

**NATIONAL MALARIA CONTROL PROGRAM  
ROTARIANS AGAINST MALARIA  
WESTERN PROVINCE  
OCTOBER 10TH – DECEMBER 06TH 2024**

**QUARTER FOUR FIELD TRIP REPORT**



*Figure 1 Malaria School Survey team for NFD*

**VISITING OFFICER:**

Denzel Polly – Western Malarial Coordinator – Western Province (RAM/NMCP– NDoH)

**ACCOMPANY OFFICERS IN THE FIELD:**

Julie Sunakiya – HMM Officer – South Fly District

Nelson Bilito – WPHA staff – South Fly District

Pridick Edward – Environmental Officer – North Fly District

Joyleen Reken – HMM Officer – North Fly District

Junior Giniha – Malaria Officer – Middle Fly District Health

Dukawa Saika – HMM Officer – Middle Fly District Health

**DATE OF VISIT:**

October 10<sup>th</sup> to October 22<sup>nd</sup> 2024– **South Fly District**

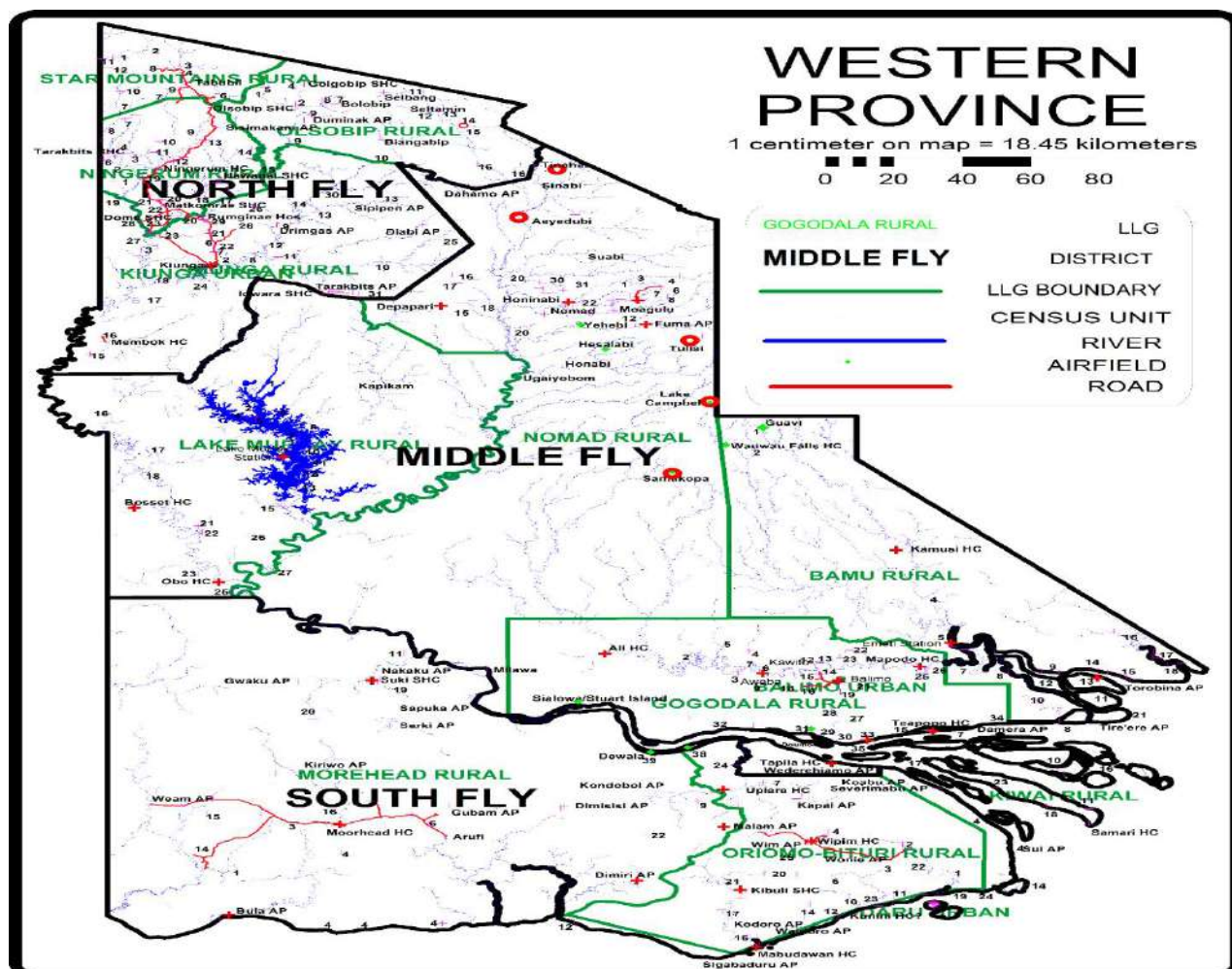
October 29<sup>th</sup> to November 04<sup>th</sup> 2024 – **Middle Fly District**

**BACKGROUND AND PURPOSE OF VISIT**

As part of the National Malaria Program, the Rotarians Against Malaria being the Principle Recipient of the Malaria program funding from Global Fund will no longer only distribute nets but will also involve in the other aspects of the malaria program. These includes, the distribution of RDTs and ACTs, Improvement of case management of malaria in health facilities, Improvement of reporting on the use of RDTs and ACTs and reporting into the National Health Information System. To acheive these key goals the Regional Malaria Coordinators make quarterly visits to all accessible health facilities in all provinces in each region to ensure correct treatment and diagnosis and supplies of LLINs, RDTs and ACTs are available and meet the health facility needs. In doing so, we will be able to Implement the National Malaria Treatment Guideline, collect outstanding or pending reports and have small refreshers with the facility staff on the procedures of the rapid diagnostic test or the correct process of filling in a NHIS Monthly Report form

This trip report is for the **second visit** to all accessible facilities in South, North and Middle Fly Districts as well as few inaccessible health facilities in Western province

Map below still showing the three Districts with their Local Level Government boundaries and the health facilities in each district although the province has been divided into four districts



**PEOPLE MET WITH**

- Mr. Gabriel Kama – A/Public Health Director – 73108194  
Email; [gabrielkama1978@gmail.com](mailto:gabrielkama1978@gmail.com)

- Mr. Rodney Albert – A/Provincial Disease Control Officer – ,79054989  
Email: [arodneybezementaso@gmail.com](mailto:arodneybezementaso@gmail.com)
- Mr. Rody Ukin – North Fly District Health Manager – 79637816  
Email: [rody.ukin@gmail.com](mailto:rody.ukin@gmail.com)
- Mr. Pridick Edward – North Fly Environmental Officer – 70462996  
Email: [pridz.venip@gmail.com](mailto:pridz.venip@gmail.com)
- Mr. Aaron Bale – Australian Doctors International - 79250395  
Email: [aron.bale.@adi.org.au](mailto:aron.bale.@adi.org.au)
- Sr. Philomena – Catholic Health Services Secretary – 74854206  
Email: [akiomsan@gmail.com](mailto:akiomsan@gmail.com)
- Mr. Gordon Mase – A/District Health Manager – 71611645
- Kinina Sigar – Medical Service Manager – 74190859  
Email: [Kinina.Sigar.@sdpaerialhealth.com](mailto:Kinina.Sigar.@sdpaerialhealth.com)

### ACTIVITIES DONE (routine activity)

1. Distribution of ACTs and RDTs
2. Conduct Continuous Quality Initiative Trainings for district hospitals and refresher trainings on the National Malaria Treatment Protocol to health facility staff
3. Ensure that staff are implementing the Single Dose administration of Primaquine in PF positive cases
4. Ensure that health facilities are reporting all RDTs/ ACTs in the health facility Malaria Register and are accounting for all ACTs/RDTs. Stock takes of all ACTs and RDT kits in health facilities before supplying new stock
5. Ensure that health staff (OICs) are correctly filling out the Malaria section of the NHIS Monthly Reports in e-NHIS as well as the monthly reporting forms
6. Collect Antenatal LLIN Reports.
7. Restock Antenatal LLINs at health facilities that have shortages and supply LLIN nets to Prisons and Boarding Schools
8. Ensure staff are keeping an up-to-date record of their stock cards

### DESCRIPTIONS OF HEALTH FACILITIES IN THE PROVINCE

Western province has a total of **42** facilities in the four districts of which **23** facilities are accessible, meaning they can be physically reached within two hours by vehicle and not more than four hours in a dinghy from PHA or district health offices. From the 42 HFs, only health facilities namely **Samari HSC** is still **closed** due to unavailability of staff

With the new district created, **North Fly District (NFD)** now has **15 health facilities**, **Delta Fly District (DFD)** has **10 health facilities**, **Middle Fly District (MFD)** has **6 health facilities** and **South Fly District (SFD)** still have **11 health facilities**. However, the two new districts are still being regarded as only **Middle Fly District**.

From this trip, we visited the 10 HFs in North Fly, 11 HFs in Middle Fly (including Delta Fly), 6 HFs in South Fly District.

Below is the Table of the health facilities in all the districts of Western Province.

**Table 1.** Summary of the Health Facilities in the province, their accessibilities and the dates they were visited.

District	Health Facility	Agency	Accessibility	Accessibility	Date
South Fly	Daru Hospital	Government	Accessible	Road	15/10/24
South Fly	Daru Urban Clinic	Government	Accessible	Road	15/10/24
South Fly	Kunini HSC	Government	Accessible	Water	17/10/24
South Fly	Mabudawan HC	Government	Accessible	Water	18/10/24
South Fly	Kibuli HSC	Government	Accessible	Water	15/10/24
South Fly	Suki HSC	Government	Inaccessible	Water/Air	Not visited
South Fly	Upiara HSC	ECPNG	Inaccessible	Water/Air	Not visited
South Fly	Samari HSC	Government	Accessible	Water	CLOSED
South Fly	Teapopo HSC	Government	Accessible	Water	20/10/24
South Fly	Wipim HC	Government	Inaccessible	Water/Air	Not visited
South Fly	Morehead HC	Government	Inaccessible	Water/Air	Not visited
Middle Fly	Wasua HSC	ECPNG	Inaccessible	Water	21/10/24
Middle Fly	Tapila HC	Government	Accessible	Water	21/10/24
Middle Fly	Adiba HSC	ECPNG	Accessible	Water	02/11/24
Middle Fly	Awaba HSC	ECPNG	Accessible	Water	03/11/24
Middle Fly	Kamusi Clinic	ECPNG	Inaccessible	Water or by Air	04/11/24
Middle Fly	Wawoi Falls HSC	ECPNG	Inaccessible	Water and then by road or by air	Not visited
Middle Fly	Emeti HC	ECPNG	Accessible	Water	05/11/24
Middle Fly	Mapodo HSC	ECPNG	Accessible	Water	05/11/24
Middle Fly	Balimo UC	Government	Accessible	Road	07/11/24
Middle Fly	Balimo Hospital	ECPNG	Accessible	Road	07/11/24
Middle Fly	Lake Murray HC	Government	Inaccessible	Water or by air	Not visited
Middle Fly	Obo HSC	ECPNG	Inaccessible	Water or by air	04/12/24
Middle Fly	Bosset HC	Catholic	Inaccessible	Water	05/12/24
Middle Fly	Debepari HSC	ECPNG	Inaccessible	Air	Not visited
Middle Fly	Nomad HSC	Government	Inaccessible	Air	Not visited
Middle Fly	Mougulu HSC	ECPNG	Inaccessible	Air	Not visited
North Fly	Kiunga DH	Government	Accessible	Road	12/11/24
North Fly	MCM UC	Catholic	Accessible	Road	12/11/24
North Fly	Rumginae RH	ECPNG	Accessible	Road	14/11/24
North Fly	Haewenae HSC	ECPNG	Inaccessible	Road and by water	Not visited
North Fly	Matkomnai HSC	Catholic	Accessible	Road	13/11/24
North Fly	Dome HSC	ECPNG	Accessible	Road and by water	13/11/24
North Fly	Ningerum HC	Government	Accessible	Road	14/11/24

North Fly	Tarakbits HSC	Catholic	Accessible	Road and by water	15/11/24
North Fly	Kungim HSC	Catholic	Inaccessible	Road and by water	Not visited
North Fly	Tabubil HP	Private	Accessible	Road	09/12/24
North Fly	Tabubil UC	Private	Accessible	Road	09/12/24
North Fly	Olsobip HC	Government	Inaccessible	Air	Not visited
North Fly	Golgobip HSC	Catholic	Inaccessible	Air	Not visited
North Fly	Haewenae HSC	ECPNG	Inaccessible	River	Not visited
North Fly	Iowara HSC	Catholic	Inaccessible	Road and by water	Not visited
North Fly	Membok HSC	Catholic	Accessible	Air	03/12/24

**Table 2.** Shows the coverage rate for both accessible and overall facilities in Western Province.

	<b>Quarter 3</b>
<b>Total number of HFs</b>	42
<b>Total number of functional HFs</b>	41
Total Accessible Facilities	23
Total Inaccessible Facilities	18
Total Accessible Facilities Visited	23
Total Facilities Visited	27
% Coverage (Accessible)	100%
% Coverage (Total Facilities)	65.86%

The coverage rate is calculated based on the functional health facilities in the province. For this Q4 visit we managed to visit all accessible health facilities and 3 inaccessible health facilities consequently, about 65.86% for the total coverage in the province but the coverage rate for accessible HFs is 100%

From the coverage rate seen and because of Western Province being a water-logged area and geographically difficult province in terms of logistics, below is the list of HFs that were not visited because of their inaccessibility.

<b>No.</b>	<b>Health Facility</b>	<b>Q2 Supplies</b>	<b>Reasons for not conducting a single facility visit</b>
1	Suki HSC	Their supplies were picked up at the transit store during their trip into town	More than 10 hours of travelling by dinghy from PHA. Will consume a lot of fuel. Plan to visit in Q1 through integrated visit with partners WPHA, SDP, etc..
2	Wawoi Fall	Their supplies were	Travel by air to site or by road from

	HSC	delivered through SDP AHP team from Balimo.	Kamusi logging camp, only during dry season due to condition of the road to Wawoi.
3	Wipim HC	Supplies were collected at the transit store with assistance from Marie Stopes during their patrol to Wipim	Travel by dinghy from Daru to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
4	Morehead HC	Their supplies were delivered through SDP AHP team from Balimo.	Approximately 12 hours by dinghy and then by road for 5 hours. (Expensive) but can be visited through arrangements with partner such as SDP
5	Lake Murray HC	Their supplies were delivered through SDP AHP team from Balimo.	More than 12 hours by dinghy and expensive to travel there. Plan to visit in Q4 through assistance from SDP
6	Iowara HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Travel by dinghy from Kiunga to waterfront and then by road. However, there is only one vehicle available and is very expensive. Furthermore, the road is in a very deteriorating state and can only travel during dry season.
7	Golgobip HSC	Their supplies were delivered through the arrangement of the Catholic Health Services	Access only by air.
8	Mougulu HSC	Their supplies were sent through MAF from Kiunga and also delivered by SDP AHP team	Access only by air.
9	Kungim HSC	Supplies were delivered by Catholic Health Service through their arrangement	Travel by dinghy to waterfront and then an hour's walk to the village
10	Debepari HSC	Their supplies were sent through MAF from Kiunga and also delivered by SDP AHP team	Access only by air.
11	Haewenae HSC	They collected their supplies at Rumginae DH	Travel by dinghy from Rumginae upstream but the creek to the village is very shallow that it can only be visited during high tide
12	Olsobip HC	Their supplies were stored in the district shed and will be delivered when there is a patrol team travelling to the facility	Access only by air

### Malaria Commodities Supplied

### RDTs and ACTs

Table 3 Showing the quantity of malaria commodities supplied to Western Province for this fourth quarter visit

Commodity	Quantity
RDT	1750 x 25
ACT 6	15 x 30
ACT 12	207 x 30
ACT 18	136 x 30
ACT 24	337 x 30
Primaquine (13.2mg)	31 x 10

All of the above commodities were supplies under both National Department of Health and Global Fund. Primaquine tablets supplied in this visit under NDoH whereas the RDTs and ACTs were supplied under the funding

### Long Lasting Insecticide Nets (Antenatal and Positive Patients Nets)

For Western Province, we are distributing nets for both pregnant mothers and malaria positive patients.

From these two purposes, the malaria positive patients' nets were well accounted for, however, we are still having issues with few HFs who tend to submit ANC registers of fewer net issued and nets not being accounted and requested for nets.

The nets were supplied according to the stock on hand thus some facilities were not given nets during this visit. Most health facilities that were not given nets are the inaccessible HFs in the **fly in areas**.

However, through the Aerial Health Patrol (AHP) program from **PNGSDP**, we were able to supply nets to some of the hard to reach health facilities

For this quarter we have distributed 15220 nets throughout the province and this brings a total of 15342 nets delivered so far for the province this year.

### HEALTH FACILITY FINDINGS AND OBSERVATIONS

Health Facility	RDT/ACT Stock Management	Treatment	LLINs	Reports
Daru Hospital	Have a well-established dispensary and kept updated stock card	Still having issues with administration of antimalarial	NO ANC Service. Supply malaria positive patient nets. Receipts not updated	Timely reporting and they have improved with the malaria data in the tablets
Daru UC	Have a well-established dispensary however, stock card is not updated and maintained. Reason being lots of work	Since the CQI training done in this quarter, they have greatly improved with the treatment protocol	Have adequate supplies and serves all Daru Island with antenatal services including people from mainland who came to the island as well. Supply positive patient nets. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Mabudawan HC	Have a well-established dispensary, however stock	Staff aware of the Malaria Treatment Protocol. Planning to do CQI in	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the

	cards not updated	Q1,2025		tablets
Kunini HSC	Have a well-established dispensary however, stock card is not updated and maintained	Requesting further training (Officer seldom at the HF)	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Kibuli HSC	Have adequate supplies. However, stock card not maintained. Encouraged to start keeping stock card	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q4	Adequate supplies for ANC and MPP	Timely reporting, however, needs further assistance with the tablet
Tapila HC	Have a well-established dispensary however, stock card is updated .	Staff aware of the Malaria Treatment Protocol. Plan to do CQI training in 2025	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Wasua HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Propose a training as they are still having problems with case management	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Adiba HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Awaba HSC	Have a well-established dispensary however, stock card is not updated and maintained. Encouraged to maintain the stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo UC	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Balimo R Hospital	Have a well-established dispensary and kept updated stock card	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Mapodo HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Emeti HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol. Propose a training in Q2	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Kamusi Clinic	Have a well-established	Staff aware of the Malaria Treatment	Have adequate supplies for both	Timely reporting and they have

	dispensary and kept updated stock card	Protocol	ANC and MPP. Receipts collected	improved with the malaria data in the tablets
Kiunga Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
MCM UC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Rumginae R Hospital	Have a well-established dispensary. Stock card well maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Dome HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Matkomnai HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Ningerum HC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol but need further refresher	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Tabubil Hospital	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting, however, needs further assistance with the tablet
Tabubil Clinic	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol but will do one CQI training in Q3	Have adequate supplies for both ANC and MPP. Receipts collected	Tabubil Clinic is reporting under Tabubil Hospital
Tarakbits HSC	Have a well-established dispensary. Stock card updated	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Membok HSC	Have a well-established dispensary however, stock card is not updated and maintained	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets
Bosset HC	Have a well-established dispensary however, stock card is not updated and	Staff aware of the Malaria Treatment Protocol	Have adequate supplies for both ANC and MPP. Receipts collected	Timely reporting and they have improved with the malaria data in the tablets

	maintained			
Debepari HSc	Have a well-established dispensary. Stock card updated	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets
Nomad HC	Have a well-established dispensary however, stock card is not updated and maintained	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets
Mougulu HSC	Have a well-established dispensary. Stock card updated	Did CQI training with the staff. Staff fully understands and is practicing the treatment protocols	Supplied over 20 bales of nets for ANC and Malaria Positive Patients	Timely reporting and they have improved with the malaria data in the tablets

## SUMMARY OF FINDINGS

From the 27 health facilities that were physically visited, we are still having some issues with these following areas:

### Stock Management

Of these 29 HF's visited, from quarter visit of 12 HF's have an updated stock card and are maintained, now we have 17 health facilities practicing stock management with malaria commodities. All the other HF's do have the stock cards but were not updating and maintaining them.

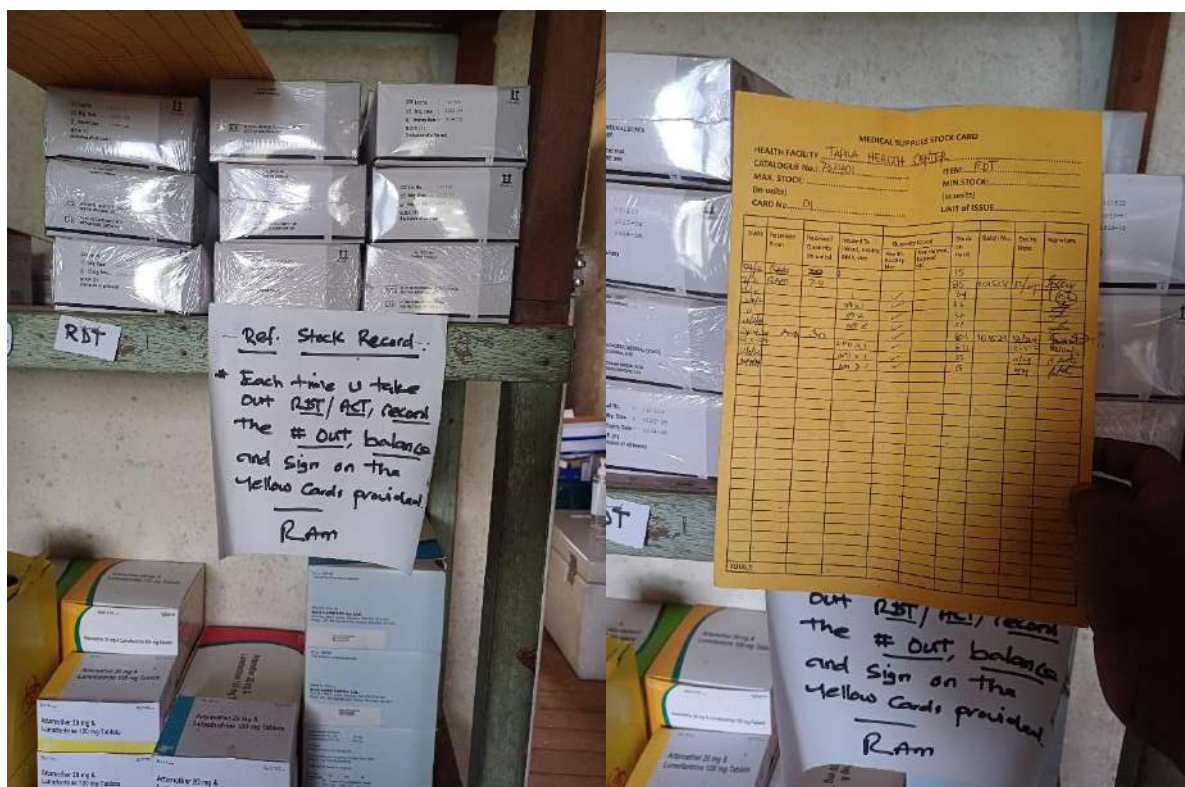


Figure 2. Staff reminding themselves to keep record of stock

## National Health Information Systems Reporting

All the HFs in Western Province are reporting through eNHIS or using the tablet as their reporting tool to submit their monthly reports. However, although their reports are consistent and submitted on a timely basis which is the first week of the next reporting month, the quality of the report still is a very big issue.

Few points identified from the issues the facilities are having include:

- fields in the report tool are not always complete or some information are recorded in wrong fields as such data's do not capture the hard work that the staff did
- few facilities have only one officer who was taught on how to use the tablet, so when the officer is on holidays, no reports were submitted for that facility during his/her time of absence.
- some aging staff were not properly trained or not confident to enter results in the tablets, as a result, there were incomplete reports or data incorrectly entered in some fields.

These issues were addressed by hands on training with the staff at the facilities with the assistance from WPHA and the district health information officers.

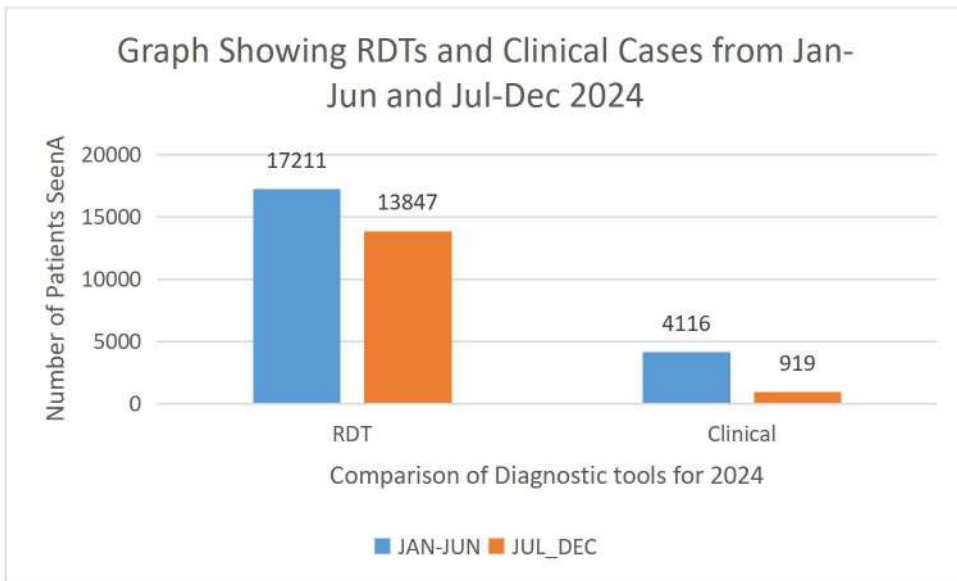


*Figure 3 Going through monthly health facility report with OIC Dome HSC*

From the **CQI training**, there were tremendous difference from the clinical cases in quarter two to reports in quarter 3. In Q2, there were 11 health facilities over reporting of ACTS given to RDT Positive cases seen while in quarter 3, only 3 health facilities over reported the ACTS to RDTs done.

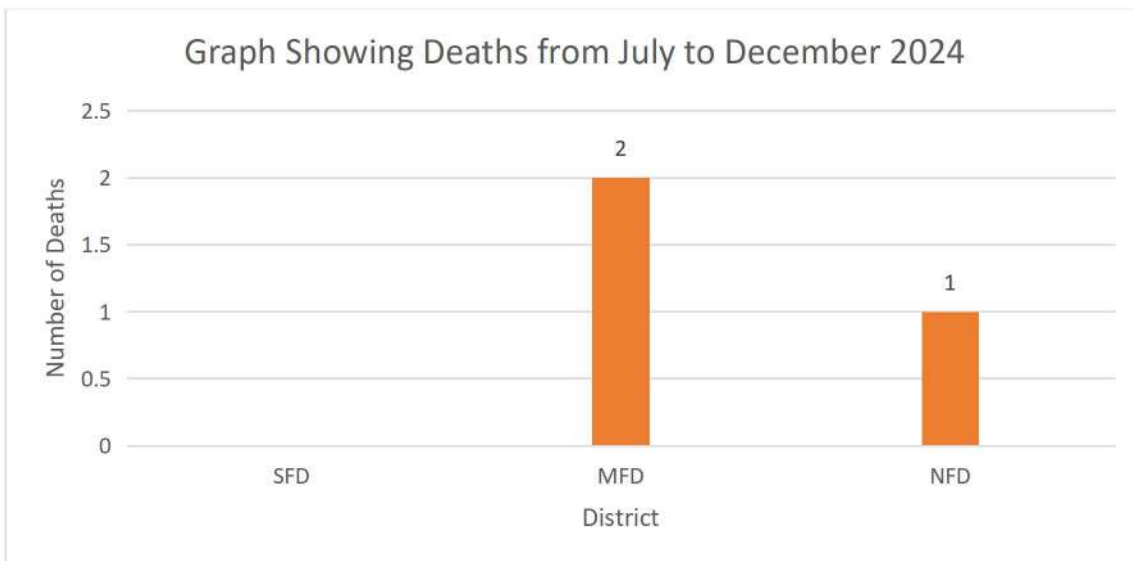
There were also big improvement of staff not recording and reporting clinical cases unlike previous year and the first two quarters.

Below is the graph showing Malaria Clinical Cases from 2022 to August 2024.



From the graph, we can see that there was significant decrease in the number of clinical cases from January to June 2024 and July to December where we can see less number of clinical cases which is very paramount in the lead up to elimination of malaria.

This Graph 2 depicts the Malaria Deaths in Western Province from July to December 2024



From this graphs, it is evident all the deaths in Western from is through assumptions as most are clinical deaths. Also, only 2 districts reported clinical deaths with Middle Fly District reporting the highest. Deaths in Middle Fly were reported by Obo and Mougulu HFs while in North Fly District is reported by lowara. All these clinical deaths were yet to be confirmed.

**Prophylaxis in Pregnant Women**

As for Intermittent Preventive Treatment for Pregnant women, all health facilities were updated on the revised treatment protocol for prophylaxis in pregnant women and have been practicing and giving out fansidar to pregnant women

**Malaria Microscopy**

Western Province has 6 active Malaria Microscopy sites namely **Tabubil Hospital, Kiunga Hospital, Rumginae ECPNG Hospital, Matkomnai HSC** in the North Fly District, **Daru Hospital** and **Mabudawan HC** in South Fly District with **Balimo ECPNG Hospital** in Delta Fly District.

However, those health facilities were not doing much malaria microscopy, consequently, the province was reporting less malaria microscopy in the province as compared to the other province. Their main reason being the absence of Giemsa Stain and officer who attended the malaria training are not doing their task

Moreover, the main reason being facilities are doing more RDTs and not referring patients for microscopy tests.

From these 6 active sites, no one submitted slides to EQA for Q4

### **Continuous Quality Initiative (CQI) Trainings**

We already did CQI for North and South Fly District, however, for Middle Fly District we did not conduct one in Q4 so we will do CQI next year.

### **PARTNERSHIP UPDATES**

#### **Western Provincial Health Authority (WPHA)**

Our main partner with the program in the province is WPHA who was always there to assist the program with logistics while on the ground. This include delivering supplies to health facilities either by boat or vehicle, storage of malaria commodities in the transit store as well providing financial support for our HMM officer on the ground for her supervisory visits and training programs

#### **Papua New Guinea Sustainable Development Project (PNGSDP)**

PNGSDP still remains our main partner in the province apart from WPHA in support with the logistics to deliver malaria commodities to inaccessible health facilities in the province.

For this quarter 4 visit, PNGSDP has greatly supported the program by again assisted with the delivery of malaria commodities to **hard to reach** and **fly in areas** through **Aerial Health Patrol** teams especially to Lake Murray, Mougulu, Debepari in Middle Fly and Morehead in South Fly District

Apart from that, we also planned a integrated visit with the AHP to visit Lake Murray catchment but due to clash in our schedule we deferred the visit to Q1 in 2025

#### **Catholic Health Services (Kiunga)**

Similarly, to PNGSDP, Catholic Health Services in Kiunga for North Fly District has greatly assisted the program with logistics to deliver LLINs and antimalarial to their health facilities that are inaccessible as well as assisted malaria program with their vehicle to transport LLINS and malaria commodities to health facilities in respective Catholic managed health facilities

#### **Homebased Management of Malaria (HMM) PROGRAM**

Our HMM Program for Western Province is now active in all three districts namely South Fly, North Fly and Middle Fly District (Delta Fly)

For quarter (4),four, there was one Supervisory done in North Fly District, one Social Mobilization done in Delta Fly and one training done in South Fly district by each of the officers assigned for each district

#### **MALARIA SCHOOL SURVEY (MSS)**

There was two malaria school survey done in quarter four (4), one in Kiunga in North Fly District where 58 elementary students were tested and 6 students were found to be positive. From the 6 students, 4 students were female who tested positive for both pf and mix infection while the 2 male were both found to have mix infection.

For Middle Fly District, 77 students were tested and all the students were found to be negative.



Figure 4 Malaria Talk to Students before carrying out the MSS by Junior Giniha and Balimo team in MFD

**KEY CHALLENGES** (on going issue)

- No Provincial Malaria Supervisor in the province nor malaria district officers in the district to coordinate malaria program in the respective districts
- Staff in some facilities still treating patients clinically or diagnosing patients clinically.
- Some OICs or staff designated to enter data in the tablets are still not fully trained to use the tablet when reporting through eNHIS because some sections are not completed.
- Health facilities still not accountable for the ANC nets supplied
- Inaccessible health facilities that are accessible only by planes cannot be reached as the planes to those areas are only chartered and no regular flights
- Weather and geographical impediments still is a big challenge which often hinder program activities in the province



Figure 5 Pushing the dinghy out to Fly river since it was low tide

## RECOMMENDATIONS

- Western Provincial Health Authority (WPHA) to monitor and regulate policies to people selling malaria commodities in the province
- Western Provincial Health Authority (WPHA) to recruit malaria officers for each of the district to coordinate malaria program activities.
- **HMM officers on the ground to coordinate malaria programs in each district since there is still no malaria officers on the ground**
- **NDOH through NMCP or MERB to come up with a form to confirm malaria deaths in health facilities**
- OICs or person in charge of ANC nets should do monthly stock take of nets against registers as to ensure there is **accountability** in the issuing of nets and drugs at provincial level as well as at facility level
- OICs in facilities to assign officer to be in charge of dispensary so stock cards can be maintained effectively
- Although there is timely reporting from all the health facilities, provincial and district hospital, there are still reports of poor quality so PHIO needs to do quality checks to avoid over reporting or under reporting
- The functional laboratories in the province need to consistently participate in the External Quality Assessment with the Central Public Health Laboratory so the technicians can assess their microscopy performance
- Finally, we need to have Continuous Qualitative Initiative down to every health facility so all staff can fully understand every aspect of malaria in the province

## ACKNOWLEDGEMENTS

- The Western Provincial Health Authority in Daru
- The North Fly District Health team in Kiunga
- Papua New Guinea Sustainable Development Program (PNGSDP)
- Australian Doctors International (ADI)
- The Evangelical Church of Papua New Guinea Health Services (ECPNG)
- The Catholic Christian Health Services in Kiunga (CCHS)
- The Middle Fly District Health team in Balimo
- RAM Logistics, Admin Staff and the Accounts section for their continuous support for the visit to be successful

Quarter Four (4) in Pictures



Figure 6 MSS in progress in NFD



Figure 7 Education students on malaria and mosquitoes



Figure 8 Going through the reports with CHW @ Teapopo HSC



Figure 9 Commemorating World Aids Day with our partners in Kiunga, NFD



Figure 10 Walking through this track to Teapopo HSC with OIC Gabriel





