ROTARIANS AGAINST MALARIA PAPUA NEW GUINEA

SUCCESS AND CHALLENGES OF LLIN DISTRIBUTION IN PAPUA NEW GUINEA

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BACKGROUND

- Historically Papua New Guinea has one of the highest burdens of malaria outside of Africa.
- PNG has annually been reporting about 1.7 million cases plus about 600 deaths. Annual incidence rates have been about 300 per thousand people
- One of the first globally published works on the efficacy of treated nets was carried out by IMR (Institute of Medical Research) in PNG.

BACKGROUND (2)

- PNG has therefore long experience with treated mosquito nets since about 1990 from which time nets were distributed around PNG by projects and private sector.
- Rotarians Against Malaria started in 1997 by Port Moresby Rotary Club to supply treated nets to private and NGO sector.

BACKGROUND (3)

- Massive scale up of nets started with Round Three Global Fund Grant (2005 to 2009) coordinated by the National Department Of Health (NDOH) covering about 80% of the population. During this phase about 2.5 million nets were procured.
- Nets delivered at rate of one net to every two and a half people with different sizes of nets supplied.
- Distribution done well in many places but also done badly in many other places and some places left out altogether.
- Problems include not following national guidelines, poor reconciliation of money and few good reports submitted to central level.
- Biggest problem faced was timely transfer of funds from Central to Provincial Level.

BACKGROUND (4)

- Further scale up of LLINs occurred with Round Eight Global Fund Grant from 2010 to 2014.
- Rotarians Against Malaria given the mandate to coordinate the distribution of nets to all villages in Papua New Guinea in collaboration with the National Department of Health (NDOH).
- RAM responsible for procurement, planning and finance while implementation is carried out jointly with provincial health authorities and small teams of RAM field officers.

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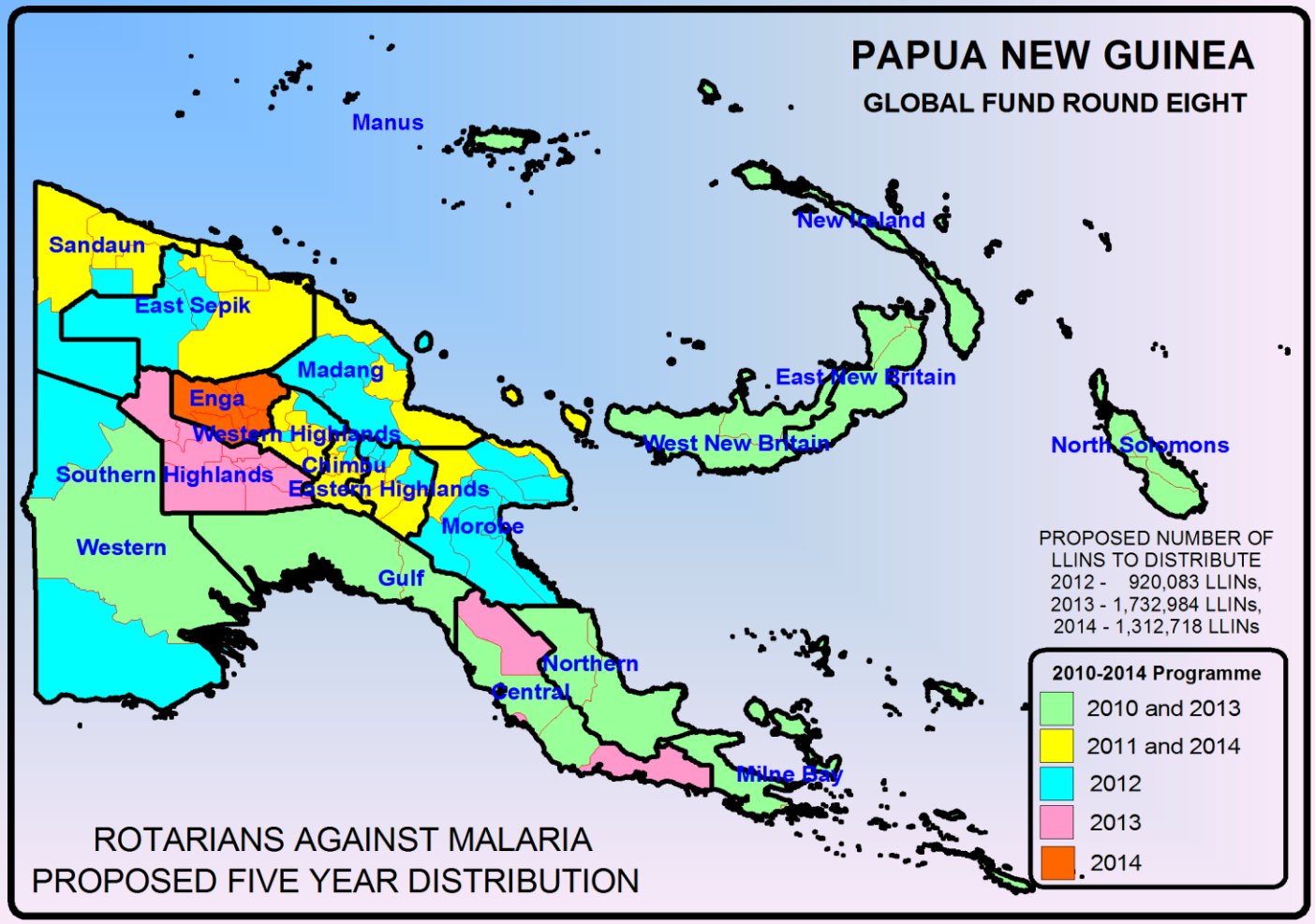
RESULTS

RAM Has Coordinated The Distribution Of Nets In 19 Provinces And 84 Districts To Date



RESULTS (2)

- To date RAM has coordinated the distribution of 4.3 million nets to household level.
- RAM covered 84 out of 90 districts and 19 out of 20 provinces with last province being covered now. A further 23 districts covered for a second time after three year interval.
- Has reached about 21,600 villages with only 15 villages in areas covered not reached due to a number of reasons including tribal fights at time of distribution. These areas will be covered in 2014.
- 620,000 LLINs also distributed to antenatal women (80%), boarding schools and prisons.

IMPACT

- Impact on malaria has been massive.
- Clinical malaria incidence has fallen by as much as 70% following a distribution by nets in a district.
- Prevalence of malaria has fallen by 75% in some regions.
- Reduction mainly attributed to LLINs even though RDTs and ACTs now in all Health Centres in the country.
- People have been generally very happy with the programme.

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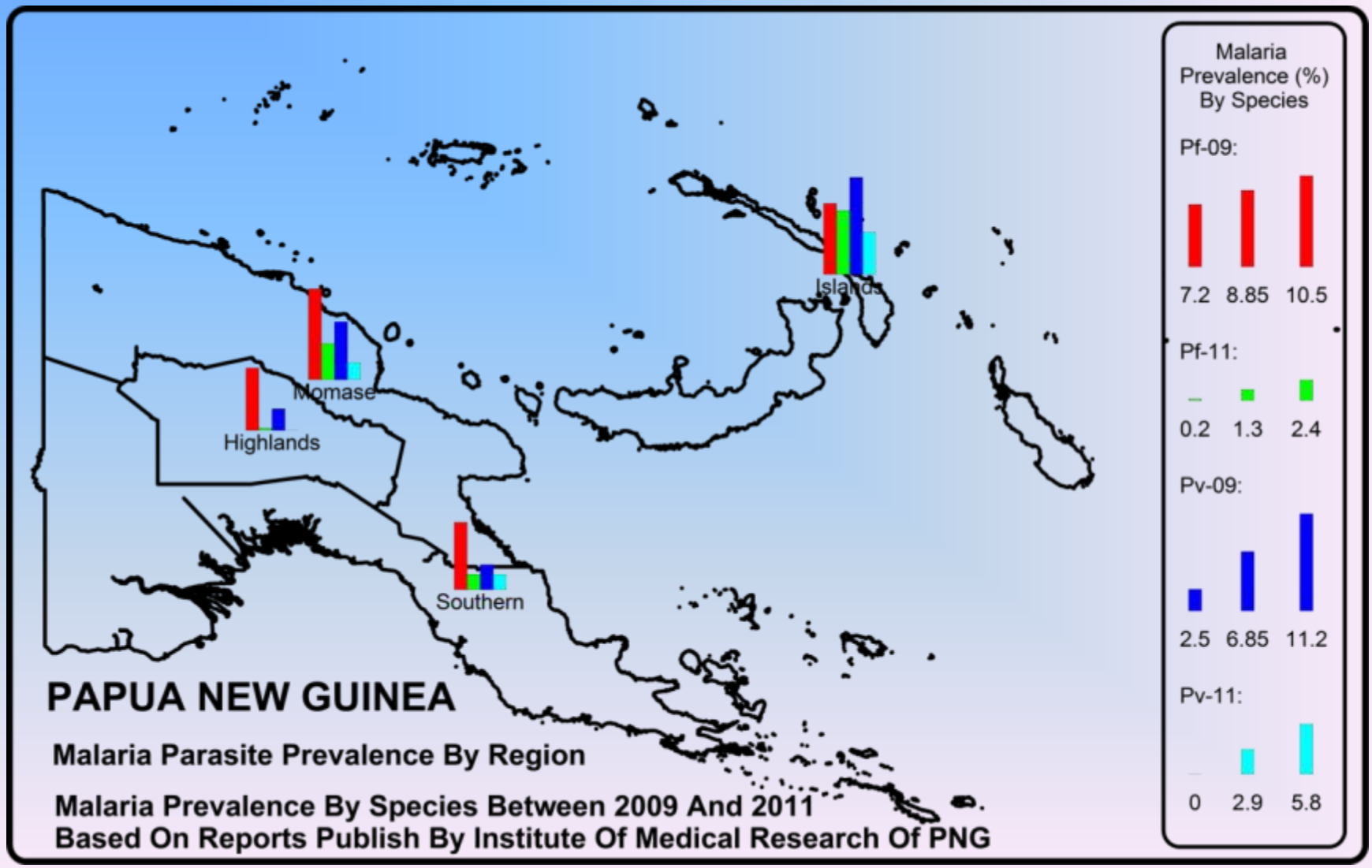
IMPACT (2)



CHALLENGES

- PNG has very poor infrastructure with mountainous terrain.
- Generally very wet climate causing almost impassable roads and landslides.
- Mainland PNG has about six separate road systems that do not connect.
- In general these roads are poorly maintained.
- In most parts of the country there is no clear dry season so no clear time frame to carry out operations.

CHALLENGES (2)

- Many villages may take several days to reach by combinations of road, air boat and trekking.
- Low education levels.
- Tribal fights.
- Health staff not knowing their own areas.

CHALLENGES (3)

- Fraud, conflict of interest and other types of corruption.
- Drunkenness and traffic accidents.
- Weak government institutions and very poor policing
- Weak, expensive and opportunistic private sector.
- Poor banking coverage.
- Donor restrictions.

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SUCCESSES

- Have reached almost all the remotest communities in the country.
- Project returns to villages missed out initially.
- All results are presented to village level.
- RAM has brought quick transfer of funds to the programme and a consistent methodology in terms of implementation and consistent financial and programmatic reporting.
- Almost no leakage of nets to private sector.

SUCCESSES (2)

- Has achieved very good relationships with communities and health authorities who have now requested that RAM continue with the programme in the future if possible.
- Mapped out elephantiasis and now cell phone and radio coverage at village level.
- Anecdotal evidence says that more children go to school.

THE PROCESS
MOAs And Coordination

- MOA were signed with all Provincial Administrators though one province never signed.
- The programme is introduced to Provincial Health Advisors and health team in each province and together a budget and all the logistics to carry out the programme is worked out.
- Throughout the project RAM works in close coordination with respective provincial and district health staff.

THE PROCESS
Planning

- A village list is made of each district based on the 2000 census. Information includes projected population for each village.
- Unit of implementation is health centres.
- District health staff are asked to allocate each village to a health centre.
- This is the basis of planning in terms of nets needed and how many teams are needed to cover each area.
- Partners are identified who can help with staff and logistics particularly in places of difficult access so that every village in a district is reached.

THE PROCESS
Planning (2)

LLG	WARD	Village	2000 Census	Estimated 2013 Population	Health Centre	Type Of Access Needed	Partners Working In Area	Comments
TALASEA			128,792	208,878				
BIALLA RURAL			36,188	58,691				
	1.BAIA		378	613				Hargy Oil
	4	1.Baea	149	242	Ulamona HC	Boat		Coastal
		2.Baobao	75	122	Ulamona HC	Boat	Ulamona HC	5,621
		3.Loiloi	62	101	Ulamona HC	Boat	Navo UC	2,960
		4.Pale	92	149	Ulamona HC	Boat	Biala HC	50,109
	2.NOAU		832	1,349				58,691
	5	1.Nantambu/Bakada	90	146	Ulamona HC	Boat	Hargy Oil	
		2.Noau	372	603	Ulamona HC	Boat		
		3.Likuranga	119	193	Ulamona HC	Boat		
		4.Piapia/Kunai	65	105	Ulamona HC	Boat		
		5.Voluvolu	186	302	Ulamona HC	Boat		
	3.UBILI		1,499	2,431			Hargy Oil	
	2	1.Ubili	646	1,048	Ulamona HC	Road		
		2.Ulamona Cath.Miss	853	1,383	Ulamona HC	Road		
	4.NAVO		1,825	2,960			Hargy Oil	Navo Urban Clinic
	4	1.Siviga	161	261	Navo UC	Road		
		2.Navo Pltn Div. 1	1,037	1,682	Navo UC	Road		
		3.Navo Pltn Div. 2	575	933	Navo UC	Road		
		4.Navo Pltn Div. 3	52	84	Navo UC	Road		
	5.LOLOBAU		757	1,228			Hargy Oil	Lolobau Island
	5	1.Poipoi	97	157	Ulamona HC	Boat		

THE PROCESS
Logistics

- Logistics are identified that are needed to carry out the survey. Cars, boats, helicopters, airplanes and number of staff needed for how many days based on two staff per team. For difficult to reach places different alternative budgets are considered using different types of transport e.g. walking against use of air planes or boats.
- Budgets are made for fuel, hiring vehicles or boats if necessary and staff costs. Volunteers are paid 20 Kina (US$7) a day and MOH staff 30 Kina (US$10) a day.

THE PROCESS
Microplanning

- RAM team members allocated to work with specific health centres.
- RAM team members carry out micro-planning exercise with health centre staff .
- Micro-planning involves drawing rough maps of the area and then defining daily movements of teams to cover all villages.
- Also budgets are verified at this point and head office is alerted if mistakes have been made with budget. This is usually the result of bad information given at planning stage.

THE PROCESS
Pre Survey

- A programme of social mobilisation is carried out to inform villagers of the programme as well as passing on basic health education messages about malaria. RAM tries to use all local organisations e.g. Ministry of Health, Ministry of Education, Council Meetings, NGOs, Church groups CBOs etc. Social mobilisation activities start a few days before the survey.
- During this time a one day training is held with all people involved with survey. This should involve surveying one village together.

THE PROCESS

Survey

- Before starting the census process in any village, a meeting is held with village elders explaining the process.
- Where village is small, e.g. less than 30 families, teams members to carry out census.
- Where villages are large, village volunteers are selected and trained to carry out survey.
- Each family censured separately and receive receipt.
- Each family member is recorded by name, age, sex and relationship to head of household.
- Survey teams return within an agreed period to pick up survey book e.g. two to four days.

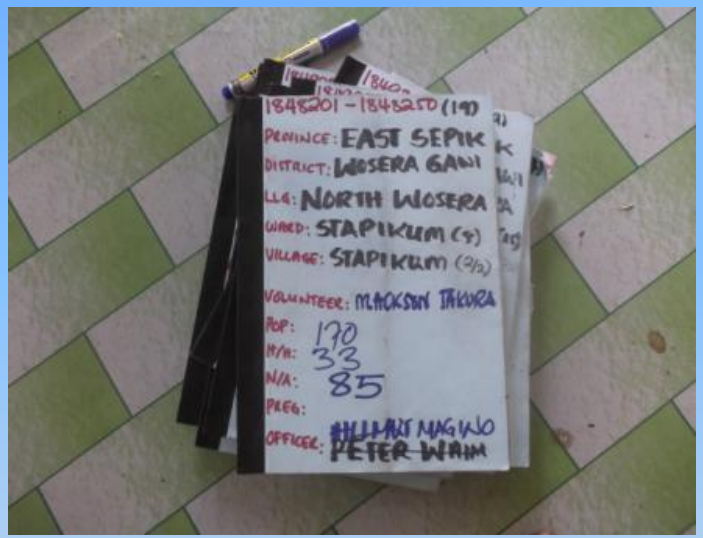
THE PROCESS
Survey (2)

- One village volunteer is be chosen for each of about 50 families. Where possible volunteers should be chosen by natural divisions in the village e.g. clans where one volunteer would make a list of only one clan each.
- Surveys involve recording everyone in the household who normally resides at the household for more than nine months of the year. Children in boarding schools are also included as well as family member away at the time of the survey who normally reside in the village.
- Health education messages also given out.

THE PROCESS
Survey (3)

- In all cases, after the census/list taking is finished, the list of family members should be read out to a meeting of village people to verify that no one has been included that should not be there and that no one has been missed. Village elders sign a form to verify that this was done.
- All lists are reviewed and results of each survey book written on the outside of the survey book. Information should include district, LLG, ward and village name together with total population of each village included in the book.

THE PROCESS
Review



Before starting the distribution, it is necessary to verify that data on all villages in the 2000 Census are collected.
For each village, the populations surveyed should be compared with projected population of the 2000 Census.

- If population collected for each village is very different from predicted population, this is investigated.
- If population is similar to that predicted, each family should be allocated nets based on need and the total number written on outside of survey book.
- Allocations of nets are verified in each village to make sure that this has been done correctly to ensure that there are enough nets to reach every family

THE PROCESS
Allocation System

- Distribution is based on the needs of a family.
  - One net for mother and father and up to two children under the age of six.
  - One net is given to boys between the age of 6 and 16 (one net for three boys)
  - One net is given to girls between the age of 6 and 16 (one nets for three girls).
  - Extra nets are given for other family dependents.

THE PROCESS
Distribution

- All nets opened prior to distribution and marked with provincial code and year with a permanent market.
- Only a family member from each family can receive nets on production of a white receipt.
- If white receipt is lost then person waits to end of distribution to find their names in the survey books.

THE PROCESS
Distribution (2)

- If certain families are not present, these nets are handed over to the village elders using a trust form in front of villagers so that there are witnesses. Village elders must sign for their receipt.
- At the end of the distribution, all volunteers are paid and a report made which includes problems found as well as positive aspects of the programme noted.

ADVANTAGES OF THE PNG SYSTEM

- One organization coordinating a country ensures consistent type and quality of implementation and reports on financial and programmatic reporting.
- Sequential mass distribution as opposed to one off mass campaigns ensures expertise is not lost between campaigns and allows for greater quality assurance and detailed reporting.
- Allow health system to do what they are best at.

OTHER ACHIEVEMENTS

- Have had no serious incidents where staff have been seriously injured or died despite difficult conditions. Minor accidents include air crash, boats capsizing, tribal fights and numerous small car accidents.
- Had no serious loss of money in the field except some officers who stole funds and another officer when his boat capsized.

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SOME OTHER DIFFICULTIES

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OTHER PICTURES

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