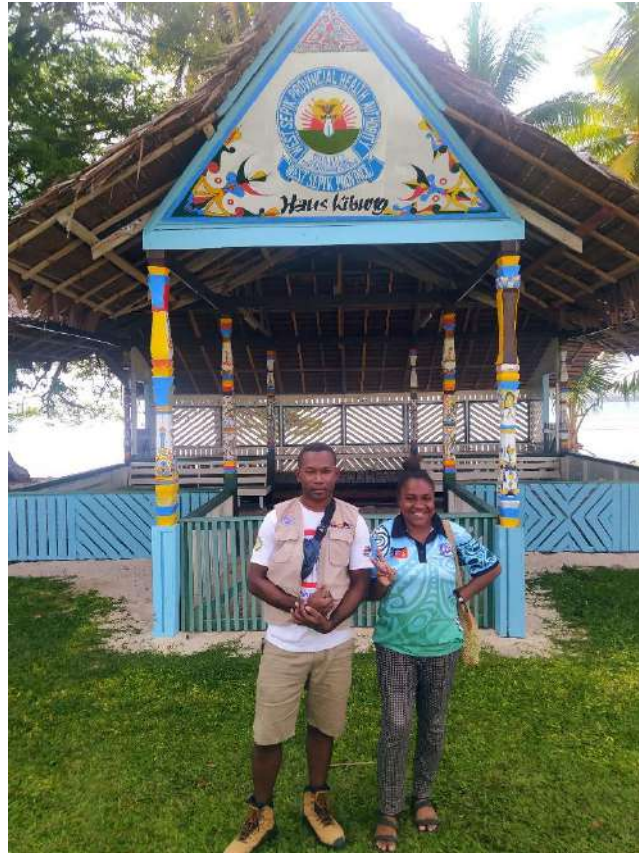




**QUARTER 1 2024 MALARIA COMMODITY DISTRIBUTION AND HEALTH FACILITY SUPERVISION IN WSP PROVINCE – FIELD TRIP REPORT**



**Name of Officers:** Fabian Worr/Enoch Waipeli

**Destination:** WSP Province

**Date trip started:** 31.01.24

**Date trip ended:** 22.02.24

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

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## PEOPLE MET WITH OR INFORMED:

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**Mr.Enoch Waipeli** – Provincial Malaria supervisor, WSPHA

Officers In – Charge and Staff of health facilities in West 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 West Sepik Province was conducted by Regional Malaria Coordinator, Mr. Fabian Worr and Provincial Malaria Supervisor, Mr Enoch Waipeli. 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 WSP.

WSP RMC Q1 2024 M & E and malaria commodities distribution to health facilities in WSP is the first for 2024. For this visit, malaria commodities distribution and M&E visits were conducted in two parts. The Aitape Lumi and Nuku visit were conducted from 31.01.24 to 13.02.24. Hence, the Vanimo Green and Telefomin distribution was conducted from 13.02.24 to 22.02.24.

This quarter 1 (one) health facility supervision and round one distribution of malaria commodities commenced on 31.01.24. For this quarter, we have started our visits from the Aitape Lumi district facilities and continued to all other districts.

Moreover, the malaria commodities for this quarter were from the Global Fund supply. These supplies were sent in from RAM PSM in November, 2023. The supplies for Aitape Lumi and Nuku were sent in via Wewak. Whereas, supplies for Vanimo Green and Telefomin were sent through to Vanimo. Therefore, this allowed for a smooth quarter 1 distribution.

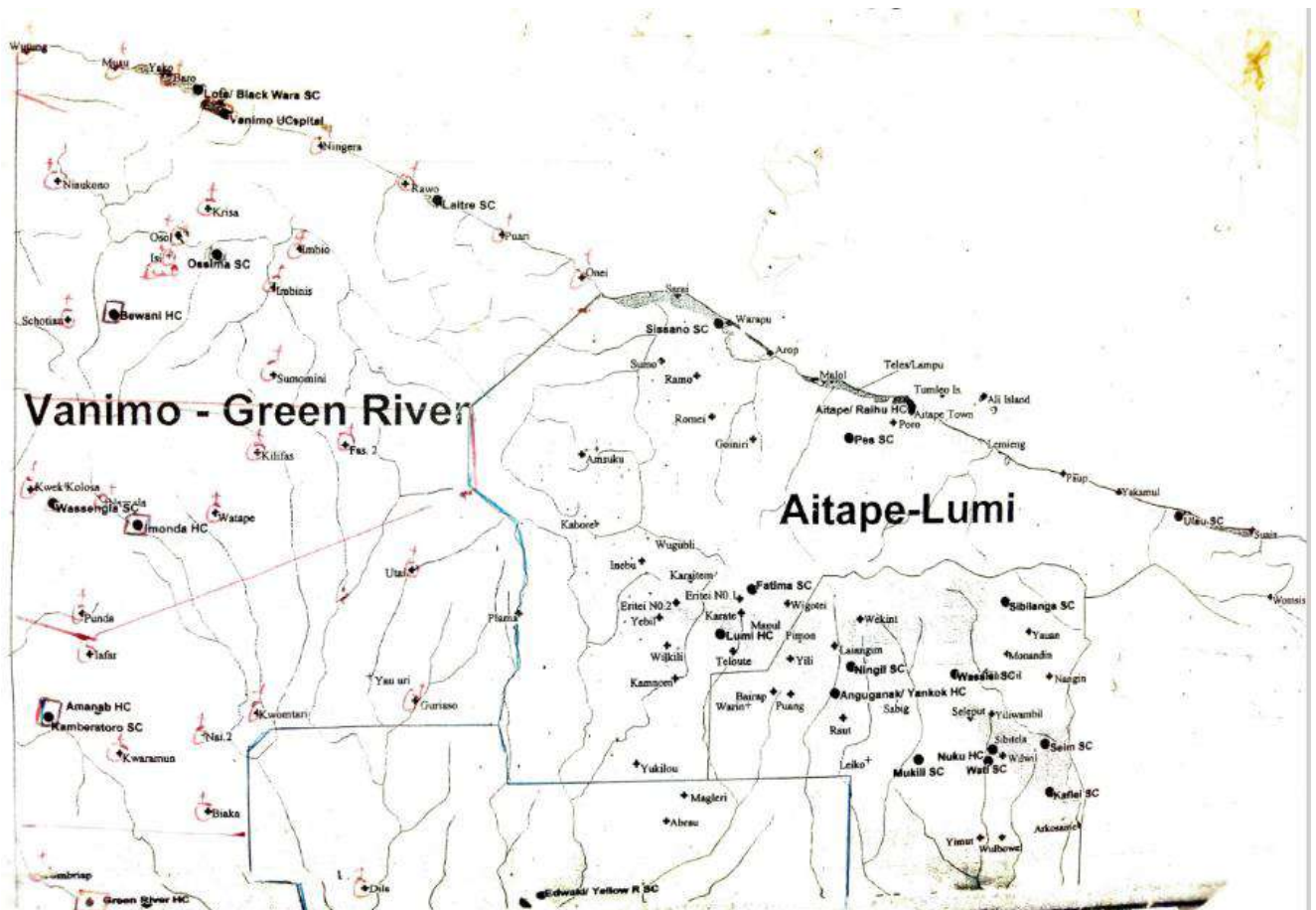
For this distribution, we were not able to supply primaquine with the ACTs and Malaria RDTs. This is due that primaquine supplies from AMS Wewak were critically low to complement as usual. Although, there are sufficient malaria commodities at the health center level.

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

West Sepik province has a total of 38 registered health facilities. There are 19 accessible health facilities, 19 inaccessible. Thus of the 38 health facilities, 11 are government run facilities and 27 facilities are run by various church agencies.

During the visit, we have visited a total of 19 accessible health facilities which is 100% coverage of accessible facilities visited and 50% coverage of total health facilities in West Sepik Province.



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

| Date Visit | District     | Health Facility             | Date Visit | District     | Health Facility |
|------------|--------------|-----------------------------|------------|--------------|-----------------|
| 02.02.24   | Aitape Lumi  | Ulau SC                     | 02.02.24   | Aitape Lumi  | Raihu DH        |
| 02.02.24   | Aitape Lumi  | Pes                         | 05.02.24   | Nuku         | Wati HC         |
| 06.02.24   | Nuku         | Nuku HC                     | 06.02.24   | Aitape Lumi  | Lumi HC         |
| 07.02.24   | Nuku         | Angugunak HC                | 07.02.24   | Nuku         | Ningil SC       |
| 07.02.24   | Nuku         | Wassisi SC                  | 15.02.24   | Vanimo Green | Baro CHP        |
| 15.02.24   | Vanimo Green | Lote SC                     | 19.02.24   | Vanimo Green | Bewani HC       |
| 19.02.24   | Vanimo Green | Ossima                      | 20.02.24   | Vanimo Green | Green River HC  |
| 20.02.24   | Vanimo Green | Amanab HC                   | 21.02.24   | Vanimo Green | Imonda HC       |
| 21.02.24   | Vanimo Green | Utai SC                     | 21.02.24   | Vanimo Green | Maka MAP        |
| 22.02.24   | Vanimo Green | Sandaun Provincial Hospital |            |              |                 |

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

## MALARIA DRUG PROCUREMENT AND DISTRIBUTION/STOCK MANAGEMENT

In the quarter 1 (one) visit of malaria drug distribution in WSP province in 2024. As noted for the 38 reporting health facilities in the province, there were only 19 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 for Telefomin districts, their malaria commodities are stationed at the WSP Transit Medical Store for the District Health Manager to send into Telefomin district via plane.

The malaria commodities for this quarter were from the Global Fund supply. These supplies were sent in from RAM PSM in November, 2023. The supplies for Aitape Lumi and Nuku were sent in via Wewak. Whereas, supplies for Vanimo Green and Telefomin were sent through to Vanimo. Therefore, this catered for a smooth quarter 1 distribution.

During the WSP Q1 2024 visit, the following health facilities Lumi HC, Green River HC and Amanab HC stocked out on ACTs for at least a week or 2 before they were restocked

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

### Aitape Lumi and Nuku

| Malaria Commodity | Expiry Date | Batch Number |
|-------------------|-------------|--------------|
| ACT 6 (GF)        | Dec 24      | 7254175      |
| ACT 12 (GF)       | Feb 25      | 7254175      |
| ACT 18 (GF)       | Feb 25      | 7254366      |
| ACT 24 (GF)       | Jan 25      | 7254203      |
| RDT (GF)          | Dec 24      | 101528       |

### Vanimo Green and Telefomin

| Malaria Commodity | Expiry Date | Batch Number   |
|-------------------|-------------|----------------|
| ACT 6 (GF)        | Dec 24      | 7254175        |
| ACT 12 (GF)       | Feb 25      | 7254175/366    |
| ACT 18 (GF)       | Feb 25      | 7254366        |
| ACT 24 (GF)       | Jan 25      | 7254203        |
| RDT (GF)          | Dec 24      | 101528/7254203 |

### Other Malaria consumables (injectable/suppositories) stock status

During the WSP Q1 2024 visit in the 19 health facility visit. As according to the stock take done at each health facility. There were 26% (5/19) health facilities which had either Arthermeter 40/80 mg injectable and 42% (8/19) Artesunate 60 mg vial in stock. Moreover, there are only 26% (5/19) of the health facilities that the emergency referral artesunate suppositories 50mg/200mg available.

Hence, there are less than 50% of the health facilities that have critically low malaria consumables that can intervene with complicated malaria cases.

### 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 not able to distribute malaria commodities with primaquine supplies as there were no primaquine stock in AMS Wewak. Global Fund procurement for primaquine has been cut back thus primaquine supplies will depend entirely on NDOH procurement.

During the WSP Q1 2024 visit, Angugunak SC, Dapu Uc and Amanab HC were health facilities that have stocked out on primaquine. Therefore, primaquine stock were rotated from other health facilities to replenish the following health facilities.

In summary, 84% (16/19) of the health facilities have primaquine stock available. Although that stock may last till mid-March. Thus we are hope NDOH supply of primaquine will have arrived by then.

### 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 37% (7/19) health facilities had Fansidar in stock to support pregnant mothers with malaria prophylaxis

## 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, CBDs/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, CBDs/CMVs. It is advisable that these malaria commodities are accounted for in malaria registers. Thus ensuring that those data are captured in the NHIS.

It is noted that in September, 2023 a refreshers training was conducted by Ms. Vellgie Ava. This continuous improvement training was conducted in Vanimo for selected health staff in the Vanimo Green district. In these training, the importance of maintaining a tock cards for malaria commodities was highlighted.

During the WSP Q1 24 visit, it is noted that all health facilities in Vanimo Green have stock cards. Most have maintained stock cards up until either Nov/Dec 2023. Of the 11 accessible health facilities visited, 45% (5/11) did not maintain stock cards as expected in Q1 2024. The common reason being that the designated person for updating stock cards was not available. Hence, we took the opportunity to train other staff also.

The health facilities that are maintaining stock cards are due to the following;

1. There is a designated Pharmacy assistant for the case of Dapu UC, Nuku HC, Lumi HC and Raihu DH.
2. The health facility is a HMM supervising facility. Therefore, the CMV supervisor is tasked to maintain stock cards.
3. Committed health workers that acknowledges the importance of maintaining a stock card.

## Malaria Commodities re-quantification for health facilities

The current health facilities distribution list for WSP Q1 2024 was last updated on 07.07.23 for both Vanimo Green/Telefomin and Aitape Lumi/Nuku district. Although, the same quantification was maximized to 6-month supply of malaria commodities in Q4 2023. A number of health facilities in Nuku district have stocked out quickly.

As shown in graph 4, there was a spike in malaria cases in Q4 2023. That have also contributed to the increase in demand of malaria commodities. Hence, resulting in stock outs. Therefore, a re-quantification of malaria commodities per health facility was required.

Ideally, a re-quantification is done based on malaria registers from each health facilities. Although, the challenge with malaria registers in WSP is that not all malaria registers come in time to PHIO/PMS office to give a good illustration of the consumption and malaria burden per health facility. Therefore, the re-quantification done this quarter date 19.02.24 was based on data from e-NHIS.

The re-quantification showed that there is an increase in malaria commodities demand per health facility. Considering that there was an increase in malaria cases in Q4 23, it is presumed that that may be the case for Q1 24/Q2 24. Despite submitting the re-quantification that is planned to cater for Q2 24. This could not can be supported to supply adequate RDT/ACTs to health facilities in Q2 2024 as due to the current ACTs shortage around the country.

Lastly, the team will ensure that the quantification for malaria commodities be done every 6 months considering that all data are available. And it is the hope that, we will be able to supply health facilities with required malaria commodities when the GF supplies arrives in July/August 2024. Alas, at this time, we will depend on buffer stocks if health facilities stock out quickly.

## Malaria commodities buffer stock points

There are certain health facilities that do not have a high consumption rate as regards to ACTs/RDTs. Therefore, adequate stocks are maintained throughout the quarterly visits. Moreover, there are also certain health facility that have stock received from AMS Wewak that is over their required quantification. They also play a role in supporting other health facilities that may stock out in between the quarterly malaria commodities distribution. The following health facilities are;

1. Sandaun Provincial Hospital – Vanimo Green District
2. Lote HS - Vanimo Green District
3. Raihu District Hospital – Aitape Lumi District
4. Nuku HC – Nuku district

## 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 3250 ANC LLIN.

There was a total of 700 ANC LLIN delivered to health facilities during the visit. Hence, after the health facility visit. There is now a total of 2250 ANC LLIN remaining in the provincial stock.

| DATE     | DELIVERY TO HEALTH FACILITY | STOCK DELIVERED |
|----------|-----------------------------|-----------------|
| 13.02.24 | STOCK IN FROM 2023          | 3250            |
| 15.02.24 | BARO CHP                    | 50              |
| 16.02.24 | BEWANI HC                   | 100             |
| 16.02.24 | OSSIMA HSC                  | 100             |
| 20.02.24 | GREEN RIVER HC              | 50              |
| 20.02.24 | AMANAB HC                   | 50              |
| 21.02.24 | IMONDA HC                   | 50              |
| 22.02.24 | DAPU UC                     | 100             |
| 22.02.24 | ST ANTHONY CLINIC           | 50              |
| 22.02.24 | LOTE HSC                    | 50              |
| 22.02.24 | SPH FHS                     | 100             |
|          | REMAINING BALANCE Q4 2024   | 2250            |

## SUMMARY OF OBSERVATION & FINDINGS FROM SUPERVISORY VISIT

**Aitape Lumi District:** A total of 4/8 health facilities were visited and distributed supplies. Out of the 8 health facilities in the district, 4 health facilities are inaccessible

- All health facilities that were inaccessible or not visited such as Fatima SC, Karaitem SC, Olbrum/Sissano SC, Pokamo SC had their supplies packed and left at the nearest health facility for pick up.
- Malaria commodities for Olbrum/Sissano SC and Pokamo SC were left at Raihu DH pharmacy for pick up. For Fatima SC and Karaitem SC at Lumi HC for pick up
- Ulau SC is noted to be overstocked with RDT
- Raihu DH, stock is managed through M-supply. Antimalarial injectable are low.
- Pes SC, stocked out on ACTs. Thus was restocked at Raihu DH prior to receiving Q1 24 supplies.
- Lumi HC, stocked out on ACTs for 2 weeks. Thus health workers were using D-ARTEP for until they were restocked with Q1 24 supplies.

**Nuku District:** A total of (5/10) was visited and malaria commodities supplied. Out of the 10 health facilities in the district, 5 health facilities are inaccessible or not visited.

- All health facilities that were inaccessible or not visited such as Kaflei SC, Mukili SC, Seim SC, Sibilanga SC had their supplies packed and left at the nearest health facility for pick up.
- Malaria commodities for Kaflei SC, Mukili SC and Seim SC were left at Wati SC for pick as the health facilities also have other medical supplies to pick up from there. Supplies for Sibilanga SC were left at Nuku HC for pick up.
- Wati SC, received 6 boxes of ACT 6/12/18/24 from Nuku HC. No malaria injectable.
- Nuku HC had received ACTs from AMS Wewak. 5 cartons (30 blisters x 24 boxes) for each ACT bands. Thus have given 6 boxes (30 blisters) to each health facility in Nuku districts has confirmed by OICs and Nuku HC Pharmacy assistant.

**Vanimo Green District:** A total of (11/14) health facilities were physically visited during the trip. Out of the 14 health facilities, 3 health facilities are inaccessible.

- All health facilities that were inaccessible or not visited such as Kamberatoro SC, Laitre SC and Wassengla SC had their supplies packed and left at the nearest health facility for pick up.
- Malaria commodities for Kamberatoro SC was left at Amanab HC. For Wassengla SC at Imonda HC. And Laitre SC Tranist Medical Store/Catholic health service office for pick up.
- Lote SC, it is notable that Lote SC is overstocked with ACTS due to low consumption. Although, it is one of the buffer stock sites.
- Dapu UC, were running low on ACTs. Also stocked out on PQ/SP. Although PQ/SP were rotated from other health facilities.

- Ossima HC, also running low on ACTs. Thus restocked with Q1 24 supplies.
- Green River HC, stocked out on ACTs. Thus restocked with Q1 24 supplies. It has been identified that stock given to CBDs/aid post is not accounted. Their NHIS tablet is not working well, thus health staff go into town to upload data as mentioned.
- Amabab HC, stocked out on ACT and PQ. Thus was restocked.
- Utai SC/Maka MAP, was also running low on ACTs. Thus was restocked.
- Sandaun Provincial Hospital, is stocked with malaria injectable. There is adequate ACTs. PQ supplies will last into mid March.

**Telefomin District:** Due to geographical location. A total of (0/7) health facilities were physically visited during the trip. All the malaria commodities for health facilities in the district were stored at Vanimo Medical Transits Store. Arrangements will be done with DHM Telefomin to assist with the logistics arrangements.

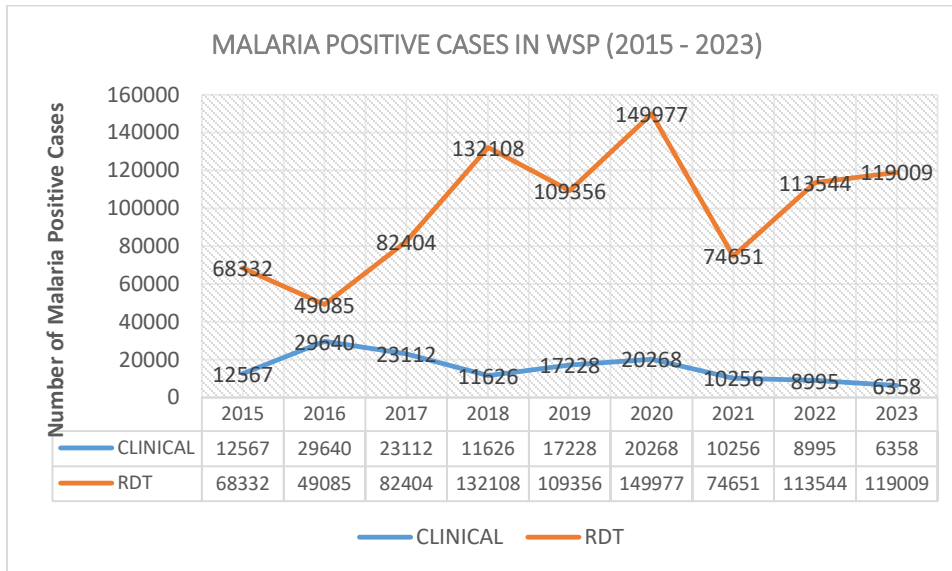
FLEET MANAGEMENT

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| RAM program vehicle in the province: | White Toyota Land Cruiser, Ten Seater |
| Vehicle Registration Number:         | VAE 870                               |
| Vehicle Registration Expiry:         | November 11 2024                      |
| Vehicle Safety Sticker Expiry:       | November 07 2024                      |
| Vehicle Custodian:                   | WSPHA                                 |
| Vehicle Location:                    | Sandaun Provincial Hospital Yard      |
| Vehicle Condition:                   | Due for 20,000 miles vehicle service  |

|                                      |   |
|--------------------------------------|---|
| RAM program vehicle in the province: | White Toyota Land Cruiser, Ten Seater                               |
| Vehicle Registration Number:         | VAE 858   |
| Vehicle Registration Expiry:         | October 28 2022   |
| Vehicle Safety Sticker Expiry:       | July 29 2023  |
| Vehicle Custodian:                   | WSPHA   |
| Vehicle Location:                    | Sandaun Provincial Hospital Yard                                    |
| Vehicle Condition:                   | Not road worthy. Currently awaiting quote for approval for service. |

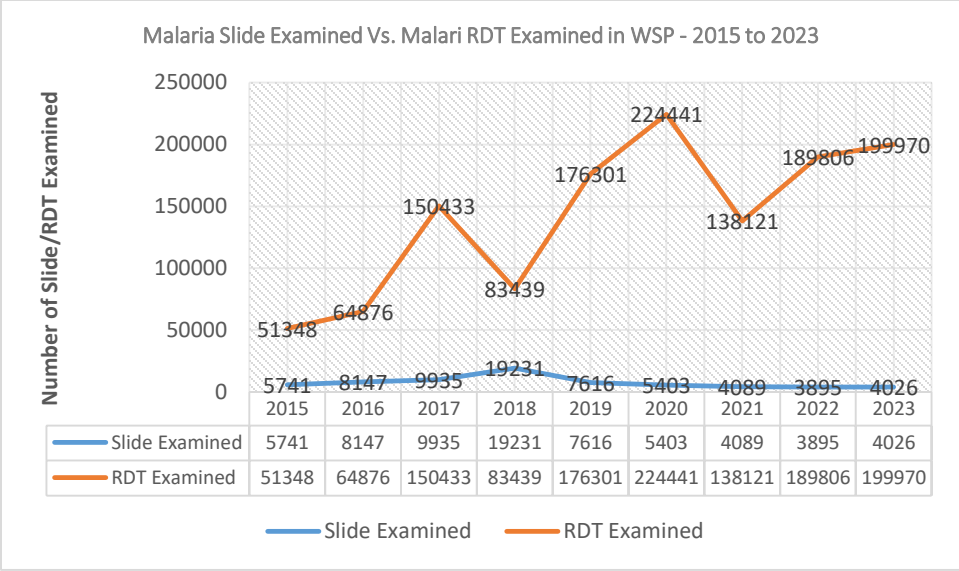
|                                      |   |
|--------------------------------------|---|
| RAM program vehicle in the province: | Beige Toyota Land Cruiser, Ten Seater                               |
| Vehicle Registration Number:         | CAU 636   |
| Vehicle Registration Expiry:         | October 28 2022   |
| Vehicle Safety Sticker Expiry:       | September 01 2022   |
| Vehicle Custodian:                   | WSPHA   |
| Vehicle Location:                    | IMR Office, Wewak   |
| Vehicle Condition:                   | Not road worthy. Currently awaiting quote for approval for service. |

## MALARIA DATA - RETROSPECTIVE



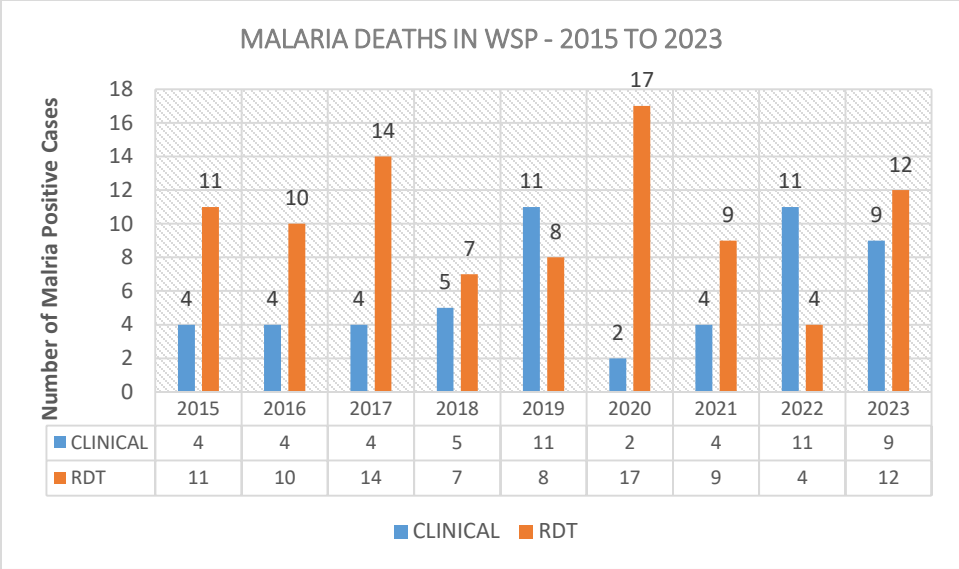
**Graph 1.** Gives an illustration for malaria positive cases in WSP (2015 – 2023). Source: Clinical Malaria register, e-NHIS. Date interpretation is limited this only.

- 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 (14, 977 cases) amidst the COVID 19 pandemic. Hence, the lowest cases reported was in the year 2016.
- After 2020, malaria cases declined to the third lowest (74651) reported in these period (2015 – 2023).
- However, cases started to increase again from the year 2022 (113, 544) and 2023 (11909).
- It is presumed that the increase in malaria cases from 2022 to 2023 could be due to the impact of HMM program in the 3 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 WSP (2015 – 2023). Source: Clinical Malaria register, e-NHIS. Date interpretation is limited this only.

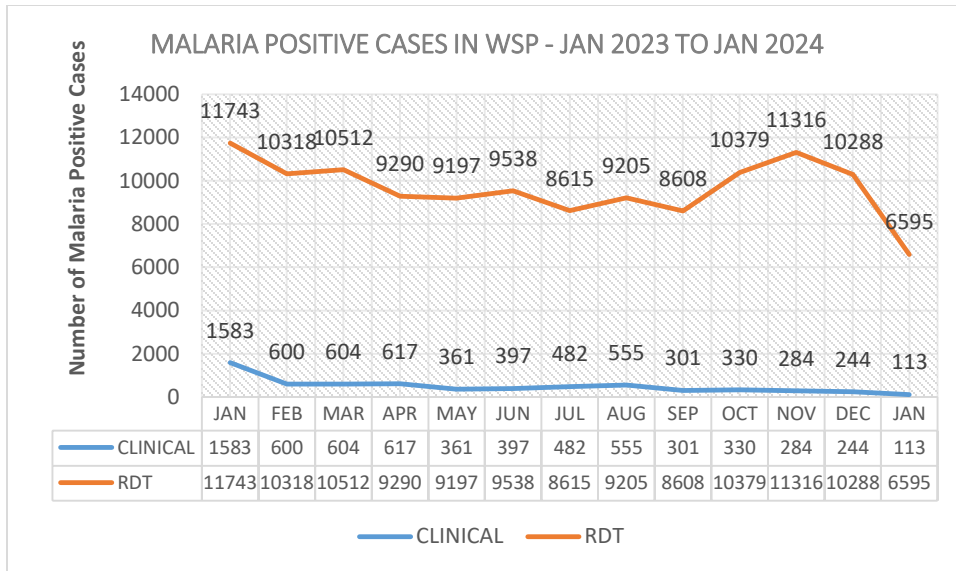
- In general, there are more malaria RDT examinations done compared to slide examination.
- I have only received confirmation that the following health facilities are doing slide examination. They are Raihu DH, Telefomin HC and Sandaun Provincial Hospital.
- Of the health facilities that are actively reporting malaria microscopy, two (2) of which are of church run health facilities. Way forward is to determine the exact number of malaria microscopy active reporting health facilities.
- Lastly, there are also microscopy data reported from health facilities that do not have lab facilities. Way forward is to ensure these discrepancies are addressed.



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

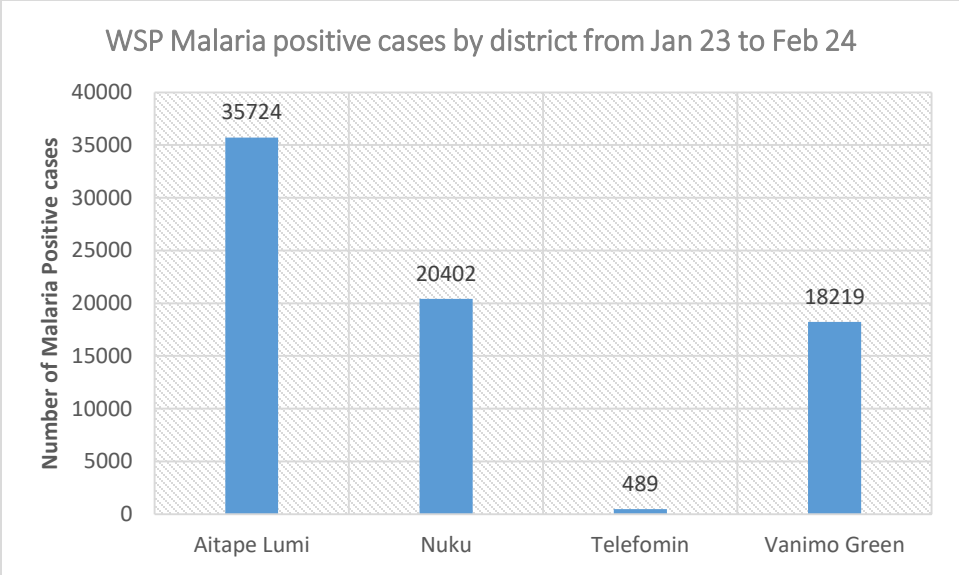
- In period between 2015 to 2023, there is a total of 146 malaria deaths reported. It is noted that 63% of the malaria deaths are malaria RDT confirmed deaths. Only 37% were clinical malaria positive deaths.
- The highest number of malaria RDT confirmed deaths was in the year 2020 (17), this was also during the COVID 19 pandemic period. Also, the highest reported clinical malaria deaths reported was in the year 2022 (11).
- 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 WSP from Jan 2023 to Jan 2024. Source: Clinical Malaria register, e-NHIS.

- From Jan 2023 to Jan 2024, 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 January 2023 (11743). Although, there was a spike again in the last quarter of 2023.
- As illustrated in the line graph, there is a decline in the malaria cases in January 2024. Although, this data will be biased/not true as not all facilities have reported their monthly malaria statistics.



**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, Aitape Lumi has had a high malaria reported cases from the reporting period. Followed by Nuku district. Due to geographical location and accessibility to health facilities. Attention has to be given for malaria program activities.
- Telefomin district, despite having its own geographical challenges. Due to the altitude, the district has been reporting lower number of cases.

## CHALLENGES

- Although malaria commodities demand in health facilities have increased, the current malaria commodities stock in country cannot support that demand.
- There is a very low stock of primaquine and antimalarial injectable 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.
- Malaria register Vs NHIS database not up to date. Hence, difficult to quantification bases on malaria registers.

## RECOMMENDATIONS

- When there is an adequate supply of malaria commodities in country. To ensure, required malaria commodities are distributed to each health facilities. Especially in Aitape Lumin, and Nuku districts.
- 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, Fansidar antimalarial injectable availability at AMS Wewak. Thus to inform WSPHA or health facilities.
- To work on updating the Malaria Register Vs NHIS database. To ensure all malaria registers from 2023 after entered.

## 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 WSPHA for supporting the WSP Q1 visit to be achieved in the given timeframe.
- WSPHA 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 WSP Q1 2024 was a successful.

APPENDIX 1



**Photo 1:** Prepacking of malaria commodities for Aitape Lumi and Nuku districts. Outside Environmental Health Office, Wewak.



**Photo 2:** Unloading malaria commodities at Raihu DH, dispensary.



**Photo 3.** Health facility visit to Ningil Sub Health Centre.



**Photo 4:** Loading malaria commodities for Nuku district health facility visits.