
170211	Namatanai DH	7	110	5134	32	45	2	0	5	0	0	7156	44.8	35.9	0.1
170212	Palie HC	8	23	2978	0	44	0	0	1	0	0	5540	55.5	35.5	0.2
170213	Panaras SC	10	0	566	0	0	0	0	1	100	100	1198	47.5	36.8	0.4
170214	Pukpuk SC	7	0	1402	3	3	0	1	4	0	0	2457	52.2	42.1	0.4
170216	Silur SC	9	0	1277	2	1	0	1	0	0	0	1641	69.4	51.7	0
170217	Simberi SC	9	0	1073	0	6	0	0	0	0	0	1783	53.7	35.1	0.2
170218	Tanga HC	5	1	434	0	10	0	0	0	0	0	711	55.6	46.8	0
170219	Lihir Medical Centre	8	0	292	0	6	0	0	462	34.2	22.7	16	0	0	0
170220	Simberi UC	10	3	190	0	1	0	0	0	0	0	750	29.9	24.3	0
NAMATANAI District		152	206	35166	109	219	3	4	494	34.0	23.3	62245	56.8	42.9	0.3
New Ireland Province		279	318	61791	120	345	4	4	996	31.4	22.2	112641	53.6	40.9	0.2

Table 9: Malaria report for HF in New Ireland. Retrieved from ENHIS.

NHIS (Hard Copy)	ENHIS (Tablet)	Daily Malaria Data Entry
Bol SC	Kabanut SC	Yes
Lamusmus CHP	Kavieng UC	No. They have their tablet but are not doing daily entries.
Lavongai HC	Kimadan HC	Yes
Mapua SC	Epo SC	No. They have their tablet there but with the SIC. So daily entries are not made
Maragon SC	Lemakot HC	Yes
Poliamba UC	Lipek HC	Yes
Puas SC	Simberi UC	No. Using desktop.
Tasingina SC	Metemana SC	Yes
Taskul HC	Namatanai DH	No. They have their ENHIS tablet but are not doing daily entries





Umbukul SC	Panaras SC	No. They have their ENHIS tablet but are not doing daily entries.
Tanga HC	Piliwa SC	Yes
Tingwon SC	Messi SC	Yes
Silur SC	Manga SC	Yes
Babase SC	Kavieng Hospital	No. PHIO does the entries
Masahaet SC	Lihir Medical Centre	No. They have tablets but are not doing daily entries.
Lamasa SC	Pukpuk	Yes
Palie HC		

Table 10: Showing Health facilities who have ENHIS tablet and doing malaria daily entries.

All 22 facilities visited are now using the new updated NHIS forms

MALARIA TREATMENT PROTOCOL & INTERMITTENT PREVENTATIVE TREATMENT IN PREGNANCY (IpTP)

- All facilities visited are following the National Malaria Protocol accordingly.
- Also, the information on updated Treatment Protocol of ACT use in First Trimester of Pregnancy was disseminated.
- All Health Facilities providing ANC services are currently practicing the updated treatment protocol for IpTP.
- However, there were some facilities that were experiencing fansidar shortage.
- Majority of the HF are keeping separate record for the 3 doses of Fansidar. Others that were not keeping separate records were encouraged to do so.

MALARIA MICROSCOPY FACILITIES IN THE PROVINCE

No.	Health Facility	Operational Status
1.	Kavieng PH	Operational. They have reagents available provided by the hospital. They are using the issued Malaria Microscopy register book.
2.	Lemakot HC	Operational. They are operating depending on power supply. Reporting well into ENHIS.
3.	Kimadan HC	Operational. Operating depending on Power situation. Reporting well into ENHIS and on timely basis.
4.	Namatanai DH	Operational. Have reagents but not reporting well into ENHIS.
5.	Lihir Medical Centre	Operational. But they are still not using the malaria microscopy register

Table 11: Showing the HF with operational microscopy.

HOMEBASED MANAGEMENT OF MALARIA

There are total of 309 Community Malaria Volunteers (CMVs) trained in 2021-2023. This year there, were no new CMVs trained due to limited funds. Supervisory visits were being carried by our Homebased Malaria Management officer (HMMO). Despite supervisory visits, CMVs are now not reporting well. There is inconsistency in their reporting. One month one CMV from an HMM site will report; the other month he/she will not report. They are receiving supplies from health facilities and





providing service to the rural populace, however when it comes to reporting, there is inconsistency. Their reasons being, they are not being incentivized. They have no bus fare to go to the HFs to bring in their reports. When CMVs are being incentivized, there will be a change in their reporting. However, they are still providing services to their people.

The table below shows the CMV reporting trend this year.

Monthly Report Update	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Total Expected	241	241	241	241	241	241	241	241	241	241	241	###
Total Received	145	116	123	112	117	92	94	69	75	68	22	0
Total Yet to be received	96	125	119	133	137	175	126	156	150	140	63	0

Table 12: Showing the number of CMVs reporting each month in 2024.

MALARIA SCHOOL PREVALENCE SURVEY: 2

In Quarter 4, the second malaria school prevalence survey was also rolled out. The total number of students surveyed was 539 Point Prevalence is 5.5%. This is an indicative probability that of every 500 elementary school pupils, there is likely that 5.5% of them would be positive of malaria. There were a lot of students who were tested positive despite being asymptomatic. This shows that Malaria is in the communities. The second school also found out that most students were tested positive with Non.Pf and Mixed infection. This entails that there is still possibility of case transmission if Liver-stage parasites are not attended to in the case of PQ treatment, incompliance of treatment. More advocacy and health promotion is needed to reduce this burden.

Date: 26.09.24	
Province: New Ireland	School: Kimadan Elementary & Primary
District: Namatanai	Type of RDT used: Biocredit
Total Students Survey	135
Total Tests done	135
Total Negatives	132
Total PF	1
Total Mix	1
Total NPF	1
Total Positives	3





Treatment	3	ACT with PQ were given to the 3 students that were tested positive.
Fever in the last 24 hours	5	
Own a Net in the Family	92	
Does Not own a Net in the Family	43	
Use a Net the night before	53	Out of the 92 students who owns a net, only 53 of them slept under the net the night before.
Mircsocopy	Not done	
Enlarged Spleen	Nil	

Table 13.1: Summary of Kimadan School Survey

Date: 27.09.24		
Province: New Ireland	School: Pinikidu Primary	
District: Namatanai	Type of RDT used: Biocredit	
Total Students Survey	159	
Total Tests done	159	
Total Negatives	141	
Total PF	7	
Total Mix	5	
Total NPF	6	
Total Positives	18	
Treatment	18	ACTs were given with PQ to 18 students that were tested positive.
Fever in the last 24 hours	5	Out of the 5 students, 1 was tested positive
Own a Net in the Family	94	
Does Not own a Net in the Family	65	7 of the 65 students who does not have net were tested positive.
Use a Net the night before	48	Out of 94 students who own nets, 48 slept under the net the night before
Mircsocopy	Not done	
Enlarged Spleen	Nil	

Table 13.2: Summary of Piniikidu School Survey



Date: 30.9.24		
Province: New Ireland	School: Lamusmus Elementary	
District: Kavieng	Type of RDT used: Biocredit	
Total Students Survey	116	
Total Tests done	116	
Total Negatives	113	
Total PF	0	
Total Mix	0	
Total NPF	3	
Total Positives	3	
Treatment	3	ACT with PQ were given to the 3 students that were tested positive.
Fever in the last 24 hours	0	
Own a Net in the Family	61	
Does Not own a Net in the Family	55	Of the 55 students, 1 was tested positive.
Use a Net the night before	39	Out of the 61 students who owns a net, 39 of them slept under the net the night before.
Microscopy	Not done	
Enlarged Spleen	1	Gr.1

Table 13.3: Summary of Lamusmus School Survey

Date: 01.10.24		
Province: New Ireland	School: Ngavalus Elementary	
District: Kavieng	Type of RDT used: Biocredit	
Total Students Survey	129	
Total Tests done	129	
Total Negatives	123	
Total PF	1	
Total Mix	3	
Total NPF	2	
Total Positives	6	

Treatment	6	ACTs and PQs were given to the 6 students who were tested positive
Fever in the last 24 hours	10	Of the 10 that had fever, 1 was tested positive.
Own a Net in the Family	81	
Does Not own a Net in the Family	48	Of the 48 students who doesn't own a net, 4 of them were tested positive.
Use a Net the night before	63	Out of the 81 students who owns a net, only 63 slept under the net the night before.
Mircsocopy	Not done	
Enlarged Spleen	4	Gr.1

Table 13.4: Summary of Ngavalus School Survey

Proportion of positive cases per Schools

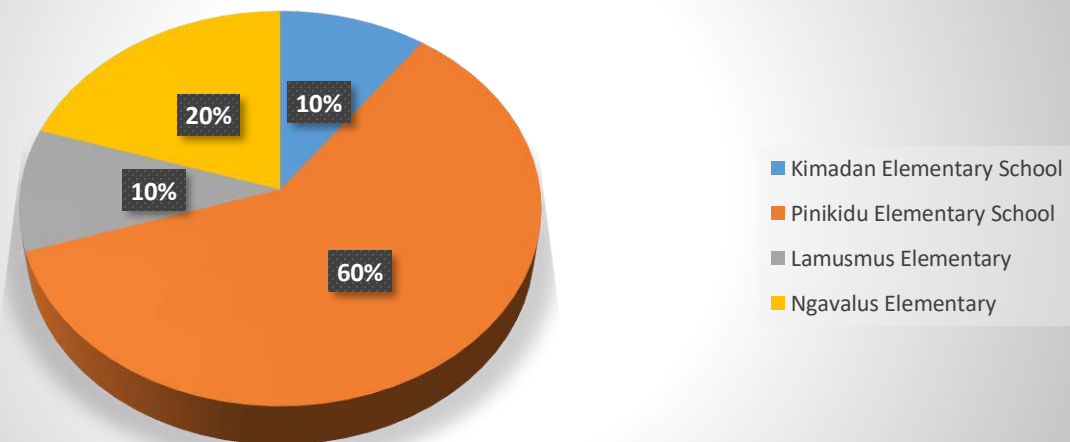


Fig 1.1: The pie chart Illustrated the Proportion of Positive Cases per schools. Pinikidu has the highest number of positive cases followed by Ngavalus and then Kimadan and Lamusmus. The point prevalence is 5.5% in the dry season. This season has a lower point prevalence compared to the previous season.

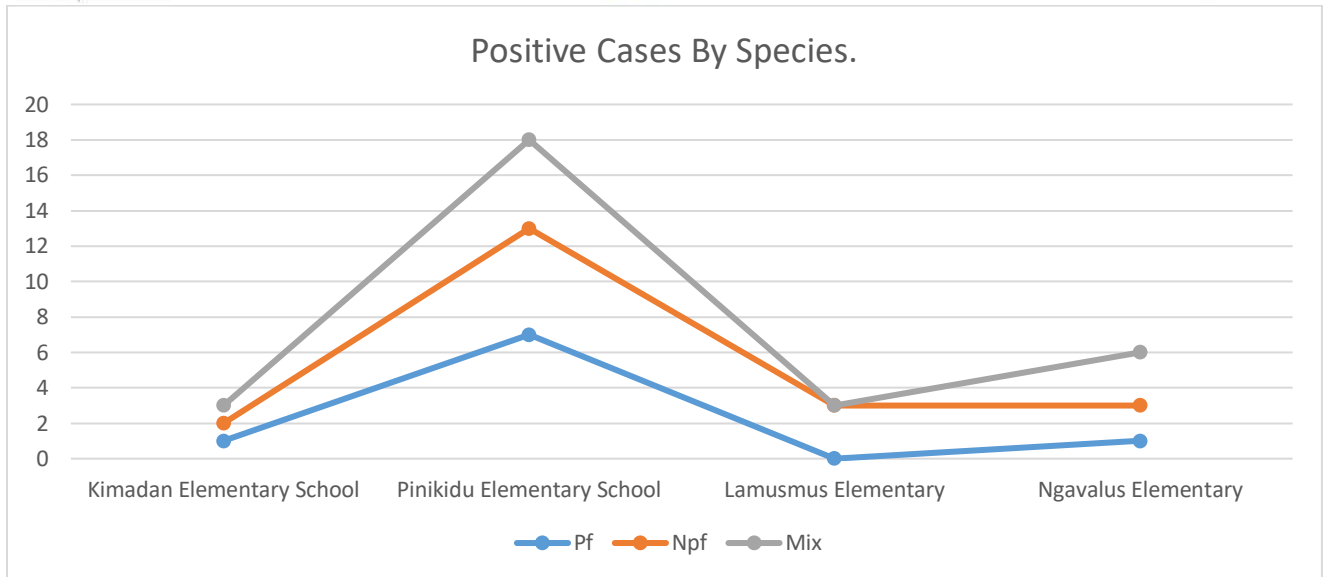


Fig 1.2: The line graph illustrated positive cases by species by different schools. Clearly there were more Non.Pf and Mixed cases than P.f cases.

MALARIA PROGRAM VEHICLES

Program vehicles are under the care of the HMMO/Program Manager. This quarter, both program vehicles were used. On the 14th-15th.10.24 and 15.11.24 BDS 690 was used. On the 24th-26.10.24, NAE 839 was used.



1. RAM Program Vehicle NAE 839,



Color: White.

Type: Land cruise 10 seater

Registration validity: 28.11.24

Safety sticker validity: 19.10.24

Duration of use: 3 days

Driver: Bethlyn Bekes

Contact: 74318344

2. *RAM Project Vehicle BDS 690*

Color: White

Type: Land cruiser 10 seater

Duration of use: 4days

Driver: Bethlyn Bekes

Contact: 74318344

ACHIEVEMENTS

- 22 Health Facilities physically visited.
- Epo and Tasingina SC were physically visited (Inaccessible facilities).
- Drugs delivered to other HF who were visited.
- Malaria School Survey Done (2nd one).
- Engaging the team in Delivery of drugs.
- PHIO assisting in correcting over-reporting of ACTs for some facilities (CM2a indicator).

CHALLENGES

- The other non-road HF in Namatanai District were not visited due to limited time (closure of office and accounts).
- Messi and Manga was not visited due to bad weather condition.
- Discrepancies still in reporting especially when entering data into the ENHIS.
- Late reporting for some facilities
- Logistics not ready on time (especially fuel payments)
- Limited PQ stock
- Expiry of RDTs especially the ones received from AMS and nearing expiry of RDTs from GF
- Dingy hires have gone up
- CMVs reporting has decreased

RECOMMENDATIONS

- Inaccessible Facilities are to be visited next year
- Working closely with PHIO to make sure quality reports are submitted
- Continuous follow-up with HF and PHIO with the CM2a Indicator issue
- Providing incentives for CMVs to increase reporting.
- Providing supplies with atleast 4 months before expiry or a year.
- Adjusting to the economy trend and change the rates for dingy hires.



- Working closely with partners and stake holders

ACKNOWLEDGEMENT

1. New Ireland Provincial Health Authority
 - The Chief Executive Officer-Dr. Stenard Hiahshri
 - A/Director Public Health: HEO. Patterson Marengas
 - Provincial Disease Control Officer- HEO. Maria Sabok
 - Deputy Director Public Health Programs- Mr. Edmond Polut
 - Partners Coordinator: Mr. Alphonse Wena
 - Provincial Pharmacist: Ms. Monica Wulwarau
 - Provincial Health Information Officer: Ms. Alphosia Wiringa
 - A/District Health Manager Kavieng District. HEO. Betty Tameluk
 - A/District Health Manager Namatanai: Heo. Peter Ati
 - LLG Health Manageress Sentral Niu Ailan- HEO Eunice Jonathan
 - Kavieng Transit Medical Store Team
 - All Health Facilities OICs and staff who were present during the Q4 visit
 - HMMO/Program Manager NIPHA MEP: Mr. Thomas Kapu
2. St Barbra Mine Simberi: transportation of the team to the Mine site
3. Konos Sub District Administration: Dingy
4. Catholic Health: OICs and staff assisted
5. United Church Health: OICs and Staff
6. Schools participated in the school: Staff and students.
7. Tinkoris Medical Centre SIC: Accommodation
8. Service Providers
9. RAM
10. Global Fund

PHOTOGRAPHS

Photographs



Pic 1: PMS with a staff at Poliamba UC. Pic 2: SIC for Panaras HSC with Storeman. Pic 3: SIC Lamusmus CHP with Storeman and driver. Pic 4: Bol HSC



Pic 5: Storeman signing GDN with Taskul HSC staff. Pic 6: Operator and dingy owner covering boxes of medicines at Taskul. Pic 7: PMS with SIC Tinkoris Medical Centre. Pic 8: Broken brigde at Pulpulu with Gorgor.



Pic 9: PMS with a staff at Tasingina HSC. Pic 10: Tasingina staff smiling with her supplies. Pic 11: Malaria Commodities in front of Epo/Palakau HSC.



Pic 12: CMVs assisting in school survey