



## QUARTER 1 2024 MALARIA COMMODITY DISTRIBUTION AND HEALTH FACILITY SUPERVISION IN ESP PROVINCE – FIELD TRIP REPORT



**Name of Officers:** Fabian Worr/Appoloniah Parihuasi

**Destination:** ESP Province

**Date trip started:** 04.03.24

**Date trip ended:** 17.04.24

**Purpose of Travel:** Quarter 1 Drug distribution and M&E HF supervision

**Picture:** Mr.Peter Waim (Team Leader LLIN Household distribution) donation LLINs to ESPHA CEO Mr.Mathew Kaluvia for ESP Natural disaster.

## Table of Contents

<b>EXECUTIVE SUMMARY .....</b>	<b>4</b>
<b>HEALTH FACILITY VISITS .....</b>	<b>5</b>
<b>MALARIA DRUG PROCUREMENT AND DISTRIBUTION/STOCK MANAGEMENT .....</b>	<b>7</b>
<b>ANTENATAL LONG LASTING INSECTICIDAL NETS (LLINs) DISTRIBUTION REPORTS .....</b>	<b>9</b>
<b>SUMMARY OF OBSERVATION &amp; FINDINGS FROM SUPERVISORY VISIT .....</b>	<b>10</b>
<b>FLEET MANAGEMENT .....</b>	<b>13</b>
<b>MALARIA DATA RETROSPECTIVE .....</b>	<b>14</b>
<b>FIRST QUARTER 2024 MALARIA DATA .....</b>	<b>17</b>
<b>CHALLENGES .....</b>	<b>20</b>
<b>RECOMMENDATIONS .....</b>	<b>20</b>
<b>ACKNOWLEDGEMENTS .....</b>	<b>21</b>
<b>APPENDIX 1 .....</b>	<b>22</b>

#### PEOPLE MET WITH OR INFORMED:

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**Ruben Maiwax** – Deputy Director Public Health, ESPHA – Rural Health Services

**Dr. Mathew Mongolap** - Deputy Director Public Health, ESPHA –

**Magret Maurisause**– Provincial Disease Control Officer, ESPHA

**Appolonia Parihuasi** – Provincial Malaria supervisor, ESPHA

Officers In – Charge and Staff of health facilities in East Sepik Province.

#### PURPOSE OF VISIT:

The following activities were carried out during our visit at each accessible Health Facility;

1. Distribution of malaria RDT Kits, and ACTs.
2. Distribution of Antenatal Long-Lasting Insecticidal Nets (LLIN)
3. Ensure all health facilities are implementing primaquine single dose policy.
4. Onsite refresher training on malaria diagnosis and malaria treatment protocol, IPTp
5. NHIS/ENHIS Training on malaria reporting updates in revised NHIS Monthly Reporting form.
6. Ensure correct reporting of malaria cases in eNHIS
7. Collection and follow-up on outstanding ANC net reports, outstanding NHIS Monthly Reports.
8. Stock takes on RDTs/ACTs, antenatal LLINs and all other malaria commodities.
9. Ensure that HF medical stock cards are updated and maintained at health facilities.

## EXECUTIVE SUMMARY

The quarter 1 (one) malaria commodity distribution and health facility supervision for East Sepik Province was conducted by Regional Malaria Coordinator, Mr. Fabian Worr and Provincial Malaria Supervisor, Ms Appoloniah Parihuasi. This visit is under the National Malaria Control Program (NMCP) to carry out M&E for malaria program, to visit all accessible health facilities in ESP.

ESP RMC Q1 2024 M & E and malaria commodities distribution to health facilities in ESP is the first for 2024. For this visit, malaria commodities distribution and M&E visits were conducted in 5 weeks. The visit was extended for another week due to the declared state of emergency (SOE) in the province.

This quarter 1 (one) health facility supervision and round one distribution of malaria commodities commenced on 04.03.24. For this quarter, we have started our visits from the Angoram district facilities and continued to all other districts.

Moreover, the malaria commodities for this quarter were from the NDOH supply. These supplies were from the AMS Wewak. This arrangement was done by RAM PSM by protocol to the NDOH MSPD team.

For this distribution, we were not able to supply primaquine with the ACTs and Malaria RDTs. This is due that primaquine supplies from AMS Wewak were critically low to complement as usual. Not all ACT bands were supplied, in those cases. Quantification on some of the ACT bands were increased to cater for that.

In this field trip report, most discussions will have to be considered as reference point or baseline for proceeding reports. As this is the first official trip for the new RMC. All that is discussed, there will be a way forward to assist in correcting challenges.

## HEALTH FACILITY VISITS












East Sepik province has a total of 52 registered health facilities but only 50 are reporting. There are 32 accessible health facilities, 13 inaccessible. Thus of the 51 health facilities, 21 are government run facilities and 30 facilities are run by various church agencies.

During the visit, we have visited a total of 37 accessible health facilities which is 115% coverage of accessible facilities visited and 71% coverage of total health facilities in West Sepik Province.

It is noted that of the 13 inaccessible or hard to reach facilities. 6 of these health facilities were visited in ESP Q1 2024 in Angoram district.



**Picture 1.** The maps give an insight of the location of health facilities in East Sepik Province.

RMC Trip 1		
KEY		
52		Total Major Health Facilities in East Sepik
32		Total Health Facilities Accessible
20		Total HF's Inaccessible
31		Total accessible HF's visited
13		Total inaccessible HF's not visited but distributed
3		Total accessible HF's not visited
6		Total inaccessible HF's visited
1		Total HF's closed
2		Drugs left at AMS
115%		Total accessible HF visits coverage rate
71.00%		Total HF visits coverage rates

Date Visit	District	Health Facility	Date Visit	District	Health Facility
12.03.24	Angoram	Angoram DH	13.03.24	Angoram	Marienberg HC
13.03.24	Angoram	Bunam HC	14.03.24	Angoram	Kambot HSC
15.03.24	Angoram	Biwat HC	16.03.24	Angoram	Timbunke HC
16.03.24	Angoram	Kaningara HC	21.03.24	Maprik	Brugam HC
21.03.24	Ambunti Drekkir	Drekikir HC	21.03.24	Ambunti Drekkir	Yagrumbok HSC
22.03.24	Ambunti Drekkir	Bana HSC	22.03.24	Maprik	Ilaihita HC
22.03.24	Maprik	Albinama HC	22.03.24	Maprik	Maprik DH
23.03.24	Maprik	Naramko CHP	23.03.24	Maprik	Ulupu HSC
23.03.24	Maprik	Roma HSC	23.03.24	Maprik	Brigiti CHP
26.03.24	Wosera Gawi	Gawi HC	26.03.24	Wosera Gawi	Kunjigini HC
26.03.24	Wosera Gawi	Wombisa HC	28.03.24	Wewak	Yarapos MAP
28.03.24	Wewak	Boikin MAP	28.03.24	Wewak	Dagua HC
02.04.24	Wewak	Boram Hospital	02.04.24	Wewak	Moem UC
03.04.24	Wewak	Taul CHP	03.04.24	Wewak	Wirui UC
03.04.24	Wewak	Wewak MCH CL	04.04.24	Wewak	Tumurau HC
04.04.24	Wewak	Passam MAP	04.04.24	Yangoru Sausia	Kubalia
04.04.24	Yangoru Sausia	Sassoya HC	04.04.24	Yangoru Sausia	Yangoru CH
04.04.24	Yangoru Sausia	Naksimigel HSC			

**Table 1.** Gives an indication of the facilities assessed in ESP during RMC Q1 2024 visit.

## MALARIA DRUG PROCUREMENT AND DISTRIBUTION/STOCK MANAGEMENT

In the quarter 1 (one) visit of malaria drug distribution in ESP province in 2024. As noted for the 51 reporting health facilities in the province, there were only 37 health facilities that were physically visited and had malaria commodities restocked were necessary.

Most of the health facilities that were not visited was due to inaccessibility thus had their malaria commodities delivered to the nearest accessible health facility for pick up. In the case of a handful, their supplies were left at the church agency or rather Samaritan Aviation assisted in transporting supplies.

The malaria commodities for this quarter were from the NDOH supply. Although we were not able to supply all weight bands as per quantification. There were mostly ACT 6 and ACT 12 available thus in order to cater for ACT 18 and ACT 24. The supplies for ACT 6 and ACT 12 were increased for certain health facilities.

There was a limited supply for ACT 24 from previous year available. This supplies were prioritized for river health facilities in Angoram and Ambunti Drekkir districts.

Also during the visit, AMS Wewak received a limited supply of primaquine from the NDOH procurement. These were then packed in prepack malaria commodities cartons for each facility. Each health facilities receiving 2, 000 tablets each.

The malaria commodities for this quarter came from the NDOH supplies;

Malaria Commodity		Expiry Date	Batch Number
ACT 6	NDOH	Nov 25	BIAPH021
ACT 12	NDOH	Nov 25	BIAPH014
ACT 18	NDOH	June 25	CIAPH001
ACT 24	NDOH	June 25	72054202
RDT	NDOH	Dec 25	H006C00D
Primaquine	NDOH	Sep 25	181122

### Primaquine stock status

It has been a practice that malaria commodities distribution is supplemented with Primaquine stock from AMS Wewak or Global Fund Supply. Although, for this quarter, we were only able to distribute 2, 000 tablets for each health facility.

### Fansidar stock status/lpTP

lpTP program is an important part of the malaria programme through the ANC clinic as to provide malaria prophylaxis for pregnant mothers in 3 doses of 3 tablets. This is normal after the first trimester. As to ensure that the mother and the fetus a protected from malaria during pregnancy.

Although, during the health facility visits, only health facilities Wosera Gawi districts had Fansidar in stock to support pregnant mothers with malaria prophylaxis. There was nil stock of Fansida in AMS Wewak to support.

### Stock card management in health facilities

Stock card management in the case of malaria commodities is a mechanism to monitor the amount of malaria commodities coming into the facility's dispensary. And those malaria commodities, either going out to the outpatient, CMVs, aid posts and those rotated to other facilities.

In the case that malaria commodities especially ACTs/RDTs that are given out to the aidposts, CMVs. It is advisable that these malaria commodities are accounted for in malaria registers. Thus ensuring that those data are captured in the NHIS.

## ANTENATAL LONG LASTING INSECTICIDAL NETS (LLINs) DISTRIBUTION REPORTS

Health facilities were restocked with ANC LLIN to support their stock of LLIN during ANC Clinics. As practiced, ANC LLIN is given to a first visit to the ANC clinic. During the visit, the opening balance for ANC LLIN in stock was 5150 ANC LLIN.

There was a total of 1170 ANC LLIN delivered to health facilities during the visit. Hence, after the health facility visit. There is now a total of 3980 ANC LLIN remaining in the provincial stock.

		2024 NETS ISSUED				5150
24.01.24	WITIPE CHP	CORINA KATO	Appolonia Panihuasi	14625		5100
24.01.24	HAGAMA MAP	DHYMON WANA	Appolonia Panihuasi	14626		5050
29.01.24	KANENGARA HSC	ELIZABETH BAME	Appolonia Panihuasi	14627		4950
29.01.24	WEWAK MCH	MELINDA SEMBENOMBO	Appolonia Panihuasi	14628		4850
20.02.24	WEWAK MCH	MARYANNE W	Appolonia Panihuasi	14629		4750
20.02.24	TUMURAU HC	NOAH DAINO	Ruth Ibras	14630		4700
12.02.24	RAM - PDM SURVEY	JOYCE MANDA	Appolonia Panihuasi	14631		4580
23.02.24	BRIGITI CHP	MEDLYN KLAPAT	Appolonia Panihuasi	14632		4530
25.03.24	KUNJIKINI HSC	EUGINE SELBO	Appolonia Panihuasi	14633		4480
14.03.24	KAMBOT HC	HEDWIG W	Appolonia Panihuasi	14634		4430
15.03.24	BIWAT HC	VIANNEY SAUN	Appolonia Panihuasi	14635		4380
16.03.24	TIMBUNKE HC	WAMSIE NALE	Appolonia Panihuasi	14636		4330
18.03.24	MERSEY HC	JOSHUA W	Appolonia Panihuasi	14637		4280
28.03.24	YARAPOS MAP	MARTIN M	Fabian Worr	14638		4230
28.03.24	BOIKIN MAP	STEVEN WANA	Fabian Worr	14639		4180
28.03.24	DAGUA HC	PHILOMENA MUNGU	Fabian Worr	14640		4130
10.04.24	DAGUA HC	PHILOMENA MUNGU	Appolonia Panihuasi	14644		4080
10.04.24	SASSOYA HC	MICHELE N	Appolonia Panihuasi	14645		3980
						3980

## SUMMARY OF OBSERVATION & FINDINGS FROM SUPERVISORY VISIT

**Angoram District:** A total of 7/11 health facilities were visited and distributed supplies. Out of the 11 health facilities in the district, 4 health facilities are inaccessible

- All health facilities that were inaccessible or not visited such as Jangit HSC had their supplies packed and left at the nearest health facility for pick up. Supplies for Amboin SC, Amboinwari MAP were sent through Samaritan Aviation.
- Angoram DH: No safe place to keep ACTs. Newly renovated hospital wing is not opened due to contractor issues. New dispensary is not opened.
- Kambot HC: Stock card was not maintained well. Refresher training was given. Overstocked with Arthermeter 80 mg.
- Bunam HSC: No network coverage. There a VHV working in the area.
- Biwat HC: Dispensary was flooded during visit. Stocked out of malaria commodities thus restocked. No network.

**Maprik District:** A total of (8/9) was visited and malaria commodities supplied. Out of the 9 health facilities in the district, 8 health facilities are inaccessible or not visited.

- All health facilities were visited except for Kombikum HC. There was one attending staff but was on leave during the time of visits. Malaria commodities were left at PHO for pick up.
- Maprik DH: Pending malaria register from data entry officer.
- Ilahita HC: Makeshift clinic. Medical supplies stored at staff house. Health facility burnt down in Q2 2024.
- Naramko CHP: NHIS tablet not working. Sent to PHIO for Port Moresby. Pending. Rotated primaquine and ACT 6.
- Brigiti CHP: CMV data not captured in NHIS tablet. Arranged with HMMO to be sorted with PHIO. No PQ/SP and antimalarials.
- Ulupu HSC: Refresher done on NHIS tablet. Name/Surname on malaria register to be reported at 'NA' on NHIS tablet.

**Ambunti Dreikir District:** A total of (3/11) health facilities were physically visited during the trip. Out of the 8 health facilities, 3 health facilities are inaccessible.

- All health facilities that were inaccessible or not visited such as May River HC, April River HC, SDA MCH, Hauna HC had their supplies packed and left at the nearest health facility for pick up.
- Malaria commodities for Maposi SC and Mersey SC were picked up by health staff.

- Dreikir HC: There is notable malaria relapse cases. No primaquine over 2 months. Patients given prescription to get at pharmacy.
- Yagumbok HSC: Inaccessible. Road maintained thus visited. Stock card maintained well. Refresher on NHIS tablet done. No fansidar.
- Bana HC: Clinical reported not recorded on malaria register but only on tally sheet. First Catholic Health Facility to have timecard. Team is asking for an extension for HMM programme. Refresher on NHIS tablet.

**Wosera Gawi District:** A total of (3/6) health facilities were physically visited during the trip. Out of the 3 health facilities, 3 health facilities are inaccessible.

- All health facilities that were inaccessible or not visited such as Kaugia HSC, Nungwaia HSC, Torembi HSC, had their supplies packed and left at the nearest health facility (Wombisa HC) for pick up.
- Kunjigini HC: NHIS tablet not working since January. 9, 350 malaria RDT cassettes expired (11/23, 2/24). Stock card not updated as required.
- Wombisa HC: Malaria commodities for Nungwaia HC/Kaugia HC left at Wombisa HC for pick up. Facility overstocked with RDTs.

**Wewak District:** A total of (11/15) health facilities were physically visited during the trip.

- All health facilities that were inaccessible or not visited such as Kaugia HSC, Nungwaia HSC, Torembi HSC, had their supplies packed and left at the nearest health facility (Wombisa HC) for pick up.
- Boikin MAP: Malaria RDTs from aid post kit received expired. Stocked out primaquine.
- Dagua HC: Adequate malaria commodities. Requesting for additional NHIS tablet for data entry.
- Wewak MCH: Clinical cases noted in the reports are from reporting aid posts. Advised to give reporting aid posts malaria registers. And not to enter data only from aid post tally sheet.
- Boram Hospital Laboratory: Clinical staff not requesting MPS as mentioned by OIC Lab. Started doing MPS since Jan 2024. Malaria lab register is available. 2 staff went for EQA.
- Boram Hospital Dispensary: Adequate malaria commodities available. Chief Pharmacist have noted to support other health facilities were necessary.
- Tumurau HC: NHIS tablet is not working well thus monthly report is done manually. Filed well white copy of montly reports.

**Yangoru Sausia District:** A total of (4/4) health facilities were physically visited during the trip. Out of the 4 health facilities, all are accessible.

- All health facilities that were inaccessible or not visited such as Kaugia HSC, Nungwaia HSC, Torembi HSC, had their supplies packed and left at the nearest health facility (Wombisa HC) for pick up.
- Naksigimel HSC: ANC LLIN are donated from household distribution. Only 2 staff available. No SP. Adequate malaria commodities.
- Yangoru HC: Stocked out on malaria commodities. Thus restocked.
- Kubalia HC: Dispensary was not opened to do stock count. There is only 5 positive case reported in 2023 as according to e-NHIS malaria report.

FLEET MANAGEMENT

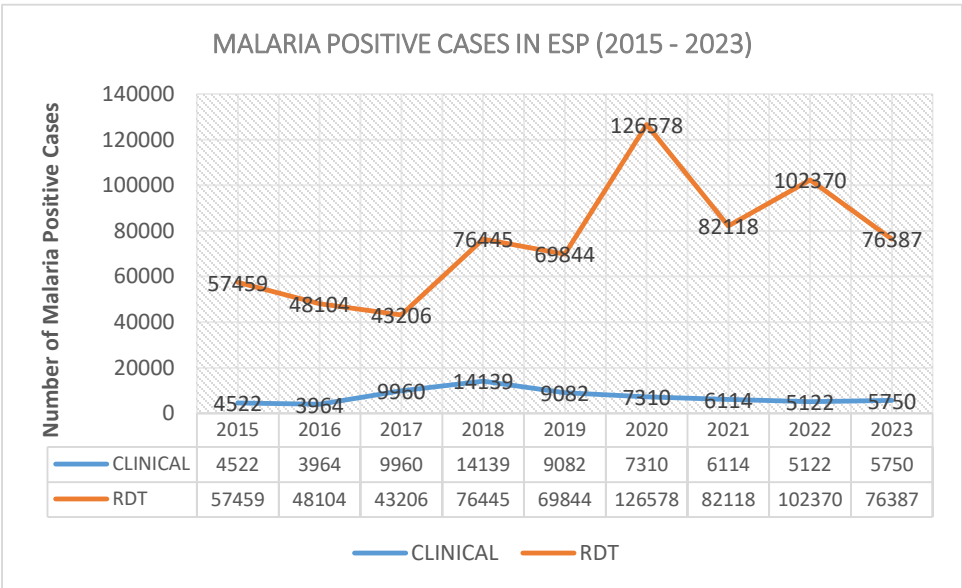
RAM program vehicle in the province:	White Toyota Land Cruiser, Ten Seater
Vehicle Registration Number:	WAH 338
Vehicle Registration Expiry:	March 4 2025
Vehicle Safety Sticker Expiry:	July 05 2024
Vehicle Custodian:	WSPHA
Vehicle Location:	Sandaun Provincial Hospital Yard
Vehicle Condition:	Due for 38, 000 miles vehicle service



RAM program vehicle in the province:	White Toyota Land Cruiser, Ten Seater
Vehicle Registration Number:	ZGU 689
Vehicle Registration Expiry:	October 28 2022
Vehicle Safety Sticker Expiry:	July 29 2023
Vehicle Custodian:	ESPHA

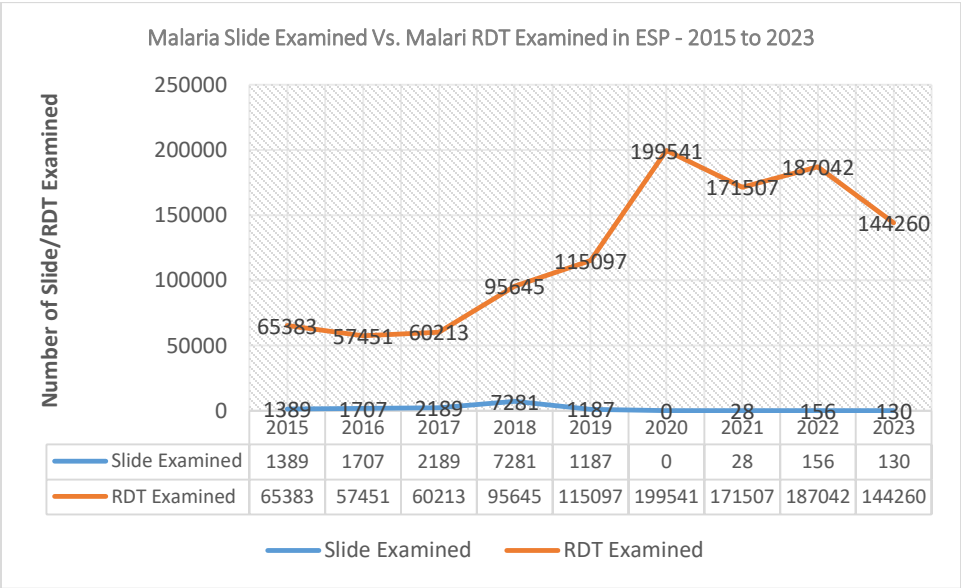
Vehicle Location:	PHA yard
Vehicle Condition:	<ul style="list-style-type: none"> <li>• Currently for part service at Ela Motors</li> <li>• Payment for vehicle registration done. Awaiting service first inorder to issue safety sticker</li> </ul>

MALARIA DATA - RETROSPECTIVE



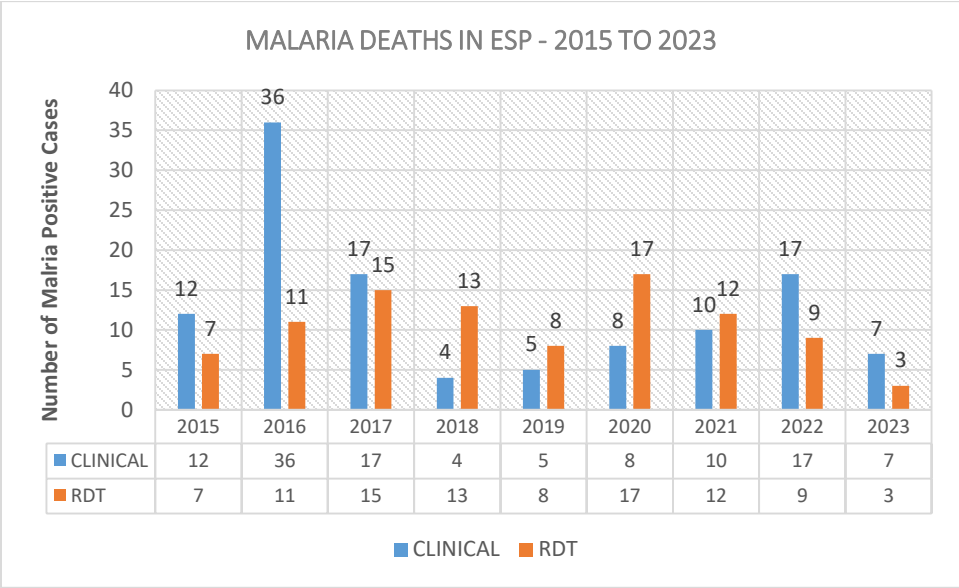
**Graph 1.** Gives an illustration for malaria positive cases in ESP (2015 – 2023). Source: Clinical Malaria register, e-NHIS. Date interpretation is limited this only.

- For the last 9 years, there has been more RDT malaria confirmed cases as compared to clinical malaria cases reported. This are malaria cases reported in the outpatient only.
- The highest malaria cases were reported in the year 2020 (126, 578 cases) amidst the COVID 19 pandemic. Hence, the lowest cases reported was in the year 2017.
- After 2020, malaria cases declined to the third lowest (82118) reported in these period (2015 – 2023).
- However, cases started to increase again from the year 2022 (102, 370).
- It is presumed that the increase in malaria cases from 2022 to 2023 could be due to the impact of HMM program in the districts of the province. The program allowed for malaria cases to be detected at the community level thus reported.



**Graph 2.** Gives an illustration for Malaria slide examined Vs. Malaria RDT Examined in ESP (2015 – 2023). Source: Clinical Malaria register, e-NHIS. Date interpretation is limited this only.

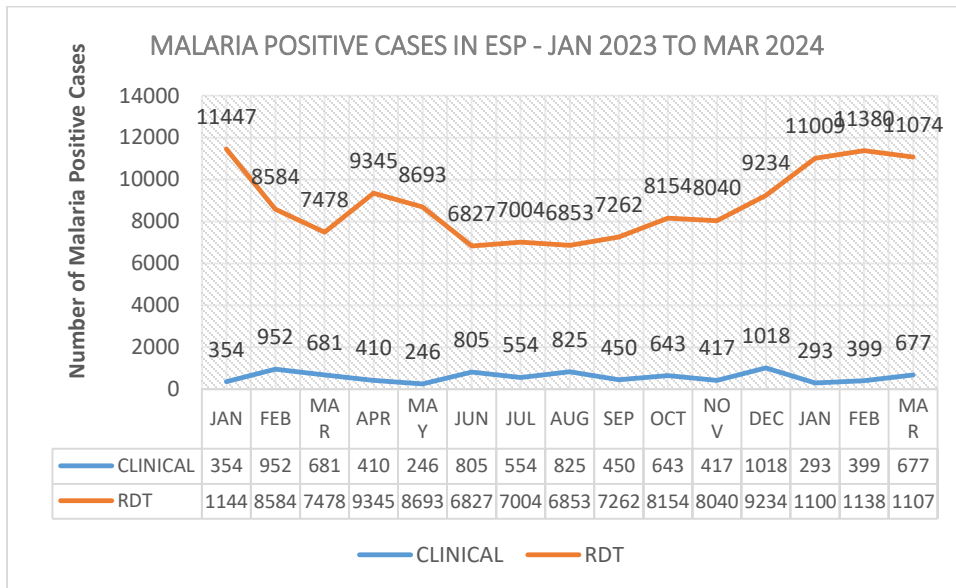
- In general, there are more malaria RDT examinations done compared to slide examination.
- I have only received confirmation that Boram Hospital is the only health facility that provides malaria parasite slide (MPS) slide services.
- Malaria slide reporting started to decline by 2020. Most malaria slide reported after 2020 were misreporting by non-malaria slide examining health facilities through the NHIS.
- Malaria slide examination reporting was low as the medical laboratory was relocated to a smaller space during the renovation of the new Boram Specialist Hospital. Medical laboratory only started reporting malaria parasite slide (MPS) starting in Jan 2024.



**Graph 3.** Gives an illustration for Malaria Deaths in ESP (2015 – 2023). Source: Clinical Malaria register, e-NHIS.

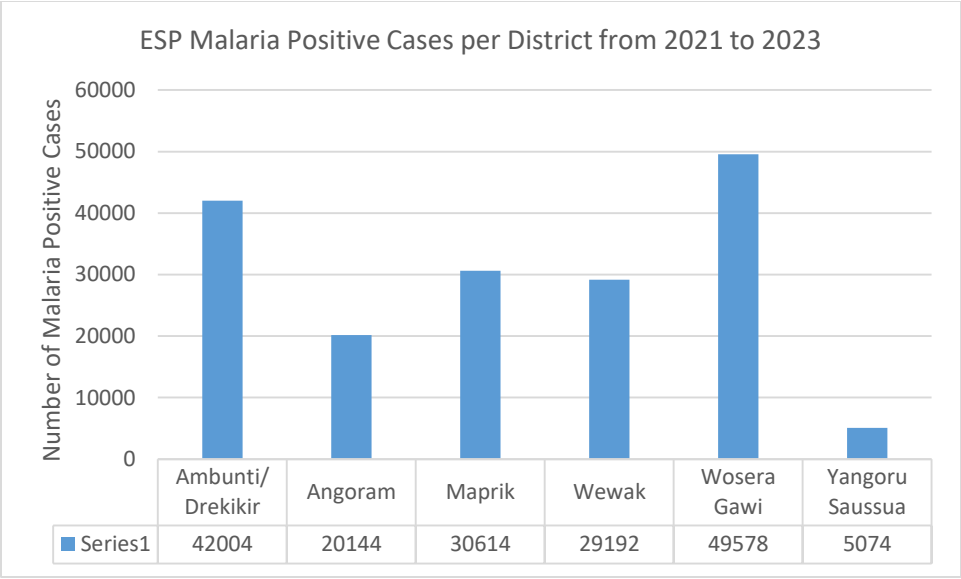
- In period between 2015 to 2023, there is a total of 211 malaria deaths reported. It is noted that 45% of the malaria deaths are malaria RDT confirmed deaths. Only 55% were clinical malaria positive deaths.
- The highest number of malaria RDT confirmed deaths was in the year 2020 (17), this was also during the COVID 19 pandemic period. Also, the highest reported clinical malaria deaths reported was in the year 2016 (36).
- Even though, the RDT confirmed and clinical malaria deaths are reported. It is only wise to do investigations to determine the factors that lead to the deaths. Way forward, to liaise with WHO Malaria Technical Advisor on how best to carry the investigations.

FIRST QUARTER 2024 MALARIA DATA



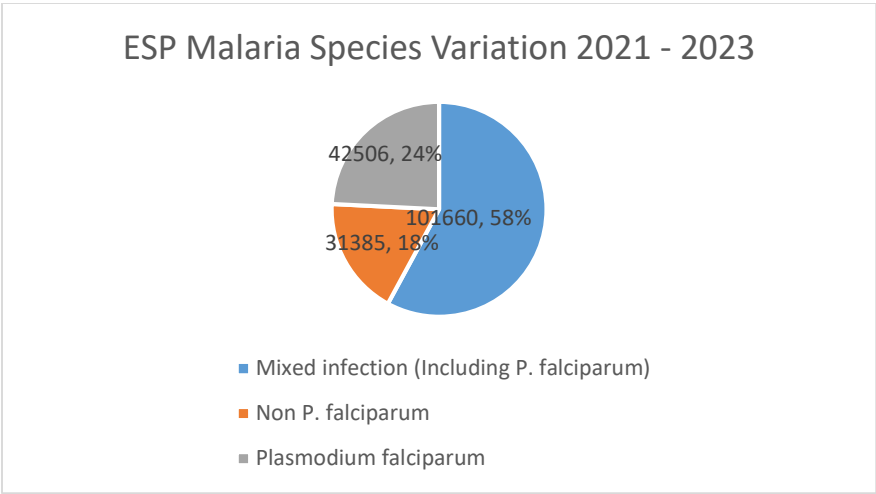
**Graph 4.** Gives an illustration for malaria positive cases in ESP from Jan 2023 to Mar 2024. Source: Clinical Malaria register, e-NHIS.

- From Jan 2023 to March 2024, there has been more RDT malaria confirmed cases as compared to clinical malaria cases reported. These are malaria cases reported in the outpatient only.
- The highest malaria cases were reported in Feb 2024 (11380). There is a notable increase in malaria cases since Nov 2023.
- This increase is the result of nil stock of primaquine in most health facilities since Nov 2023. Hence, result in malaria relapse cases.



**Graph 4.** Gives an illustration for WSP malaria positive cases by district from Jan 2023 to Jan 2024. Source: Clinical Malaria register, e-NHIS.

- In general, Wosera Gawi has had a high malaria reported cases from the reporting period. Followed by Ambunti Drekikir district. Due to geographical location and accessibility to health facilities. Attention has to be given for malaria program activities.



**Graph 5.** Gives an illustration for ESP malaria positive species variation from 2021 to Jan 2023. Source: Clinical Malaria register, e-NHIS.

- There is notably 58% of mixed infection cases in ESP during 2021 – 2023.
- Although there is only 18% of Non P.falciparum cases noted, Plasmodium falciparum cases constitute of 24% of the total cases.

## CHALLENGES

- Not all bands of Mala 1 were supplied to health facilities
- There is a very low or no stock of primaquine in most health facilities visited. That can give rise to P.vivax relapse malaria cases and poor management of severe malaria cases.
- There is also a low stock of Fansidar in most health facilities. Therefore, most are not prescribing malaria prophylaxis for pregnant mothers.
- There is a notable number street sale of Mala 1 in Angoram station and Wewak town. The challenge is to identify where the leak is from.

## RECOMMENDATIONS

- When there is an adequate supply of malaria commodities in country. To ensure, required malaria commodities are distributed to each health facilities.
- To ensure malaria commodities list for each facility is updated every 6 months to ensure malaria commodities supply to each health facility is based on demand.
- To keep update on the status of primaquine, and Fansidar availability at AMS Wewak. Thus to inform health facilities for bi-monthly order.
- ESPHA and other relevant stakeholders must work together to identify leakage of Mala 1 in the supply chain and come up with appropriate approaches/penalties to minimize that.

## ACKNOWLEDGEMENTS

This is a word of acknowledgement to the following people and organization for their support in this distribution,

- The OICs and staff of health facilities visited for the time in ensuring malaria data is available and also for arranging for malaria commodities to reach health facilities in due time.
- The ESPHA for supporting the ESP Q1 visit to be achieved in the given timeframe.
- ESPHA our major partner for the continuous efforts in supporting the supporting the malaria program in the province.
- The RAM teams; Logistics, Finance, Admin and Management for the tireless efforts in ensuring ESP Q1 2024 was a successful.

APPENDIX 1



**Photo 1:** Health facility visit to Marienberg HC. Dispensary submerged under water.



**Photo 2:** Unloading after we reached Bunam HC



**Photo 3.** Consigning of malaria commodities through Samaritan Aviation for Sepik river health facilities



**Photo 4:** Loading malaria commodities up to Ambunti HC for Ambunti station jetty.