



NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
QUARTER FOUR FIELD TRIP REPORT
ORO (NORTHERN) PROVINCE
OCTOBER 2024



Bagou Elementary Malaria School Survey 11.11.4

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Date Travelled to Oro: 04.11.24
Date Returned to Port Moresby: 14.11.24
Total nights in the field: 10 nights
Funding Source: Global Fund

OBJECTIVE

This is the fourth quarter trip of 2024, to carry out routine Malaria Health Facilities (HF)s supervisory visit and Drug distribution in Oro Province

The main objectives and activities involved

- Visit all accessible HFs and ensure that there is adequate supply and NO STOCK OUT of malaria Rapid Diagnostic Test (RDT) 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.
- 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 ORO (NORTHERN) PROVINCE

Oro is one of the least populated provinces in Papua New Guinea (PNG) that covers an area of 22,800 km², with a population of 271,193 according to 2021 estimated statistics. It is a coastal province in the Southern Region and shares land borders with Morobe, Central and Milne Bay provinces.

The province is characterized by its geography, which includes high mountains, low lands and coastal areas. Each of these regions present unique opportunities and challenges to service delivery, and in this case for quarterly malaria supervisory visits with drugs and ANC nets distribution.

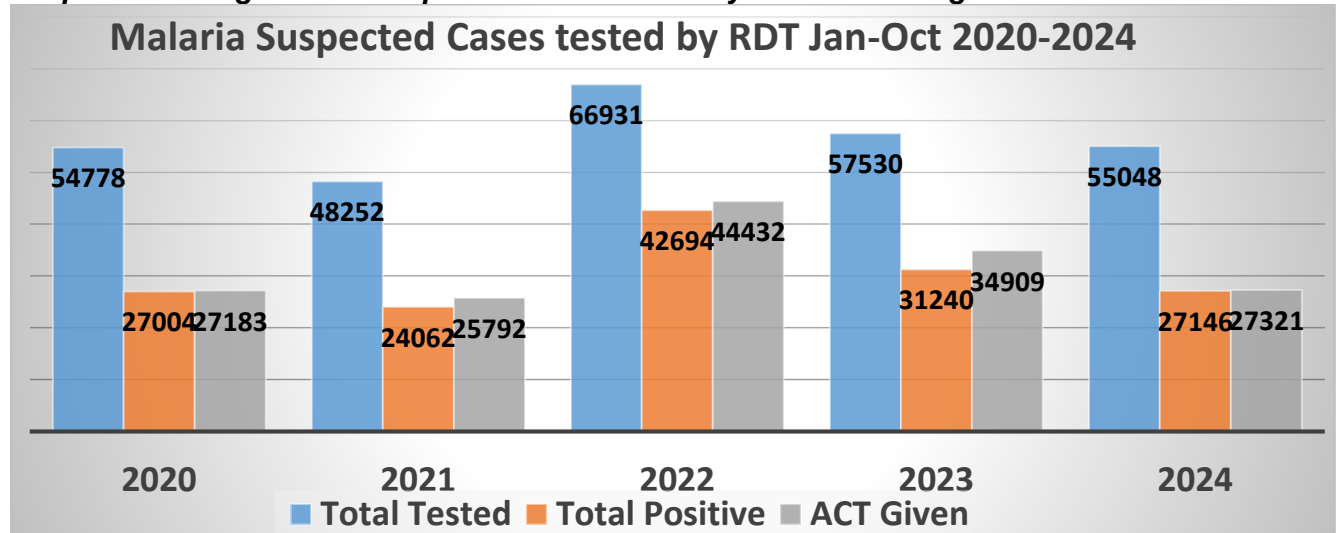


Figure1. Map of showing Oro province in PNG.

1. MALARIA SITUATION IN ORO PROVINCE

The malaria situation in the province between Jan-July in the last five years (2020-24) as per NHIS Reports (19.09.24) were highlighted in **Q3 Field Trip Report**. The graphs below highlight the same report but with more updated data Jan- October as of (22.11.24) for a more realistic representation.

Graph1. Showing malaria suspected cases tested by RDT and ACT given 2020-24

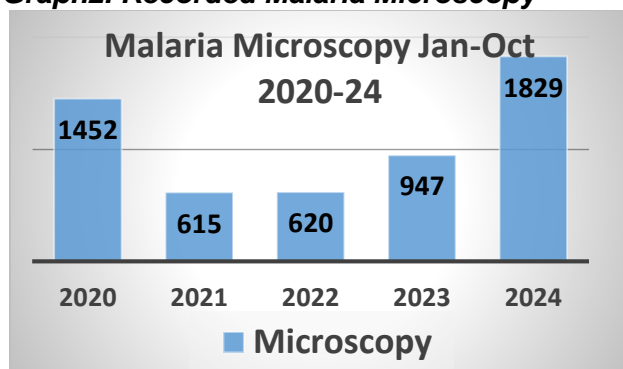


Source: NHIS Malaria Summary Report (02.12.24)

Graph 1 shows malaria suspected cases tested and treated between Jan-Oct in the last five years. It is noted that after 2020, there has been a non-steady increase in the number of suspected cases reported. After the spike in 2022, there has been a decline in number of malaria cases reported. Either malaria cases have been gradually declining since the implementation of HMM program or some late reports are being missed out.

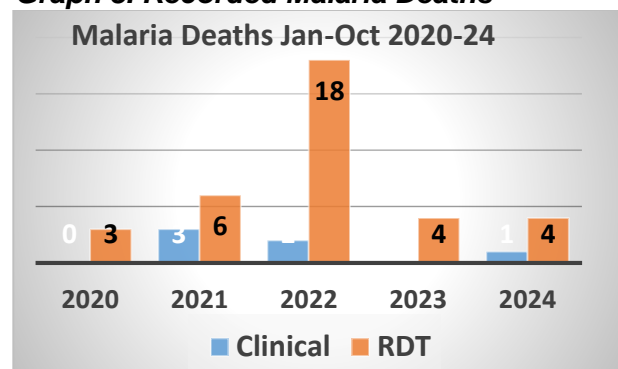
During the same period, it can be noted also that there has been higher number of ACTs given out compared to the positive cases reported. While the reasons may vary between different HFs, some contributing factors identified during the supervisory visit are; ACT treatment given to clinical cases (RDT results show negative but treatment is given on caregiver's assessment), ACTs given to patients getting tested elsewhere, or a possible software glitch with e-NHIS tablet such as that of St Mary's District Hospital (SMDH)-Oro bay.

Graph2. Recorded Malaria Microscopy



Source: NHIS Malaria Report (02.12.24)

Graph 3. Recorded Malaria Deaths

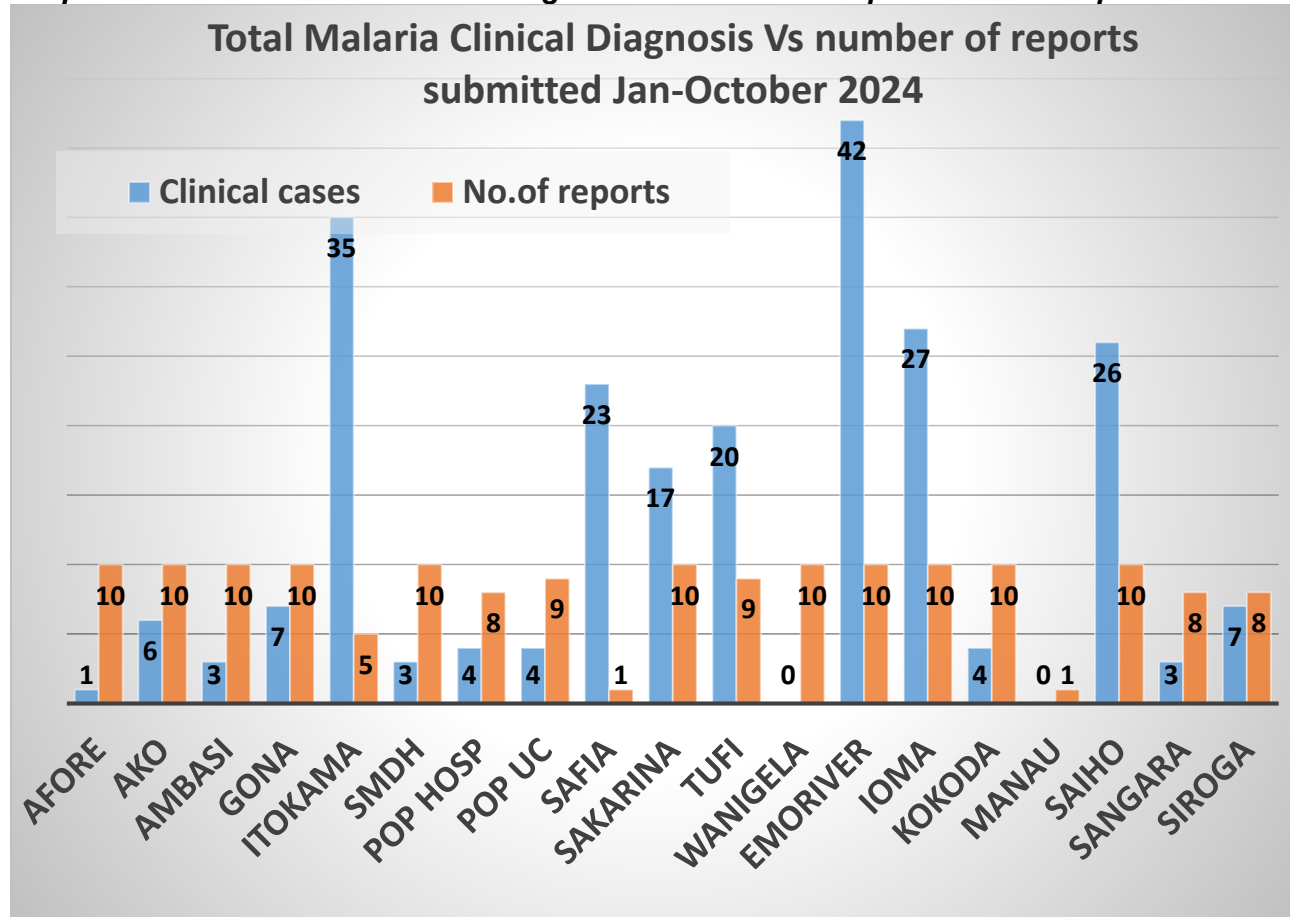


Graph 2 shows steady decline in malaria microscopy since 2020 and an increase in 2024. It is encouraging to see the gold standard of malaria diagnosis using microscopy still being upheld and maintained. **Graph 3**, shows gradual decline in malaria deaths since 2022.

It is hoped that a steady decline is maintained or NO MALARIA DEATHS to be reported as a way forward to **(National Malaria Strategic Plan 2021-2025)**. **National Mortality (cases/100,000 pop) to reduce to ≤0.40 % by 2024.**

NHIS REPORTING UPDATES

Graph4. Recorded Clinical Malaria Diagnosis Vs number of reports submitted per HF



Source: NHIS Malaria Report (02.12.24)

Graph 4 shows that almost all HF's submitted 8-10/10 reports. Manau and Safia HF's were previously closed and submitted 1/10 reports after reopening.

For clinical diagnosis, **Itokama, Safia, Tufi, Emo River** and **Saiho** have reported the highest numbers and hope this practice can be done away with in the coming months as there is sufficient stock of RDTs issued to all HF's in the province.

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 results in Wet and Dry season

Elementary School/ Date	District	Total Students	PF	NPF	MIX	Negative	INVALID	Positivity
Ilimo- 01.05.24	Sohe	147	31	3	8	105	0	28.6%
Ilimo- 06.11.24		150	23	1	9	117	0	22%
Bagou- 26.04.24	Pop	97	8	6	2	81	0	16.5%
Bagou- 11.11.24	Urban	52	0	0	0	52	0	0

The above highlighted cells show results from wet season (April-May) compared to dry season (November) where positivity rate dropped. The 0% malaria positivity in Bagou Elementary School can also be a direct impact of the presence of CMVs reducing local malaria transmission.

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	Not supplied		
ACT6	Not supplied		
ACT 12	192 boxes/ 30 blisters	NAD2420B	GF
ACT 18	96 boxes/ 30 blisters	NAA24112A	GF
ACT 24	184 boxes/ 30 blisters	NAA24136A	GF
PQ	3200 packets/ 100 tablets	JMP-101	NDOH
ANC Nets	-		

These stock were used to ensure that there was **NO STOCK OUT**, and for all HFs to receive Q4 malaria commodities whether visited or not, based on their monthly reports and consumption needs.

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 Q1 distribution next year.

Table 3. Buffer stock as of 15.11.24 after Q4 distribution.

Malaria Commodity	Quantity in provincial transit store	Source
RDT	1622 boxes/ 25 kits	NDoH/ GF
ACT 6	0	
ACT 12	141 boxes/ 30 blisters	GF
ACT 18	67 boxes/ 30 blisters	GF
ACT 24	239 boxes/ 30 blisters	GF
PQ	2475 packets/ 100 tablets	NDoH
ANC Nets		

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.

Between (Jan-November 6, 2024), a total of 2700 ANC nets were distributed to HFs that provide ANC services, a total of 1261 receipts (47%) collected and more expected as more ANC mothers receive nets from respective HFs.

ANC nets distribution is ongoing in the province to ensure all pregnant women are catered for. **Thus NO ONE should be left out.**

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. During Q4 supervisory visit, it was identified that almost all the HFs have stock cards present, and this was a very positive finding. For example, Gona HC which is also a HMM Supervising HF, and during the visit, they had excellent stock management records using updated paper stock cards, similar to Siroga Oil Palm clinic and SMDH-Oro bay.

However other HFs such as Kokoda Hospital which is also a HMM supervising HF and Afore HC who also maintain stock cards, do not update them regularly. Some of the reasons include workload from limited staff working or no permanent staff managing the dispensary during outreach programs.

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 Area Medical Stores (AMS)s 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. During Q3 supervisory visits, all HFs are providing IPTp.

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

Q4 HF Visit and drug distribution started before RMC arrived in the province on November 4, 2024. This is because malaria commodities were consigned to the province ahead of distribution time. PMS made visits to Afore and Itokama HCs on October 24-25, 2024 during province lead combined patrol visit. This includes visits to Tufi, Wanigela and Ako which were co-funded by RAM and fuel was provided by NPHA.

There are 20 reporting HFs out of which 3 are currently closed and 17 are operational. Out of these 17 HFs, 4 are operated by Anglican Health Services, 12 by Government Health Services and 1 (siroga HC) operated by Higaturu Oil Palm company.

In Q4 distribution 13 out of 17 HFs were visited as shown in the tables below. Ioma HC and Emo river HCs are inaccessible however their supplies were collected at the Provincial Malaria Office while, Ambasi HC, and Sakarina HC will collect their supplies later from PMS.

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

Table4. HF Visit coverage

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HFs	17	17	17	17
Total Number Accessible	13	13	13	13
Total Number Reached	13	12	14	13
% Coverage (Accessible)	100.0	92.3	107.7	100.0
% Coverage (Total HFs)	76.5	70.6	82.4	76.5

Table5. HFs physically visited

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	24.10.24	Ijivitari	Itokama	8	6.11.24	Ijivitari	Gona.
2	25.10.24	Ijivitari	Afore	9	7.11.24	Ijivitari	Popondetta Urban clinic
3	1.11.24	Ijivitari	Tufi	10	7.11.24	Sohe	Siroga clinic
4	1.11.24	Ijivitari	Wanigela	11	8.11.24	Ijivitari	Oro Bay- SMDH
5	2.11.24	Ijivitari	Ako	12	8.11.24	Ijivitari	Popondetta Hospital
6	5.11.24	Sohe	Saiho	13	12.11.24	Sohe	Kokoda Hospital
7	5.11.24	Sohe	Sangara	14			

VISIT FINDINGS

During the Q4 supervisory visit, it was observed that almost all HFs have sufficient stock of RDTs and PQs while ACTs are usually low or out of stock.

Similar to Q3 distribution, supplies were re-quantified at the time of visit based on malaria register records at the respective HFs, and sufficient buffer was kept at the malaria office to be issued later upon receiving malaria reports. This temporary control measure is to prevent potential risk of misuse of ACTs while the Officers in Charge (OIC)s work with their staff to guarantee safe keeping and accountability of commodities at their respective HFs.

Afore HC had sufficient stock due to proper management, hence no supplies issued during Q4 visit, similar to Q3. However, will receive supplies once commodities are low.

Gona HC which is CMV supervising HF, continues to maintain proper stock control and management. Q4 commodities issued will also cater for CMV consumption needs upon submitting monthly reports as they work together on improving timely and complete monthly reporting.

Siroga HC which is a company run facility was initially flagged for not submitting reports since March 2024. However, during Q3 visit it was identified that their e-NHIS tablet had

technical issues which also contributed to inability to send monthly reports. This issue was immediately reported to Remote Sensing team during the visit and the e-NHIS tablet was sent with RMC to Port Moresby for reset work. Also with coordinated effort from clinic staff, outstanding reports Siroga HC were immediately compiled and submitted to Provincial Health Information Officer (PHIO) after Q3 visit. Although the e-NHIS tablet has not been returned to the HF after being sent to POM, they have since improved manual reporting. In Q4, a refresher training was held at Siroga HC inclusive of staff from smaller reporting clinics around the catchment area.

For Saint Margaret District Hospital (SMDH)- Oro bay, Wanigela HC and few others, it was identified that e-NHIS tablet generates large figures for “**ACT given to malaria cases**” tables compared to total positive cases reported.

This issue was also immediately reported to remote sensing team during the HF visit in Q3, and according to their feedback, there are possibilities of glitch that could contribute to such discrepancies. Staff responsible for data entry have to regularly contact the PHIO for data verification before submitting monthly reports. In Q4, a refresher training was held with SMHD staff inclusive of trainee Nursing students.

For Popondetta Hospital, it was identified that most data captured from emergency and adult outpatient sections are usually not captured. Attending staff usually don't report this information and hence are missed out. A separate meeting will be arranged with staff responsible to resolve a better way forward.

Malaria Microscopy data is always reported on a timely manner is this is truly encouraging.

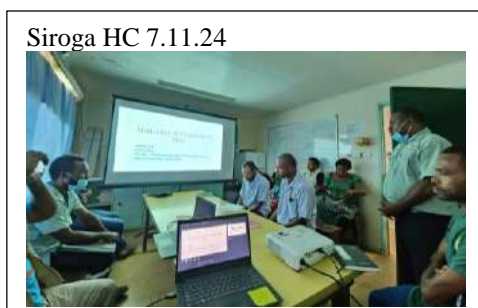
CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES

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 Q4, this CQI training was held at Siroga HC on November 7, 2024, and at SMDH on November 8, 2024, with 14 and 17 participants respectively.



HOME-BASED MANAGEMENT OF MALARIA (HMM)

There are a total of 152 CMVs in Oro Province, out of which 115 are active and reporting. Some of the supervising sites include: Wanigela HC, Tufi HC, Gona HC, Korisota and Togaho under Saiho HC, Bagau under Popondetta Urban Clinic, Ilimo and Kokoda HF catchment area.

Currently there is no HMMO in the province and recruitment is underway.

VEHICLE SUPPORT

There are 2 program vehicles and 1 motorbike currently stationed in Popondetta to support Malaria Program Activities:

GAC 678 Toyota Land Cruiser was used for Q4 HF visits and distribution, CQI and Malaria School Survey. On November 6, 2024, transfer of ownership was successfully done from World Vision to RAM.

VAC 857 hilux which was brought to a local workshop for service few months back has not come out yet. From last physical inspection on November 8, 2024, vehicle doesn't look like it has been worked on and should be removed and stationed at the Popondetta Hospital yard until service provider confirms availability of service parts.

Motorbike is currently kept in the container and awaiting a battery replacement to be sent from POM.

GAC 678 -NPHA Yard



VAC 857 -workshop yard



LA670 – container in NPHA yard



SUCCESS

1. All HF's have stock cards present and most are updated daily.
2. Improved Malaria Microscopy data reporting,
3. NPHA provided fuel Q4 Malaria Program activities

CHALLENGES

- Security issues interfering with HF visits
- Accountability of malaria commodities in few HF's- leading to temporary control measures at the provincial level.

RECOMMENDATIONS

- Maintain Combined supervisory visits with PHA and Partners for efficient program monitoring.
- PMS to monitor and rotate near expiry commodities to prevent wastage.
- Maintain ongoing monitoring and control measures to prevent potential drug misuse.
- PHA to enforce disciplinary measures on staff misusing drugs and consumables

ACKNOWLEDGMENTS

- Rotarians Against Malaria- Global Fund
- Northern Province Health Authority- (CEO, Director- Public Health)
- Provincial Health Information Officer- (Mr. Titus Boniepe)
- District Health Managers and OICs of HFs visited
- Popondetta Hospital staff and sectional heads met with
- NPHA Driver Robin Koike
- HMM Officer- Gideon Pokowas
- Provincial Malaria Supervisor- Henry Saofe
- NPHA Malaria Eradication Officer (Bernard Goviro)

PHOTOGRAPHS

Team with Gona HC staff and CMVs in the catchment



Siroga HC and catchment Aid post staff



Trainee nurses demonstrating RDT after CQI at SMDH



Gona HC stock card and CMV referral copies

