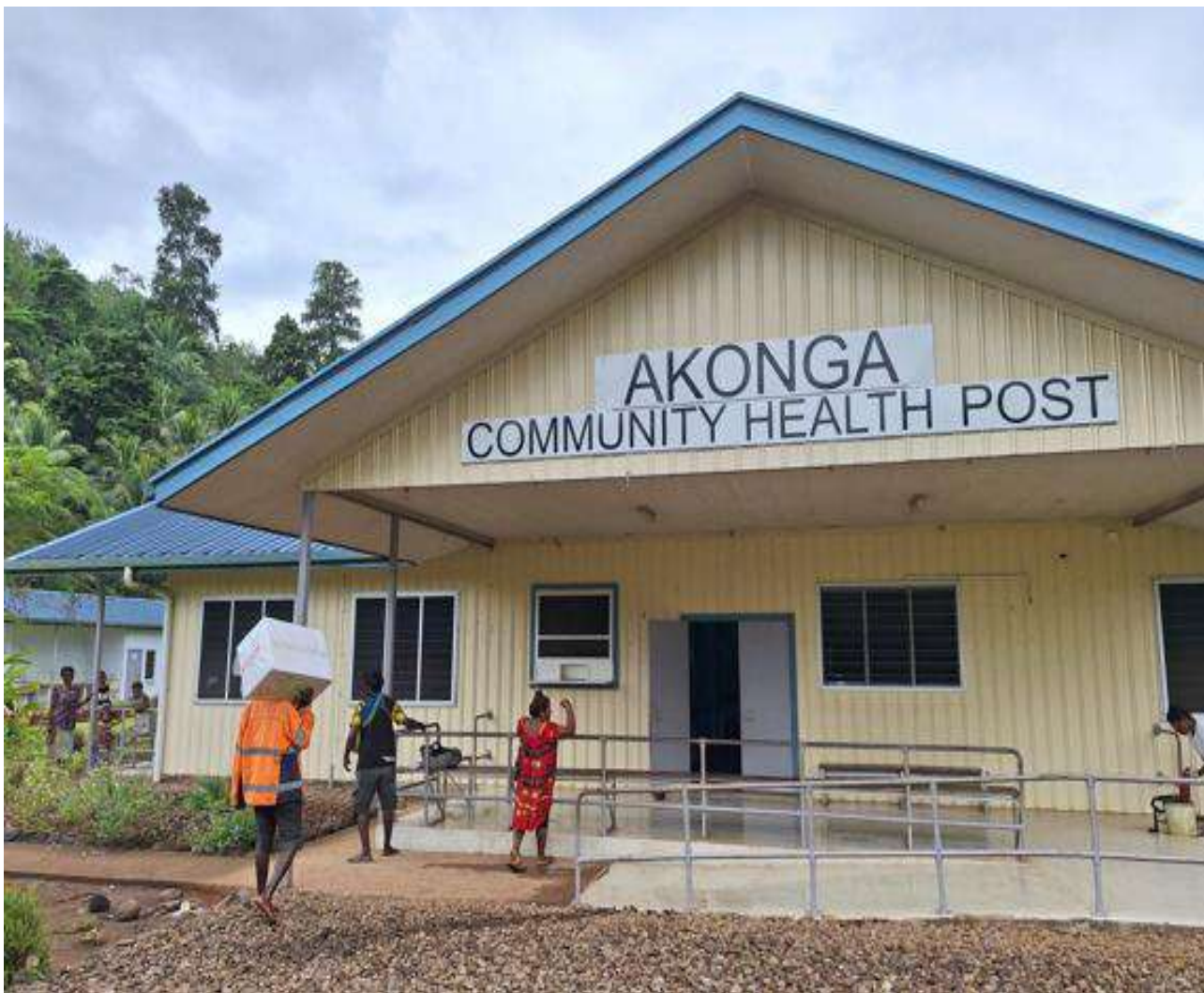




**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
QUARTAR TWO (4) FIELD TRIP REPORT
WEST NEW BRITAIN PROVINCE**



By: Eustin Torot
Regional Malaria Coordinator WNB/Manus/Hela
RAM/NMCP

QUARTER TWO FIELD TRIP REPORT SUMMARY

Name of Officers:	Eustin Torot
Destination:	West New Britain Province
Date Travelled:	31 st September 2024
Date Returned to Port Moresby:	17 October 2024
Nights away from the office:	17 nights
Type of documents attached:	Ticket bud
PHO Accompanying Officer:	Grace Bid (PMS WNB PHA) Apolas Katoa (WNBPHA DRIVER) Bruce Kapanias (WNBPHA EHO OFFICER) Nancy Tanei (WNBPHA MEDICAL STORE MANAGER) Naomi Kaman (WNBPHA OFFICER)
Purpose of Travel:	Quarter Three (4) Malaria Supervisory Visit and Drug Distribution

PEOPLE MET WITH:

- Dr. Tarcisius Uluk _ Acting Director Curative
- Mr. Bathsiba Peni _ Acting Provincial Disease Control Officer (PDCO)
- Ms. Nancy Tanei_ Manager Medical Store WNBPHA
- Ms. Grace Bid _Provincial Malaria Supervisor (PMS)

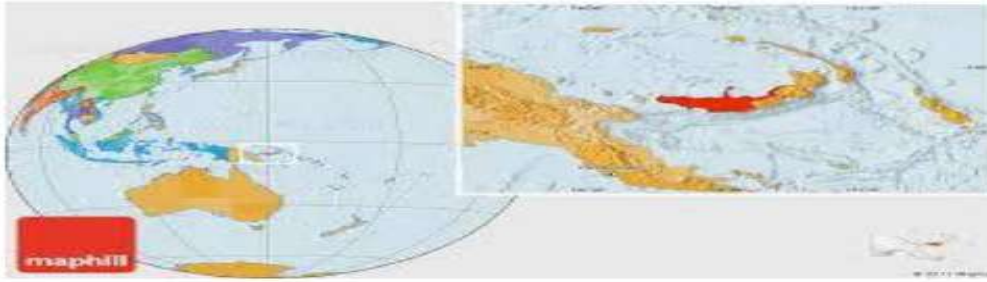
OBJECTIVE

- Distribution of malaria RDT Kits, ACTs
- Ensure all health facilities are implementing Primaquine single dose policy
- Onsite refresher training on malaria diagnosis and malaria treatment protocol, IPTp
- NHIS Training on malaria reporting updates in revised NHIS Monthly Reporting form
- Ensure correct reporting of malaria cases in eNHIS
- Collection and follow-up on outstanding ANC net reports, NHIS Monthly Reports
- Stock takes on RDTs/ACTs, antenatal LLINs and all other malaria commodities
- Ensure that HF medical stock cards are updated and maintained at health facilities

BRIEF BACKGROUND OF WEST NEW BRITAIN PROVINCE

West New Britain province is located on the island of New Britain in Papua New Guinea sharing land border with East New Britain province. The capital of West New Britain is Kimbe. The province covers a landmass of 20,387 km² with a population of 264,264 from 2011 census and divided in the past with three districts.; Talasea, Nakanai and Kandrian- Gloucester district.

Figure 1. Map showing location of WEST NEW BRITAIN PROVINCE



EXECUTIVE SUMMARY

The quarter two (4) supervisory and drug distribution visit started on the 31st of September to the 17th of October 2024. In quarter Four visit to West New Britain, we were able to physically visit 22 out of the 38 NHIS reporting facilities. The malaria commodities of facilities not visited was packed and stored in the medical transit store for collection. Meetings were held with WNBPHA administration and they were made aware of the trip plan and duration of the visit.

The Q4 Malaria Commodities (ACT/RDT/PRIMAQUINE) arrived into province n time and there was no major stock out of malaria commodities from the facilities visited as enough buffer stock was maintained by PMS and distributed accordingly. In this quarter visit, significant improvement was noted in all the facilities visited in terms of Stock Card keeping and new malaria treatment protocol practice. However, few facilities still lacking in that area and thus needs more visit by PMS and team.

Timely submission of monthly report is still an issue for some health facilities and this was conveyed to each HF during the visit and through the Onsite refresher training conducted in each facility visited. Kimbe Hospital have now submitted report through the eNHIS data base after several meetings with the WNBPHA Administration. However, this data's have to be verified by PMS and PHIO so the reporting team to improve. Clinical diagnosis is now subsiding but still being reported by facilities visited. Staffs are once again dis-courage to report clinical case and reminded to use the provided diagnostic tool (RDT/Microscopy) for proper diagnosis and treatment. For this quarter we were able to achieve 57.5% for Total Health Facilities coverage and 81.5% for total accessible HF coverage throughout the three district in West New Britain Province.

Nakanai District

Nakanai District have 12 NHIS reporting health facilities and for this quarter we were able to physically visit 11 out of the 12 facilities. We were unable to visit Baea HC thus their Malaria commodities were signed off and kept at Bialla HC so as to make it easy for the OIC to pick up the commodities. All of the facilities located in Nakanai district accessible by road except Baes which is only accessible by sea.

Talasea District

Talasea District have 8 NHIS reporting health facilities including the Kimbe General Hospital. For quarter three (4), we were able to visit 5 out of the 8 health facilities. The three facilities, Unea HC, Vatukele HC and Vitu HC are only accessible by sea apart from the 5 health facilities visited. Thus due to logistical issues, the three facilities were not visited. Their Malaria commodities were packed and stored at Medical Transit Store Kimbe for pick up

Kandrian-Gloucester District

Kandrian District have 18 NHIS reporting Health Facilities and is the most geographically challenging District in West New Britain especially the in Kandrian sub-district. In this quarter, we were able to physically visit 6 of the 18 health facilities. Most of the facility located in the district is accessible by sea only from Kimbe town. This quarter, we were only able to cover Gloucester Sub-District visiting 6 facilities. The Kandrian part of the District was not covered due to bad weather.

HEALTH FACILITY VISITED

Table 1. Health Facilities visited in Q4




PROVINCE	DISTRICT	HEALTH CENTRE	VISIT 1	VISIT 2	VISIT 3	VISIT 4
WNB	NAKANAI	Bialla	07.02.24	24.04.24	19.07.24	12.11.24
WNB	NAKANAI	Bitokara	05.02.24	13.04.24	13.07.24	02.11.24
WNB	NAKANAI	Buvussi	03.02.24	12.04.24	17.07.24	07.11.24
WNB	TALASEA	Kimbe UC	09.02.24	16.04.24	15.07.24	07.11.24
WNB	TALASEA	Kimbe Hospital	12.02.24	17.04.24	26.07.24	14.11.24
WNB	NAKANAI	Malalia	03.02.24	12.04.24	17.07.24	02.11.24
WNB	NAKANAI	Silanga	06.02.24	15.04.24	16.07.24	07.11.24
WNB	NAKANAI	Ulamona	07.02.24	24.04.24	19.07.24	13.11.24
WNB	NAKANAI	Unea				
WNB	NAKANAI	Valoka	03.02.24	18.04.24	17.07.24	02.11.24
WNB	TALASEA	Vitu (Paruru)				
WNB	NAKANAI	Lalopo	06.02.24	15.04.24	18.07.24	07.11.24
WNB	NAKANAI	Mosa (NBOL)	09.02.24	16.04.24	22.07.24	07.11.24
WNB	NAKANI	Hargy	07.02.24	24.04.24	18.07.24	12.11.24
WNB	TALASEA	Kapiura	06.02.24	15.04.24	16.07.24	07.11.24
WNB	TALASEA	Bola	05.02.24	13.04.24	13.07.24	13.11.24
WNB	TALASEA	Haella	05.02.24	13.04.24	13.07.24	13.11.24
WNB	NAKANAI	<i>Navo CHP</i>	07.02.24	24.04.24	19.07.24	13.11.24
WNB	NAKANAI	<i>Baea CHP</i>				
WNB	TALASEA	<i>Vatukele CHP</i>				
WNB	KANDRIAN	Aka		04.05.24		
WNB	KANDRIAN	Amio		05.05.24		
WNB	KANDRIAN	Eseli		04.05.24		
WNB	KANDRIAN	Gasmata		05.05.24		
WNB	KANDRIAN	Gloucester	15.02.24	20.04.24	25.05.24	07.11.24
WNB	KANDRIAN	Kaliai	14.02.24	19.04.24	25.05.24	07.11.24
WNB	KANDRIAN	Kandrian		04.05.24		
WNB	KANDRIAN	Kilenge	15.02.24	20.04.24	26.07.24	08.11.24
WNB	KANDRIAN	Pililo		03.05.24		
WNB	KANDRIAN	Sagsag		20.04.24	26.07.24	08.11.24
WNB	KANDRIAN	Sasavoru				
WNB	KANDRIAN	Melenglo		05.05.24		
WNB	KANDRIAN	Turuk		04.05.24		
WNB	KANDRIAN	Millimata	14.02.24	19.04.24	25.07.24	08.11.24
WNB	KANDRIAN	Sauren		03.05.24		
WNB	KANDRIAN	<i>Wako CHP</i>				
WNB	KANDRIAN	<i>Akonga CHP</i>	16.02.24	21.04.24	27.07.24	09.11.24
WNB	KANDRIAN	<i>Silovuti HC</i>				
TOTAL		38	21	31	22	22

Table 2: Percentage of Q4 HF Coverage

		Qtr 1	Qtr 2	Qtr 3	Qtr 4
Total number HFs		38	38	38	38
Total Number Accessible		27	27	27	27
Total Number Reached		21	31	22	22
% Coverage (Accessible)		77.8	114.8	81.5	81.5
% Coverage (Total HFs)		55.3	81.6	57.9	57.9

RDTs AND ACT SUPPLIES PROCURED GLOBAL FUND

Table 3. WNB Q4 RDT and ACT supplied by Global Fund.

PACKING LIST

DESTINATION: WEST NEW BRITAIN SHIPPER: AIR NIUGINI CARGO CONSIGNMENT/WAYBILL NO. _____

PACKAGING DATE: 19-Sep-24 INVOICE NO. 16775443 ACTION OFFICER: JESSICA SANA DATE: 19-Sep-24

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON	TOTAL QUANTITY	TOTAL IN BASIC UNITS	BATCH #	EXPIRY DATE	WEIGHT PER CARTON (Kg)	TOTAL WEIGHT (Kg)	VOLUME PER CARTON (m ³)	TOTAL VOLUME (m ³)
1 TO 34	34	RDT	78	2652	1,950	75CD4245	Mar-26	20	680	0.07	2.38
35	1	ACT12	36	36	1,080	NAD2420B	Jan-28	10	10	0.04	0.04
36 TO 48	13	ACT12	24	312	720	7258307A	Feb-27	10	130	1.04	13.52
49 TO 54	6	ACT18	24	144	720	7257992B	Jan-26	15	90	0.07	0.42
55 TO 66	12	ACT24	40	480	1,200	NAA24139A	Feb-28	15	180	0.07	0.84
67	1	ACT12	22	22	660	7258307A	Feb-27	20	20	0.07	0.07
		RDT	25	25	625	75CD4245	Mar-26				
68	1	ACT12	10	10	300	NAD2420B	Jan-28	20	20	0.07	0.07
		ACT18	13	13	390	7257992B	Jan-26				
		ACT24	13	13	390	NAA24139A	Feb-28				
TOTAL	68							1130		17.34	

TOTAL SUMMARY

	ITEM	PACKETS	INDIVIDUAL UNITS	SOURCE (GF/GoPNG)
No. of Cartons	RDT	2677	66,925 test kits	GF
Weight (Kg)	ACT6	NOT SUPPLIED	büster pkts	
Volume (m ³)	ACT 12	380	11,400 büster pkts	GF
	ACT18	157	4,710 büster pkts	GF
	ACT 24	493	14,790 büster pkts	GF
	PRIMAQUINE	NOT SUPPLIED	tablets	

31 EXTRA ACT12s SENT (WILL BE DEDUCTED FROM QTR1 2025 DISTRIBUTION)

ANTENATAL LLINS REPORT

In quarter two (4) visit, we distributed a total of 1000 ANC LLINs across the 22 Health Facility visited. Those health facilities that missed out on Q4 distribution were advised to pick them up at Transit Medical Store at WNBPHA. During the Q4 visit, it is observed that most facilities that were visited in Q2 and Q3 have improved a lot in terms of accountability of issued and distributed nets. Few health facilities still need improvement thus onsite refresher was done on how to maintain the ANC register and account for distributed nets for all visited health facilities. All facilities visited were replenished with ANC nets and encourage to keep proper recording of distributed nets. For Facilities not visited, stock was kept at Medical transit store for staff to pick up

ACCOUNTABILITY OF MALARIA DRUGS SUPPLIES

All malaria RDT and ACTs are kept at Medical store. After quarterly Visits and distribution if Health Facilities run low of supplies they are expected to bring in their reports to PMS, Ms. Grace Bid quantifies according to their reports and fills the Goods Delivery Note (GDN) of the required get their yellow copy and supplies are to be collected at Medical store upon sight of yellow GDN from the PMS

RDTS AND ACT RECONCILIATION

Most of the reporting health facilities have now improved on capturing the aid post reports in their catchment areas in their reporting. However, there is still more room for improvement as these gaps will result in correct amount of malaria commodities thus leading to commodities shortage and incorrect accountability from reporting facility. This was addressed again in the Q4 visit and facilities are now required to capture the reports of each aid post that they are supplying malaria commodities.

HEALTH FACILITY FINDINGS AND OBSERVATION AND STOCK MANAGEMENT

Table 5. Observation Findings from Health Facility Visited

Health Facility	RDT/ACT Stock Management	Treatment	ANC LLIN Report	Reports From August to November
HAELLA UC 04/11/24	Malaria commodities stored well. Stock card used for Malaria commodities	Officers well aware of the new malaria treatment protocol. Onsite refresher was done	ANC register kept well and updated	4 report submitted
MALALIA HC 02/11/24	Malaria commodities stored in the pharmacy. Stock Cards not updated because officer in charge was on leave. Trained and advised new officer to keep stock cards.	Staff aware of the new Malaria treatment protocol including the usage of prophylaxis in pregnant mothers. Onsite refresher training conducted by the team	ANC nets well accounted for. Register book updated. Improvement from Q2 and Q3 visit. 50 nets given.	4 report submitted
VALOKA HC 02.11.24	Malaria commodities stored in Pharmacy room. Stock card used and updated. No stock out	Staff aware of the new malaria treatment protocol. Onsite refresher training carried out.	ANC nets well accounted for. Register book updated. Improvement from Q2 and Q3 visit. 50 nets given.	4 report submitted
BUVUSI HC 02/11/24	HF was closed for over a month due to external issues. Stock cards not updated	Staff aware of the new Malaria treatment protocol. Onsite refresher training conducted by the team.	ANC nets well accounted for. Register book updated. Improvement from Q1 and Q2 visit. 50 nets given.	4 report submitted
BOLA HC 04/11/24	Malaria commodities stored in the pharmacy. Stock card used but not updated at the time of the visit. HFs have not improved since Q1 and Q2 visit. PMS to follow up with routine visit	Staff aware of the new malaria treatment protocol	58 nets in stock at the time of the visit. Distributed nets recorded in the register. No stock supplied	4 report submitted
BITOKARA HC 04/11/24	Malaria commodities stored well in spacious Pharmacy. Good accountability of malaria drugs stock cards now used and updated	Staff aware of the new malaria treatment protocol	40 nets in stock at the time of the visit. Distributed nets recorded in the register. No stock supplied	4 report submitted
HAELLA UC 04/11/24	Malaria commodities stored well. Stock card used for Malaria commodities	Officers well aware of the new malaria treatment protocol. Refresher done	ANC register kept well and updated. 50 nets supplied	4 report submitted

KIMBE URBAN CLINIC 07/11/24	Malaria commodities stored in the Pharmacy. Stock cards used and updated, an improvement from Q1,Q2 and Q3	Staff aware of the new malaria treatment protocols	Register Kept well and updated. 50 nets supplied	4 report submitted
MOSA CLINIC 07/11/24	Malaria commodities stored well in an air conditioned room. Stocked card used and well updated. No expired ACT/RDT removed. No stock out reported	Staff aware and are practicing the new malaria treatment protocol	50 nets issued to the facility	4 report submitted
SILANGA HC 07/11/24	Stock cards used by facility and now updated. All commodities stored well in the Facility Pharmacy. No out stock reported	Officers present at the time of visit were aware of the new malaria protocol. Onsite refresher was conducted	Distributed nets recorded well. ANC register updated	4 report submitted
LALOPO HC 07/11/24	Commodities stored well in the facility pharmacy. Stock kept well and updated. No stock out reported	Staff well aware of the new Malaria treatment protocol and are practicing it. Onsite refresher training was carried out.	Improved on ANC net register updating. All distributed nets accounted for, 50 nets supplied	4 report submitted
MILIMATA HC 07/11/24	Malaria commodities stored in well organised Pharmacy. Stock cards used by the HF	Staff aware of the new treatment protocols	Register kept well. Enough stock at hand. Due to Logistical issues Nets was not supplied in this quarter	4 report submitted
KALIAI HC 07/11/24	HF has improved a lot from Q2 and Q3 visit. All malaria commodities now store in one place with stock cards kept and maintained.	Attending officer aware of the new Malaria protocol.	Register updated 6 nets remained in stock. Staff were advised to pick up their nets at PHQ	4 report submitted
GLOCESTER HC 07/11/24	Malaria commodities stored in an open room. Stock cards used and updated well. No stock out reported	Staff aware of the new malaria treatment protocol and are practicing it	ANC register kept well and updated	4 report submitted
KILENGE HC 08/11/24	Malaria commodities stored in an open room. Stock cards now used and maintained.	Staff aware of the new malaria treatment protocol and are practicing it	Distributed nets accounted for and ANC net register updated	4 report submitted
SAGSAG HC 08/11/24	Malaria commodities stored well in the facility pharmacy. Stock cards used and updated. No stock out reported	Malaria commodities stored well in the facility pharmacy. Stock cards used and updated. No stock out reported	Distributed nets accounted for and ANC net register updated	4 report submitted

HARGY CLINIC 12/11/24	Malaria commodities stored in a spacious cupboard. Stock cards not used. Staff advised to keep stock cards for Malaria commodities. No stock out reported	Staff aware and are practicing the new malaria treatment protocol	50 nets supplied	4 report submitted
NAVO CLINIC 13/11/24	Very good stock management from the facility. Drugs kept in a well secure air-condition room. Stock card used.	Staff aware of the new malaria treatment protocol and are practicing it. Refresher training was done by the team	50 nets supplied	4 report submitted
ULAMONA HC 12/11/24	Staff unavailable at the facility due to MDA program	Staff unavailable at the facility due to MDA program	Staff unavailable at the facility due to MDA program	
BEALLA HC 12/11/24	Stock cards used and updated. Malaria Commodities stored in a spacious pharmacy. No stock out reported. 20 boxes of expired RDT was noted and removed from the shelf.	Staff aware of the new malaria treatment protocol and are practicing it. Refresher training was done by the team.	Only one register now used since Q3 visit and is updated well	4 report submitted

[KIMBE HOSPITAL REPORT: DATE OF VISIT: 14.11.24](#)

The team visited all hospital department that keep and use malaria commodities

- Hospital Pharmacy
- Hospital Laboratory
- Medical Records
- AOPD
- COPD
- Medical Ward
- Surgical Hospital Pharmacy:

All malaria commodities are stored in the pharmacy using the M-supply. In Q2 Hospital had enough supply of malaria commodities thus they were not supplied. All RDT supplied via AMS have expired and team are advised to discard. All hospital departments have improved from Q1, Q2 and Q3 visit in terms of not using sterile water as buffer to do RDT. Also staff were again reminded about the official circular that was released from Director Curative Office banning the use of sterile water as buffer for doing RDT and this was captured again in the onsite trainings. It was also noted that all departments now have improved on correct recording and maintaining malaria M&E tools. However, late submission of monthly report is still a major issue for the Hospital. This was further discussed with team at Medical Records Team and the PHIO of WNBPHA.

Meeting was also held with the PMS and PHIO about the general reporting of Health Facilities and the Hospital especially regarding the timeliness and completeness of the reports. Furthermore, the 2MCA data indicator (Positive Case vs ACT) was extensively discussed and it was agreed that PHIO should with PMS at the end of every month to clear Malaria data before uploading to eNHIS data base.

SUMMARY OF FINDING

- Most facilities visited Q3 have improve a lot in terms of Stock card keeping
- All facilities in Gloucester Sub-District visited are now improving in terms of stock card keeping and accountability of Malaria Commodities
- All facilities still reporting clinical cases but is subsiding
- Most staff are now aware of the new treatment protocol and are practicing it
- Hospital have now submitted reports to eNHIS database

- Some facilities are still charging patient for malaria commodities

MICROCSOPY

1. Kimbe Provincial Hospital- Have a functional Laboratory room and are doing Malaria Microscopy. They have enough stock of lab consumables (malaria reagents, Slides, Dye and etc.) and staffs are taking part in the External Quality Assurance (EQA) program.

2. Hargy Clinic- Currently operating with a working Microscope. They have reagents supplied from the company Hargy Oil Palm Limited. They are regularly taking part in the EQA programme

3. Kaipura Clinic- Operating with a working Microscope. They have reagents supplied from the company NBPOL. New Microscopy register book was issued. They are reporting frequently into the ENHIS monthly report.

4. Mosa Clinic- Currently operating with a working Microscope. They have surplus supplies of reagents supplied from the company NBPOL. They are regularly taking part in the EQA programme

5. Haella Clinic -Operating Laboratory with a working Microscope. They have reagents supplied from the company NBPOL. They are taking part in the EQA programme.

6. Kimbe Urban Clinic -Have a functional laboratory with a working microscopy and consumables but no lab technician to perform malaria microscopy

7. Valoka HC- Have a functional Laboratory with a working microscopy. However not doing malaria microscopy because of no reagents and consumables. They usually only do slides and send them to Kimbe Hospital for Malaria Microscopy

eNHIS TABLET

All 22 Health Facility visited currently have a functional eNHIS tablet and are currently using it for monthly submission of reports. Facilities were encouraged to do daily correct entries and submission of monthly reports on time as late reporting is still happening in some facilities. Facilities are to report any issues with the tablet VIA Provincial Malaria WhatsApp group so PHIO can be notified and action can be taken to sort out the issue.

IPTP

All facilities visited are aware of the new iPTP and are practicing it. The staff were advised to maintain proper recording for the 2nd and 3rd visit by pregnant mothers receiving iPTP (Fancidar). It vital for this data to maintained so we can properly asses the use of IPTp.

Table 6. Number of Reports submitted in the month of January to December 2024

West New Britain Province **MALARIA REPORT** January to December 2024 Date Printed: 18/12/2024 13:02:11

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
190101	Akua HC	6	12	126	1	0	0	0	0	0	0	550	32.6	20.4	0
190102	Amio SC	5	26	515	1	1	0	0	0	0	0	956	72.6	67.7	0.3
190103	Ealai SC	10	0	2323	0	10	0	1	0	0	0	1290	59.7	52.7	0
190104	Gasmata HC	4	96	213	1	0	0	0	0	0	0	439	51.5	39.6	0
190105	Gloucester HC	11	8	1833	3	0	0	0	0	0	0	2298	78.5	51.6	0
190106	Kaliai SC	10	43	727	0	0	0	0	0	0	0	1140	58.4	49.1	0.2
190107	Kandrian HC	11	29	843	4	2	0	0	2	50.0	50.0	2395	54.4	45.8	0.0
190108	Kilenga SC	11	5	1185	3	1	0	0	0	0	0	293	60.4	47.1	0
190109	Palio SC	7	24	474	9	19	0	1	0	0	0	433	62.1	48.7	0.2
190110	Sagzag SC	9	73	345	0	0	0	0	0	0	0	1430	38.8	30.6	0
190111	Sasavovu SC	10	38	405	2	4	0	0	1	100	0	448	69.4	57.4	0
190112	Tuluk SC	9	5	1023	3	2	0	0	0	0	0	1740	70.5	45.6	0.1
190113	Milimata SC	11	48	904	0	0	2	0	0	0	0	1576	64.8	44.6	0.2
190114	Melenglo SC	8	205	843	1	8	1	0	0	0	0	1145	77.1	59.0	2.4
190115	Sauren SC	5	47	153	0	0	0	0	0	0	0	178	89.9	62.9	0
190116	Akongia CHP	11	26	849	3	1	0	0	1	0	0	1039	57.7	50.6	0.4
190117	Wako CHP	10	61	845	4	1	0	0	0	0	0	1058	87.3	63.8	0
190118	Silovus HC	8	0	393	0	0	0	0	238	29.2	19.9	813	49.4	34.3	0
KANDRIAN/GLOUCESTER District		156	746	13999	35	49	3	2	240	29.6	20.0	19198	63.3	48.2	0.2
190201	Bialla HC	11	50	1205	16	6	1	0	14	71.4	64.3	3057	39.9	29.8	0.3
190202	Bitokana HC	11	27	1329	4	17	0	0	0	0	0	2997	48.8	37.7	0.2
190203	Buwasi HC	10	50	897	2	2	0	0	1	100	100	1351	48.1	42.6	1.0
190204	Kimbe HP	10	842	2132	66	8	1	0	1982	5.1	3.9	6650	31.3	22.9	0.4
190205	Kimbe UC	9	40	1819	0	0	0	0	14	28.6	28.6	5160	35.7	27.2	0.1
190206	Malafia SC	9	32	1782	20	5	0	0	1	100	100	2182	82.8	71.1	1.4
190207	Silanga SC	11	16	1412	3	1	0	0	0	0	0	3226	45.7	34.8	0.1
190208	Ulamona SC	9	152	615	0	0	0	0	0	0	0	1465	41.8	33.1	0
190209	Unea HC	6	86	468	7	10	0	0	0	0	0	864	57.5	37.0	1.5
190210	Vatoka HC	11	0	1950	3	19	0	0	0	0	0	1790	31.2	23.1	0.1
190211	Vitu (Panuru) SC	10	144	733	2	14	1	1	0	0	0	929	51.8	33.6	0
190212	Lalopo SC	11	0	1012	29	23	1	0	4	25.0	25.0	2411	43.8	30.4	0.2
190213	Mosa (NBPOL) UC	10	1	2746	0	0	0	0	205	29.3	21.0	727	34.7	23.7	0.1
190214	Hargy UC	11	142	1021	0	0	0	0	0	0	0	2655	28.4	17.9	0.3
190215	Kapitua UC	8	1	25	0	0	0	0	1126	25.1	24.1	4097	39.3	28.9	0.1
190216	Bolia SC	6	29	572	0	0	0	0	0	0	0	1023	49.2	39.6	0.4
190217	Haalia UC	11	0	1369	0	0	0	0	425	52.2	38.6	6158	51.1	39.1	0.3
190218	Navo UC	10	112	1211	0	0	0	0	17	17.6	11.8	2544	43.7	25.2	0.8
190219	Basa CHP	7	5	132	0	0	0	0	0	0	0	248	56.9	47.6	0
190220	Vatukele CHP	10	166	13	0	0	0	0	1	0	0	540	31.3	21.9	0
TALASEA District		191	1895	32443	152	108	4	1	3790	18.1	15.1	50074	42.8	32.0	0.3
West New Britain Province		347	2641	36442	187	155	7	3	4030	18.8	15.4	89272	48.5	36.4	0.3

- Timely submission of monthly report is still an issue in the province
- In the reporting period of January to December 2024, a total of 7 clinical deaths and 3 confirmed deaths were recorded
- Clinical case reporting is subsiding however facilities are still reporting clinical cases

CHALLENGES

3 health facilities, Vitu, Unea and Vatukele HC have requested for team to visit since Q1-Q3 however logistical support is still an issue

Clinical cases reporting is still an ongoing issue

Finding more efficient route to do kandrian quarterly supervisory trips which is supposed to be every Quarter

Hospital reporting still an issue in terms of quality reporting

RECOMMENDATION

Plan with WNB PHA and RAM for visit in Q4 to Vitu, Unea and Vatukele HC

PMS to meet with PHIO and relevant officers to address the Hospital reporting issue

Increase PMS routine trip to HF to improve in clinical case reporting

Proper planning is needed for Kandrian trip and Nakanai District CQI training

VEHICLE USED

KAK 652



- In good running condition
- Registration renewed
- Ownership transferred from World Vision to RAM
- Safety Sticker renewed
- Windscreen replaced

CAU 561

- Vehicle still grounded due to multiple mechanical faults

ACKNOWLEDGEMENT

1. WNBPHA administration for the continues support towards the National Malaria program
2. WNBPHA staff who worked together with the RAM team during the quarter one visit, Ms. Grace Bid-Provincial Malaria Supervisor Mr. Apolos Katoa- WNBPHA Driver Mr. Bruce Kapanias - WNBPHA Officer Ms Nancy Tanei – WNB PHA Medical Transit Store Manager
3. The Global Fund for the continuous funding of Malaria Commodities and funding WNB Q4 Health Facility Malaria Supervisory Visits and malaria commodities distribution

PHOTOS



HF VISIT TO HAELLA UC



HF VISIT TO MALALIA HC



ANC NETS STORAGE CONTAINER CLEANED



HF VISIT TO BOLA HC

END OF REPORT