



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

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

17th of October to 10th of November 2024



Continuous Quality Initiative Training/Malaria Refresher Training done by RMC to the Health staffs of Mingende Rural Hospital.

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

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EXECUTIVE SUMMARY

The 4th and final quarter visit of 2024 was so intense as we have implemented various sub programs under the Malaria Program and also created new Partnership and networks apart from the existing ones for the good of the program. Apart from the main Antimalarial drug distribution, we have met with the Simbu Provincial Education Advisor with her 2 Coordinators for Elementary and Secondary Schools and briefed them on the annual School Malaria Survey Program and they supported the Program by allowing us to carry out the survey. We successfully conducted the survey in 3 Elementary Schools, 2 (Bosiamaru and Kiribari Elementary Schools) in Karamui which is situated in a high burden Malarial zone and 1 in low burden near Kundiawa town which is Ega Elementary. A total of 304 students were surveyed of which only 3 were positive while the rest of 301 were negative. The positives detected were from Karamui and were treated on the spot by the health staffs who conducted the survey.

The other activity was the Continuous Quality Initiative Training or Malaria Refresher Training for the main Hospitals which was conducted in Kundiawa General Hospital and Mingende Rural Hospital. It was a success for the Program this year because it was not achieved despite several attempts in previous years due to schedules not matching shifts of staffs and collision of activities. So, a total of 21 Health Professionals attended the training in Kundiawa General Hospital and 30 in Mingende Rural Hospital.

During this visit, the 7 Malaria Microscopists trained by CPHL in the beginning of this year were on clinical placement at the Laboratory in Kundiawa General Hospital under the supervision of the senior Hospital based MLAs. This arrangement and Funding was made possible by the Malaria Program under Simbu PHA.

We were also successful in consigning the Q4 Drug supplies for the 4 air accessible health facilities in Karamui District via chartered SDA Aviation and MAF-Goroka.

We also created a new Partnership with the Catholic Diocese of Simbu and they were very supportive and requested to assist the Malaria Program by delivering the Malaria commodities to one of their Aid Posts under Catholic Health Service in Karamui so we issued 2 bales of ANC LLIN plus the Q4 Drug supplies for Obe Aid Post in Karamui and they transported them through their charter.

With the company of the Provincial Malaria Eradication Officer, we visited a total of 28 reporting health facilities out of the 37. Four facilities were hard to reach due to disconnection of bridge and several massive landslides that blocked off the road. One inaccessible facility in SaltNomane District already collected their 4th quarter drug supplies while the 4 air accessible facilities received their supplies through chartered planes.

The Disease Control Program of Simbu PHA assisted the Malaria Program for the supervisory visits with its TB DOTs vehicle for 4 days, the Director Public Health assisted with his assigned vehicle for 2 days and Kerowagi HC also assisted with their ambulance for a day while the RAM vehicle was used by the PHA staffs for administration purpose within the town vicinity as it was not suitable to the rugged geography of Simbu.

BACKGROUND OF SIMBU PROVINCE

Simbu is one of the provinces of Highlands Region of Papua New Guinea. It is known for its rugged geography that makes it so beautiful and unique that attracts a lot of tourists to explore the untouched flora and fauna. It is also the home to the famous Mt. Wilhelm, the highest peak in the Southern Hemisphere that also attracts tourists all around the world every year to explore. The other features of this unique province lies in its people, bird life, the incredible sceneries from the mountain sides looking down at pristine and fast flowing and crystal clear rivers. It is indeed mountainous but unique!

Its capital is Kundiawa town and it comprises of six districts namely; Kerowagi, Kundiawa-Gembogl, Chuave, Sinasina-Yongomugl, Karimui-Nomane and Gumine District. Current population as per the Provincial Health Indicator 2024 is at 398007 with the growth rate of 3.40%.

Economy in the province is mainly generated through subsistence farming and Human Resource. Cash crops in the province are mainly coffee and fresh vegetables. Few mindset of the inhabitants is business minded, self-reliant and goal oriented through perseverance.

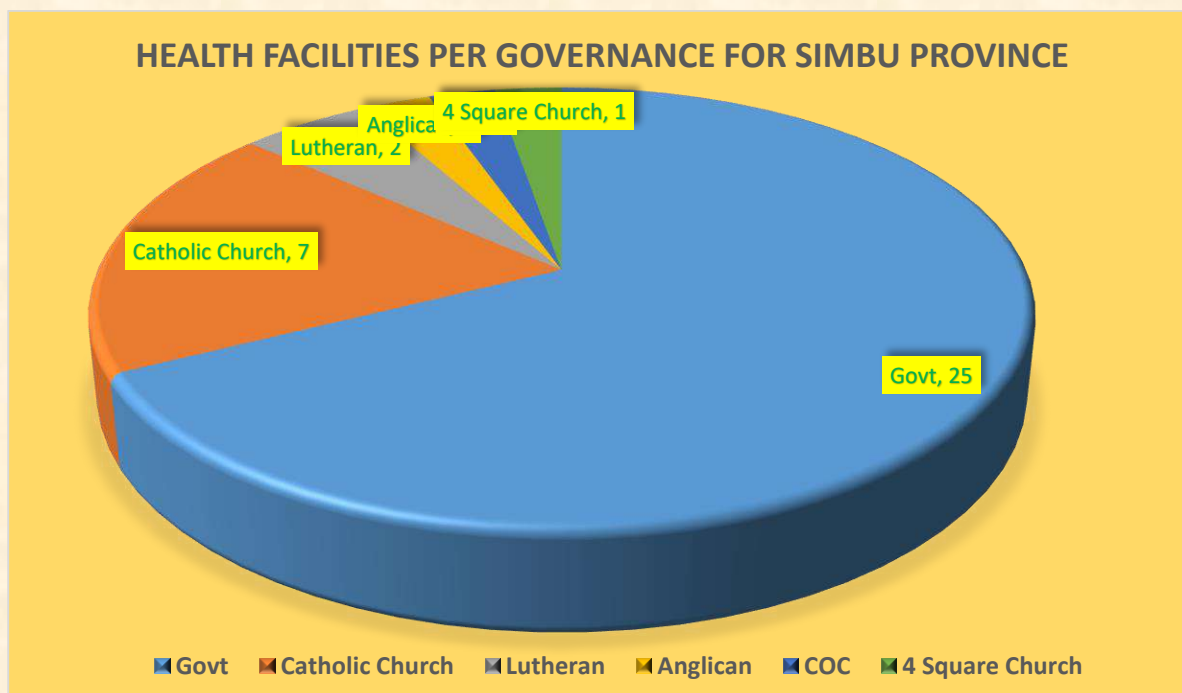
Infrastructure is going from bad to worse following the recent natural disaster that strikes many Districts in Simbu. The road link to Gumine District and Karimui-Nomane is totally cut off due to huge cracks along the roads and landslips which is extremely bad and difficult for vehicles to pass through.

Political influence in the province doesn't have much impact on the service delivery because most of the service providers are loyal to their jobs and serving the population with their hearts. Any tribal fighting or serious crimes are short lived and are automatically solved by their peacemakers and law & order personnel. Few opportunists and drug addicts cause nuisance around public places but otherwise it's a peaceful place with loving and caring people.

HEALTH SERVICES IN SIMBU

Simbu has a total of 37 reporting health facilities. Of the 37 reporting health facilities and as per the District, Kerowagi has 9 reporting health facilities, Kundiawa-Gembogl has 9, SinaSina Yongomugl has 4, Chuave has 6, Gumine has 3 while SaltNomane Karamui District has 6. Thirty-three (33) out of the 37 health facilities are accessible by road while the 4 in SaltNomane Karamui District are air accessible. It is governed by both the Simbu Provincial Health Authority(Government) and Church Agencies.

Graph 1. shows the breakup of the 37 reporting health facilities as per the governance.



AID POSTS

Simbu has 97 Aid Posts of which 7 are inactive while the 90 are active or functioning.

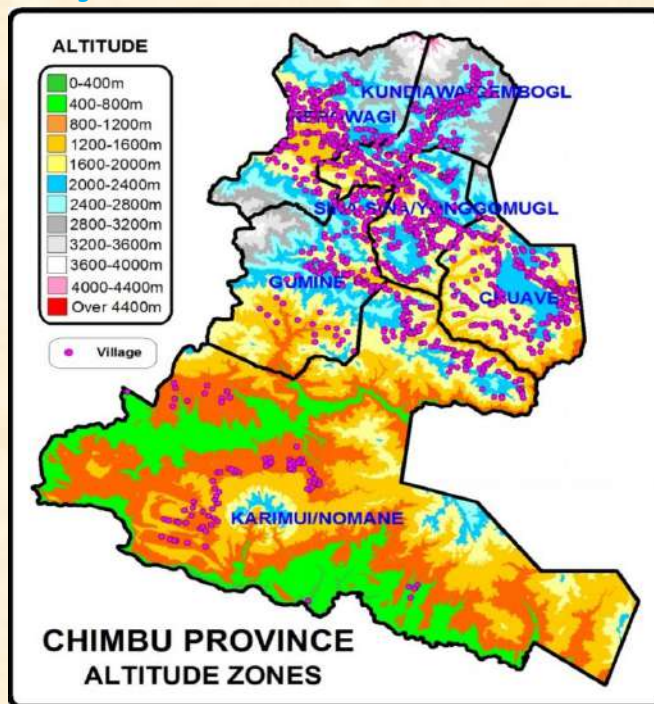
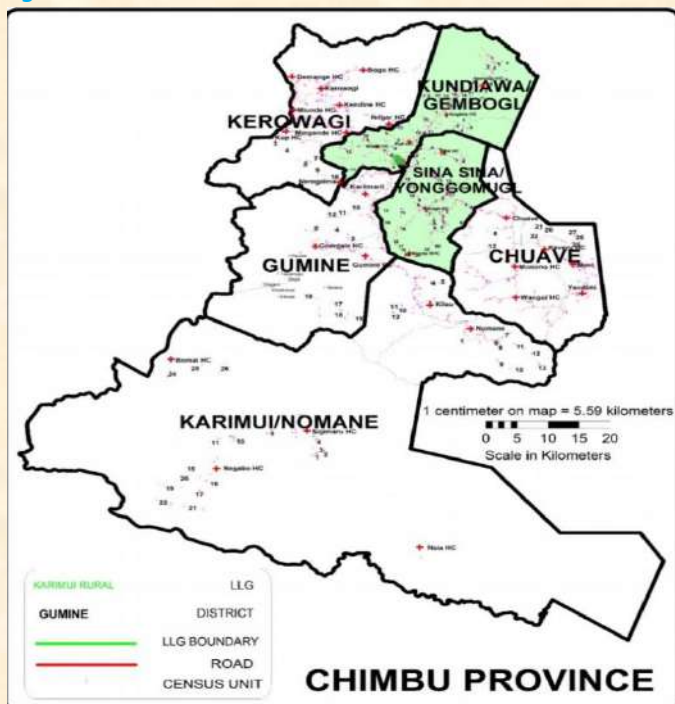
From observations, data analyses and interrogation with the OICs of reporting health facilities, most of the monthly reports from Aid Posts reach them late after submission of reports. One of the way forwards to capture all reports is to further introduce e-NHIS tablet to Community Health Posts and Aid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

MALARIA PREVALENCE BY ALTITUDE

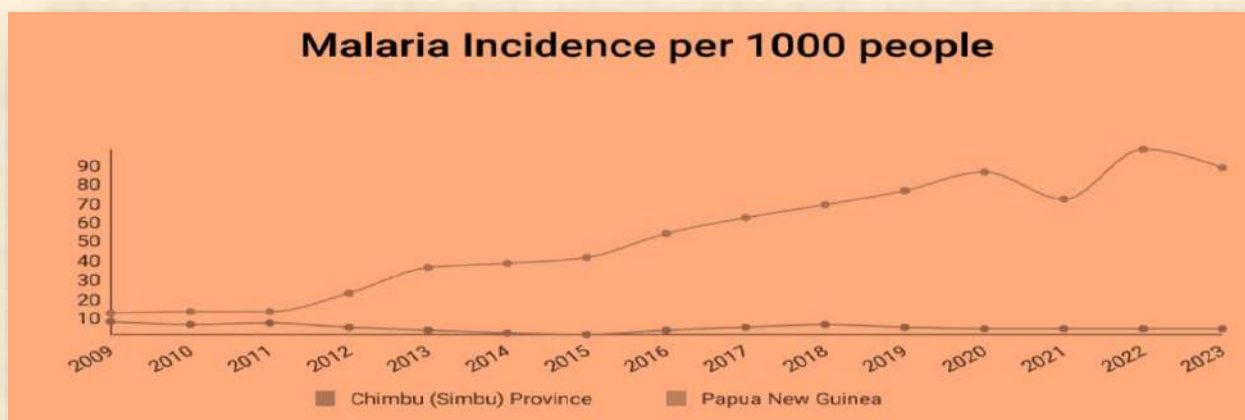
Malaria prevalence in the province strongly depends on the altitude. Places located in the north of Chimbu province is characterized by very low level of local transmission and few imported cases whereas in the South Simbu areas, SaltNomane Karamui District, malaria is considered highly endemic and stable due to its lower altitude of 1200m and the climate is generally warm all year round. Most malaria positive cases are locally transmitted as evident in the malaria registers.

Figure 1. Shows the boundaries of 6 Districts for Chimbu Province

Figure 2. Shows the altitude zone for Chimbu Province.



Graph 2. Malaria prevalence rate for Simbu Province compared to the rest of PNG from 2009-2023.



Source: e-NHIS Simbu 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 in Elementary schools,
- 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 the 2 main Hospitals in Simbu and peripheral health facility OICs, 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.

Table 1. SIMBU PHA TEAM MET WITH:

NAMES	POSITION	PHONE DIGITS	EMAIL ADDRESS
Dr. Ken Kassi	A/ Chief Executive Officer	72189443	drkassiken@gmail.com
Mr. Arnold Marme	A/Director Public Health	74765800	arnoldmarme@gmail.com
Sr. Lyn Kua	A/Deputy Director of Public Health	71647450	lynnkuaspg@gmail.com
Mr. Jerry Kubu	A/Coordinator Rural Health	71299609	
Mr. Mathew Kom	A/Provincial Health Information Officer	73931632	eocsimbu@gmail.com
Mr. Steven Joe	A/Provincial Disease Control Officer	72592000	stevenjoe034@gmail.com
Mr. John Kerenga	A/Malaria Eradication Officer	72480469	johnkerenga49@gmail.com

Table 2. TYPE OF TRANSPORT USED:

VEHICLE	MALARIA PROGRAM VEHICLE	AIRPORT HIRE VEHICLE	SIMBU PHA VEHICLE
Vehicle Rego	LCC 529	BGG 939	PAX 253
Color	White	White	White
Type	Isuzu D-Max	Land Cruiser 10 seater	Land Cruiser 10 seater
Registration Validity			
Safety Sticker Validity			
Duration of use	18 Days	6 days	4 days
Driver	Ps. Kuike	Mr. Dominic Pora	Mr. Brandy Kiage
Contacts	71407011	73204135	70020849

HIGHLIGHTS OF Q4- 2024 RMC's VISIT:

1. Continuous Quality Initiative Trainings.

CQI Training was successfully conducted by the RMC to the Health Professionals in Kundiawa General Hospital and Mingende Rural Hospital whereby a total of 51 staffs attended the training. The training covers the following topics;

- National Malaria Strategic Plan, Vision and Mission, that is Malaria-free PNG by 2030,
- Background of Malaria – what is malaria and the 5 different species of Malaria, signs & symptoms of malaria
- History of Malaria Treatment in PNG
- 3 types of diagnostic tools used in PNG for Malaria Diagnosis, Procedure & 5-minute Malaria knowledge test,
- WHO's recommendation on Test, Treat & Track,
- Different types of mRDTs used in PNG,
- Updated current treatment protocol of Malaria in PNG,
- Malaria Data recording and reporting pathway,
- Malaria Data presentation, Western Pacific Region, National & Provincial and Hospital's Data.

Fig3. Shows the CQI trainings done at Kundiawa General Hospital & Mingende Rural Hospital.



CQI Training conducted by the Regional Malaria Coordinator at Kundiawa General Hospital & Mingende Rural Hospital.

2. Malaria School Survey – 2nd batch.

Prior to the implementation of the survey program, a formal meeting and briefing was held between the Simbu Provincial Educationists, the Provincial Malaria Eradication Officer and the Regional Malaria Coordinator at the Simbu Education Office. They permitted us to carry out the survey, hence we successfully conducted in 3 Elementary Schools, 2 in high burden Malarial zone in Karamui and 1 in low burden area near the Kundiawa Town. A total of 304 students were surveyed of which only 3 were positive while the rest of 301 were negative. The positives detected were from Karamui District and were treated on the spot by the health staffs who conducted the survey.

Fig 4. Pictures of Malaria school survey implementation in 3 different Elementary schools.



3. Clinical placement of Malaria Microscopists at SJN Kundiawa General Hospital.

As part of the competency standards, the Provincial Malaria Eradication Officer under the Simbu PHA’s administration arranged with the main Hospital Lab and the 7 trained Malaria Microscopists were placed there for a 2-week period doing their clinical rotation.

Fig 5. Shows 2 of the 7 Malaria Microscopists on clinical rotation under the supervision of a Hospital Lab Officer.



4 Health Facility Visits Summary for Quarter 4-2024.

Simbu has a total of 37 reporting health facilities. Of the 37, 4 are air accessible health facilities located in the SaltNomane Karamui District, 5 are hard to reach due to the deteriorating road condition and collapsed bridge. The balance of 28 facilities were physically visited as shown in the summary table 3 below.

Table 3. shows the summary of the visit.

	Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HF's	37	37	37	37
Total Number Accessible	29	29	29	29
Total Number Reached	29	19	29	28
% Coverage (Accessible)	100.0	65.5	100.0	96.6
% Coverage (Total HF's)	78.4	51.4	78.4	75.7

5. 4th Quarter drug supplies for the 4 Air accessible Health Facilities in SaltNomane Karamui District:

Drug supplies for Haia HSC and Bomai HSC were consigned through the Mission Aviation Fellowship while Karamui HC and Negabo HSC were through the SDA Aviation. All supplies were successfully dispatched at the respective health facilities.

Fig 6. Shows the consignment of drug supplies in Goroka via MAF & SDA Aviation for the 4 air accessible Health Facilities.



6. Drug stock out situation:

There were no major stock outs of mRDTs, ACTs & PQ in the 28 Health Facilities visited.

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

Table 4. Shows the total malaria commodities supplied to Simbus' health facilities in Quarter 4 visit.

Year	Quarter	Malaria RDT Kits	ACTs(blisters)	Primaquine Tablets
2024	4	8900 test kits	1860 blisters	19 800 tablets

8. Update of Antenatal Long Lasting Insecticidal Nets.

There was a buffer stock of 2 bales (100 nets) in the storage container at the Kundiawa General Hospital's yard.

RAM Net Logistic issued 3000 (60 bales) of Antenatal nets to Simbu PHA on the 4th of October, 2024. This added to 3100 nets(62 bales). Of the 62 bales, 25 bales were distributed during the 4th quarter visit while 37 bales are stored away as buffer stock.

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

DATE	DELIVERY TO HEALTH CENTRE	PERSON RECEIVING GOODS	OFFICER SUPPLYING NETS	DOCUMENTATIO N#	STOCK IN	STOCK OUT	BALANCE	COMMENTS
5.08.24	SIMBU PHA MALARIA	JOHN KERENGA-MEO	AGATHA GOLA-RMC		100		100	Q3-24 Buffer stock remain in container
							100	
4.10.24	SIPHA MALARIA BY RAM	AGATHA GOLA-RMC & JOHN KERENGA(MEO)	KILA TOM-RAM LOGISTICS	50506	3000		3,100	New stocks received from RAM Logistics.
21.10.24	KUNDIAWA URBAN CLINIC	PASCAL MURAKE-OIC	AGATHA GOLA-RMC	24103		200	2,900	issued by RMC upon HF visit
24.10.24	YANDIME HSC	EVERYLN DANIEL	JOHN KERENGA-PMEO	24104		50	2,850	Issued by PMS upon HF visit
24.10.24	KEPERU HSC	BOB BENNY	JOHN KERENGA-PMEO	24105		50	2,800	Issued by PMS upon HF visit
25.10.24	WANGOI HC	SR. DIRI GORO-OIC	AGATHA GOLA-RMC	24109		50	2,750	issued by RMC upon HF visit
28.10.24	MAI HSC	CECILIA DIKINE-CHW	JOHN KERENGA-PMEO	24106		50	2,700	Issued by PMS upon HF visit
28.10.24	NIGLGUMA HSC	JOE KANUA-OIC	JOHN KERENGA-PMEO	24107		50	2,650	Issued by PMS upon HF visit
30.10.24	DENGLAGU HSC	JUNIOR ROBERT-OIC	JOHN KERENGA-PMEO	24108		50	2,600	Issued by PMS upon HF visit
30.10.24	GEMBOGL HC	GENDE ALOIS-OIC	JOHN KERENGA-PMEO	24110		50	2,550	Issued by PMS upon HF visit
1.11.24	KOGE HC	KEN ALUS-CHW	JOHN KERENGA-PMEO	24111		50	2,500	Issued by PMS upon HF visit
1.11.24	PARI HSC	PETER DEMANE-OIC	JOHN KERENGA-PMEO	24112		50	2,450	Issued by PMS upon HF visit
1.11.24	GOGLEME HSC	GETRUDE OMBU-CHW	JOHN KERENGA-PMEO	24113		50	2,400	Issued by PMS upon HF visit
4.11.24	MAKI COC HSC	SR. CHRISTINE KOMAINDE-2IC	JOHN KERENGA-PMEO	24115		50	2,350	Issued by PMS upon HF visit
4.11.24	KUP HSC	MICHELLE KUGLAME-WO	JOHN KERENGA-PMEO	24116		50	2,300	Issued by PMS upon HF visit
4.11.24	MIUNDE HSC	FABIAN JOE-OIC	JOHN KERENGA-PMEO	24117		50	2,250	Issued by PMS upon HF visit
4.11.24	DEMANGE HSC	ANDREW O-CHW	JOHN KERENGA-PMEO	24118		50	2,200	Issued by PMS upon HF visit
7.11.24	KEROWAGI HC	ISHMAEL S-CHW	JOHN KERENGA-PMEO	24119		100	2,100	issued by RMC upon HF visit
11.11.24	OBE AID POST-SIGIMARU/KARAMUI H	HANNA AGLUA-HOPE WW	AGATHA GOLA-RMC	24120		100	2,000	issued by RMC upon HF visit
11.11.24	MINGENDE RURAL HOSPITAL	REBECCA PETER-CHW	AGATHA GOLA-RMC	24121		100	1,900	issued by RMC upon HF visit
11.11.24	SIPHA MALARIA BY RAM	JOHN KERENGA-PMEO	AGATHA GOLA-RMC		3,100	1,200	1,900	Q4-2024 BUFFER STOCK

9. Malaria Stock Update.

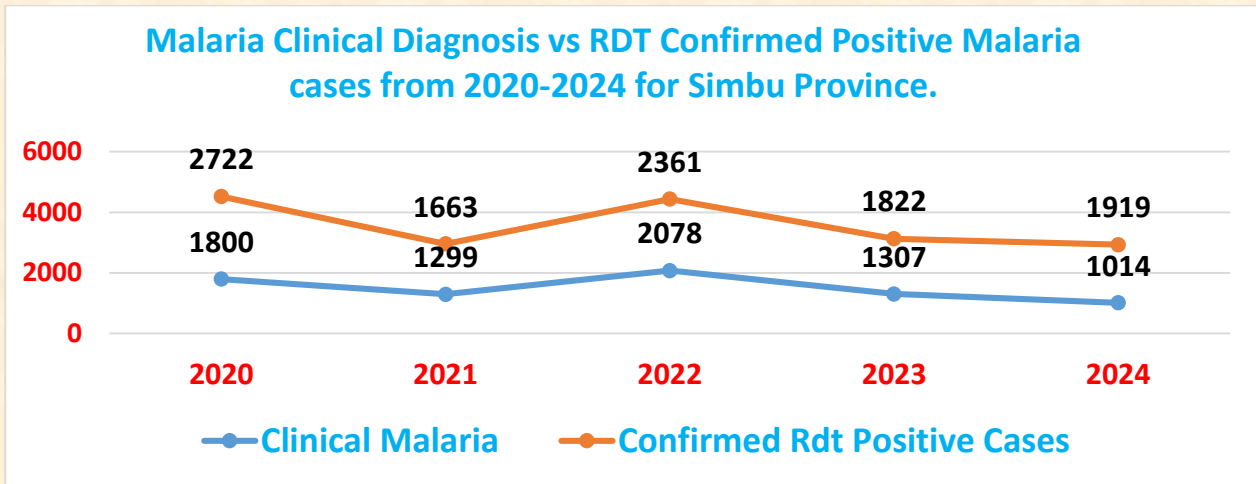
The RDTs, ACTs & Primaquine that were used for the distributions were from the Q3 -2024 buffer stocks and additional Q4 supplies from AMS/HAGEN (NDOH stocks).

	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
Buffer Stocks	1250 kits	330 blisters	510 blisters	60 blisters	750 blisters	3500 tablets
Batch #	H006C004D	3E02047	C1APH001	B1APH017	B1APH020	240721
Exp Date	May-25	Dec-25	Jun-26	Nov-25	Nov-25	Jun-24
	mRDT kits	ACT 6	ACT 12	ACT 18	ACT 24	PQ
AMS/NDOH Stock	8750 kits	0 blisters	870 blisters	240 blisters	1080 blisters	37 500 tablets
Batch #	H006C004D		D1APH005	B1APH005	HWE114003	171122 & KE24147
Exp Date	May-25		Oct-26	Oct-25	Dec-26	01/10/2025 & Feb/2027

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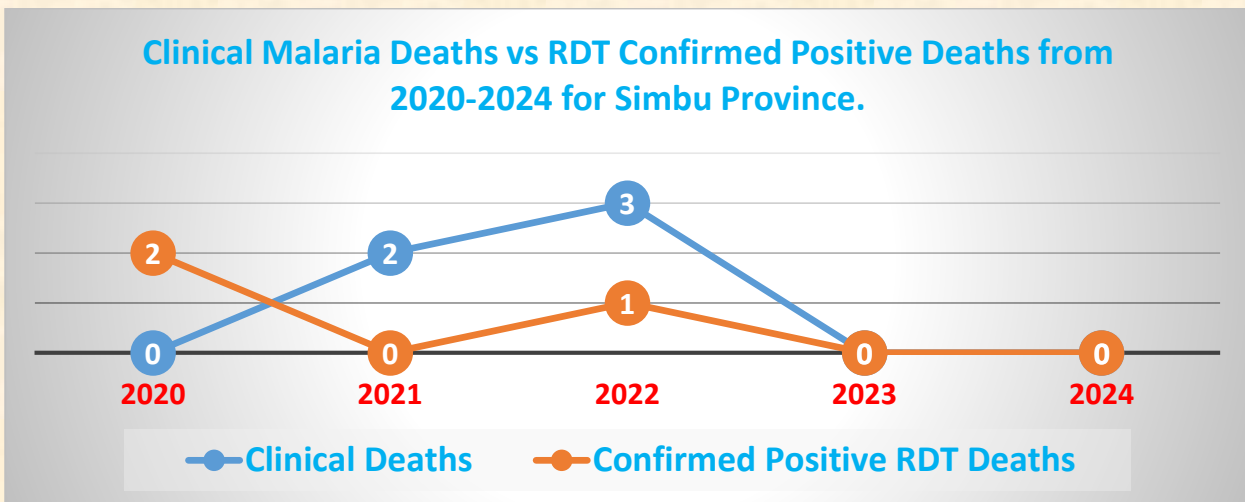
MALARIA DATA UPDATES.

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



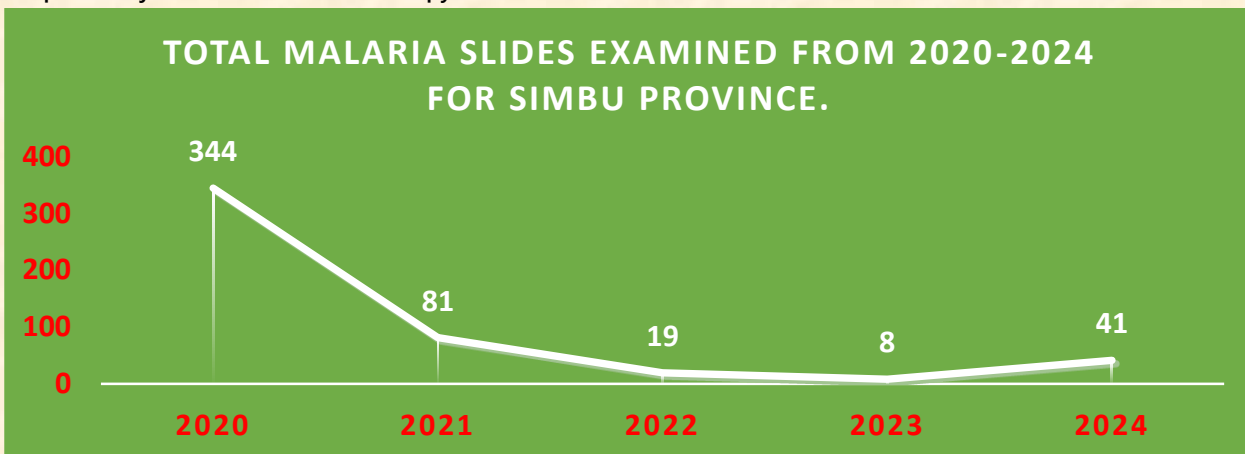
Source: e-NHIS Malaria Monthly Reports.

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.

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. CQI training for the 2 major Hospitals were successfully conducted.
2. Implemented 2nd batch of Malaria school survey program.
3. Successfully consigned & delivered Q4 Malaria commodities to the 4 Air accessible health facilities in SaltNomane Karamui District via the MAF and SDA Aviation.
4. Successfully completed the 3rd quarter visits without interference or security issues.
5. Achieved 96% coverage of accessible health facilities.
6. NO MAJOR STOCK OUT of ANTIMALARIALS in the main Hospital and Rural Hospitals.
7. 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.
8. Constant decline in Malaria Clinical Diagnosis since 2020 till current as evident in Graph 3.
9. No Malaria Clinical Deaths or Confirmed Deaths reported since last year.
10. Recording of Intermittent Preventative Treatment in Pregnancy in A3 size ANC Register book for those facilities that received the register books recently.
11. Improving in updating of Medical Supply Stock Cards
12. Malaria Microscopy data starting to improve.

KEY CHALLENGES

Health Facility Visits

- ✓ Unable to visit the 4 Air accessible health facilities in SaltNomane Karamui District.
- ✓ Deteriorating roads and collapsed bridge to Kilau HC, Gumine HC, Gomgale HSC and Gaglmambuno CHP hindered physical visits
- ✓ Gumine HC, Kerowagi HC, Mingende Rural Hospital and Kundiawa General Hospital are doing lot of RDTs and malaria slides, however, never reported through the e-NHIS monthly reports and is obviously reflected in the e-NHIS reports.
- ✓ 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. Simbu PHA to take ownership and ready to take on the Malaria Program coming next year as per the transition plan.
2. PMS to actively coordinate Malaria Program in the Province.
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 PMS on the Malaria databases.
2. Continue working with the PHIO 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. Simbu Provincial Health Authority Team.
4. The Simbu Catholic Mission for providing safe accommodation.
5. The District Health Team.
6. All the staffs of the 28 reporting Health Facilities of Simbu
7. The drivers, Mr. Dominic Pora, Mr. Ian, Mr. Brandy and Ps. Kuike for safe driving.

Cheers to everyone in the Fight Against Malaria!

Field Trip Report compiled by;

Ms. AGATHA GOLA – Regional Malaria Coordinator for Simbu Province.

PHOTOGRAPHS OF Q4 VISIT:



Provincial MEO & PHIO at the CQI Training held @ Mingende R/H.



RMC conducted CQI to the Kundiawa General Hospital staffs.



RMC conducted CQI training to the Mingende R/H staffs.



PHIO addressing Malaria data flow within the Hospital during the CQI training at the Kundiawa General Hospital.



Malaria School survey conducted at the Ega Elementary school. by staffs from Wandu HSC and the PMEO.



Malaria school survey conducted by the Karamui HC staffs in 2 Elementary schools in Karamui District.