



QUARTER 2 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: 07.06.24

Date trip ended: 22.06.24

Purpose of Travel: Quarter 2 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.

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PEOPLE MET WITH OR INFORMED:

Ruben Maiwax – Deputy Director Public Health, ESPHA – Rural Health Services
Dr. Mathew Mongolap - Deputy Director Public Health, ESPHA – Programmes
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 2 (two) 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 Q2 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 3 weeks. This trip had an accompanying RMC Miss Erica Nawara to speed up the visit and distribution.

This quarter 2 (two) health facility supervision and round two distribution of malaria commodities commenced on 10.03.24. For this quarter, we have started our visits from the Wewak district facilities and continued to all other districts. Unfortunate, two (2) districts were not visited due to limited supplies to distribute and time factor with conflicting priorities.

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. Although malaria commodities prepacked were not up to the quantification as required. ACT 18 was out of stock in AMS Wewak.

For this distribution, we were able to supply primaquine with the ACTs and Malaria RDTs. This is due that primaquine supplies from AMS Wewak were received to complement supplies distributed as required.

It is important to note that during ESP Q2 2024 visit, coordination was also done to supply malaria commodities for WSP Q2 2024 Part 2 for the four (4) districts.

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 15 accessible health facilities which is 47% coverage of accessible facilities visited and 29% coverage of total health facilities in East Sepik Province.

It is noted that three (3) districts were not visited, this is due to limited malaria commodities and time factor. Although this will be covered in quarter three (3) of this year.



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

RMC Trip 2		
51		Total HF's in ESP
32		Total HF's Accessible
20		Total HF's Inaccessible
15		Total accessible HF's visited
3		Total inaccessible HF's not visited but distributed
20		Total accessible HF's not visited
6		Total inaccessible HF's visited
1		Total HF's closed
14		Drugs left at AMS
47%		Total accessible HF visits coverage rate
29%		Total HF visits coverage rates

Date Visit	District	Health Facility	Date Visit	District	Health Facility
12.06.24	Wewak	Yarapos MAP	12.06.24	Wewak	Boikin MAP
12.06.24	Wewak	Dagua HC	12.06.24	Wewak	Balam CHP
14.06.24	Wewak	Wiriu HC	15.06.24	Wewak	Wewak Town UC
15.06.24	Wewak	Tumurau UC	15.06.24	Wewak	Passam MAP
15.06.24	Yangorus Sausia	Sassoya HC	15.06.24	Yangorus Sausia	Kubalia HC
26.06.24	Wosera Gawi	Gawi HC	26.06.24	Wosera Gawi	Kunjingini HC
26.06.24	Wosera Gawi	Wombisa HC	18.06.24	Wewak	Moem UC
18.06.24	Wewak	Taul CHP			

Table 1. Gives an indication of the facilities assessed in ESP during RMC Q2 2024 visit.

As mentioned earlier, there were are total of three (3) districts in East Sepik Province that was not visited. Although, for Angoram district, malaria commodities were prepacked for the health facilities for pick up at the PHO.

In the case for the other two (2) districts, that is Maprik and Ambunti Dreikir, they were not physically visited as NDOH malaria commodities from AMS Wewak were low. Thus could not be distributed to health facilities in these two (2) districts.

MALARIA DRUG PROCUREMENT AND DISTRIBUTION/STOCK MANAGEMENT

In the quarter 2 (two) visit of malaria drug distribution in ESP province in 2024. As noted for the 51 reporting health facilities in the province, there were only 15 health facilities that were physically visited and had malaria commodities restocked were necessary.

It is noted that not all health facilities received malaria commodities for ESP Q2 2024 distribution as there was limited stock. Hence it only catered for four (4) districts in East Sepik. The limited ACTs were made available at AMS Wewak for emergency purpose in the health facilities in the two (2) districts not visited.

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. ACT 18 bands were also not available.

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/Dec 25	CIAPH001/3E01046
ACT 12	NDOH	June 26/March 27	CIAPH00/ DIAPH001
ACT 18	NDOH	March 27	DIAPH001
ACT 24	NDOH	June 25	CIAPH002
RDT	NDOH	Dec 25	H006C011D
Primaquine	NDOH	August 25/Nov 26	T210G/211223

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.

There was a total of 400 ANC LLIN delivered to health facilities during the visit. Hence, after the health facility visit. There is also a provincial stock available at the PHO that the ESP PMS is maintaining stock.

Date	Health Facility	Received by	Supplies by	Docket Number	Quantity
15.06.24	PASSAM MAP	Theresia Kaklep	Fabian Worr	52201	50
15.06.24	SASSOYA HC	Nicho Michael	Fabian Worr	52202	50
15.06.24	KUBALIA HC	Audrey Nesengi	Fabian Worr	52203	100
20.06.24	GAWI HC	Vincent Mal	Erica Nawara	52204	50
20.06.24	WOMBISA HC	Getrude Niak	Erica Nawara	52205	50
20.06.24	KUNJIGINI HC	Margret Roni	Erica Nawara	52206	100

Table 2. Show the stock movement of ANC LLIN distribution in ESP from Q2 distribution.

SUMMARY OF OBSERVATION & FINDINGS FROM SUPERVISORY VISIT

Angoram District: A total of 0/11 health facilities were not visited and distributed supplies. Out of the 11 health facilities in the district, 4 health facilities are inaccessible

- All health facilities that were not visited due to limited time. Although, malaria commodities for the health facilities were prepacked for distribution.

Maprik District: A total of (0/9) was not visited and malaria commodities supplied.

- All health facilities that were not visited due to limited malaria commodities available. Although, limited malaria commodities are available at the AMS Wewak for emergency cases.

Ambunti Dreikir District: A total of (0/11) health facilities were not physically visited during the trip

- All health facilities that were not visited due to limited malaria commodities available. Although, limited malaria commodities are available at the AMS Wewak for emergency cases.

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. Malaria data for outpatient and CMV not captured in e-NHIS tablet.

Wewak District: A total of (7/12) health facilities were physically visited during the trip.

- All health facilities that were inaccessible or not visited such as Koil HSC had their malaria commodities prepacked 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: Although malaria microscopy is done. Improvement is required
- 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 monthly reports. There are notable clinical cases reported in the monthly reports. This was discussed with OIC not to

Yangoru Sausia District: A total of (2/4) health facilities were physically visited during the trip. Out of the 4 health facilities, all are accessible.

- Naksigimel HSC: Malaria commodities were prepacked for pick up.
- Yangoru HC: Malaria commodities were prepacked for pick up.
- 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.
- Sassoia HC: Health facility have adequate ACTs thus they were not restocked.

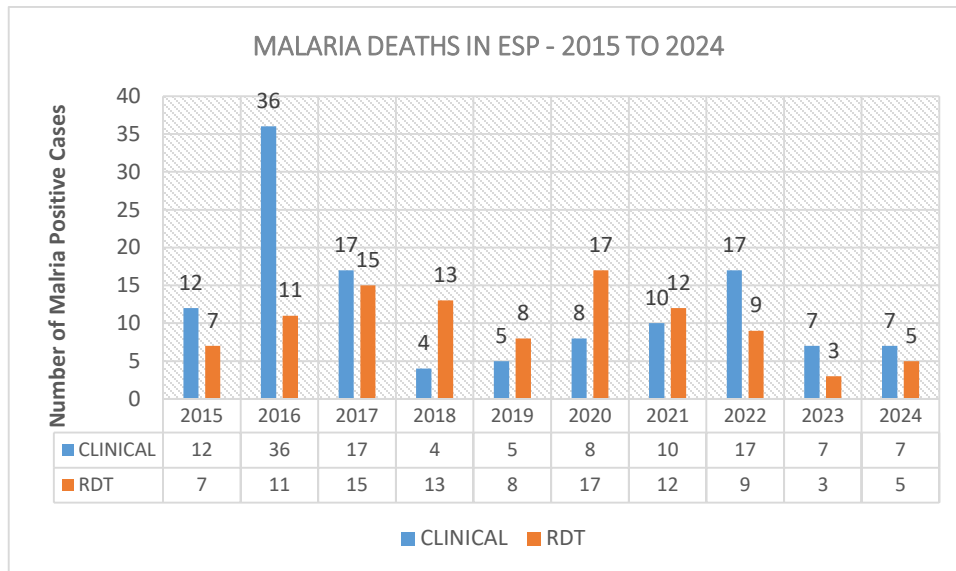
FLEET MANAGEMENT

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



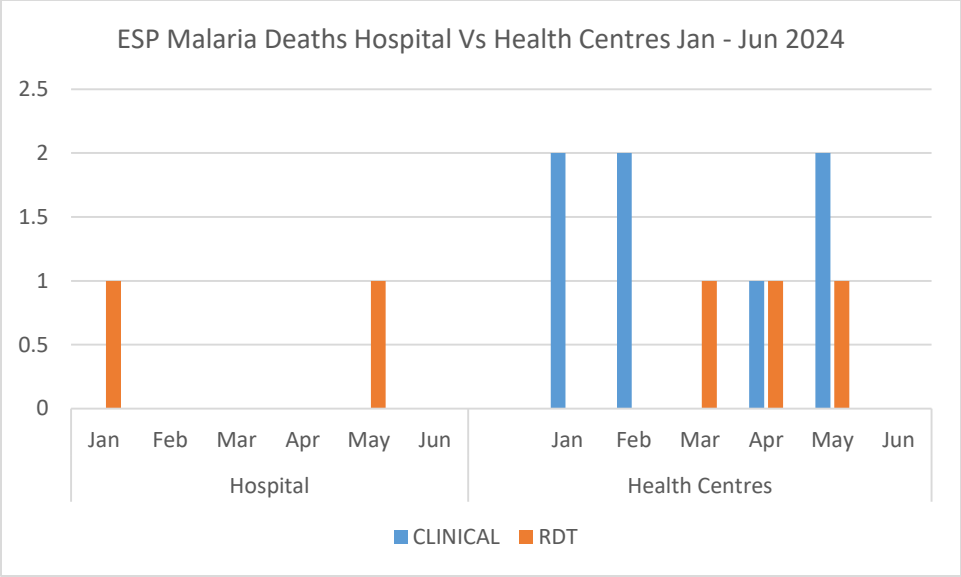
RAM program vehicle in the province:	White Toyota Land Cruiser, Ten Seater
Vehicle Registration Number:	ZGU 689
Vehicle Registration Expiry:	October 28 2022
Vehicle Safety Sticker Expiry:	July 29 2023
Vehicle Custodian:	ESPHA
Vehicle Location:	PHA yard
Vehicle Condition:	<ul style="list-style-type: none"> • Currently for part service at Ela Motors • Payment for vehicle registration done. Awaiting service first in order to issue safety sticker

MALARIA DEATHS



Graph 1. Gives an illustration for Malaria Deaths in ESP (2015 – 2023). Source: Clinical Malaria register, e-NHIS.

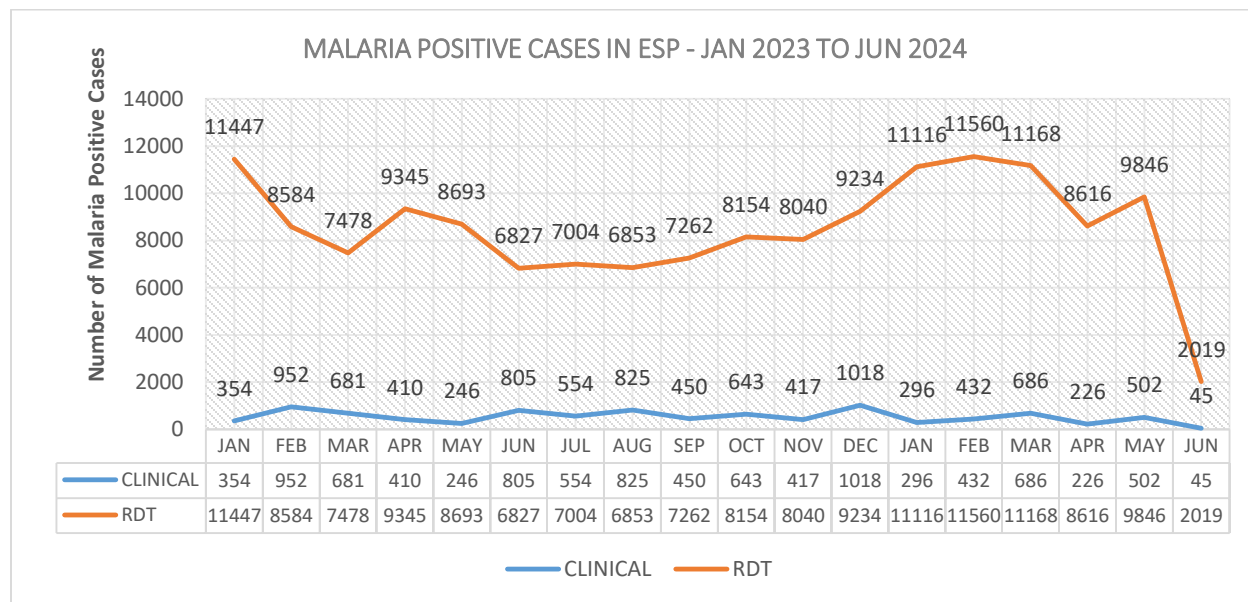
- In period between 2015 to 2023, there is a total of 211 malaria deaths reported. It is noted that 45% of the malaria deaths are malaria RDT confirmed deaths. Only 55% were clinical malaria positive deaths.
- The highest number of malaria RDT confirmed deaths was in the year 2020 (17), this was also 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.
- Furthermore, this is only half of the year, and malaria deaths have increased. There were total of 10 malaria deaths last year. Although since January, we now have a total of 12 malaria deaths in ESP.



Graph 2. Gives an illustration for Malaria Deaths in ESP (Jan – Jun 2024). Source: Clinical Malaria register, e-NHIS.

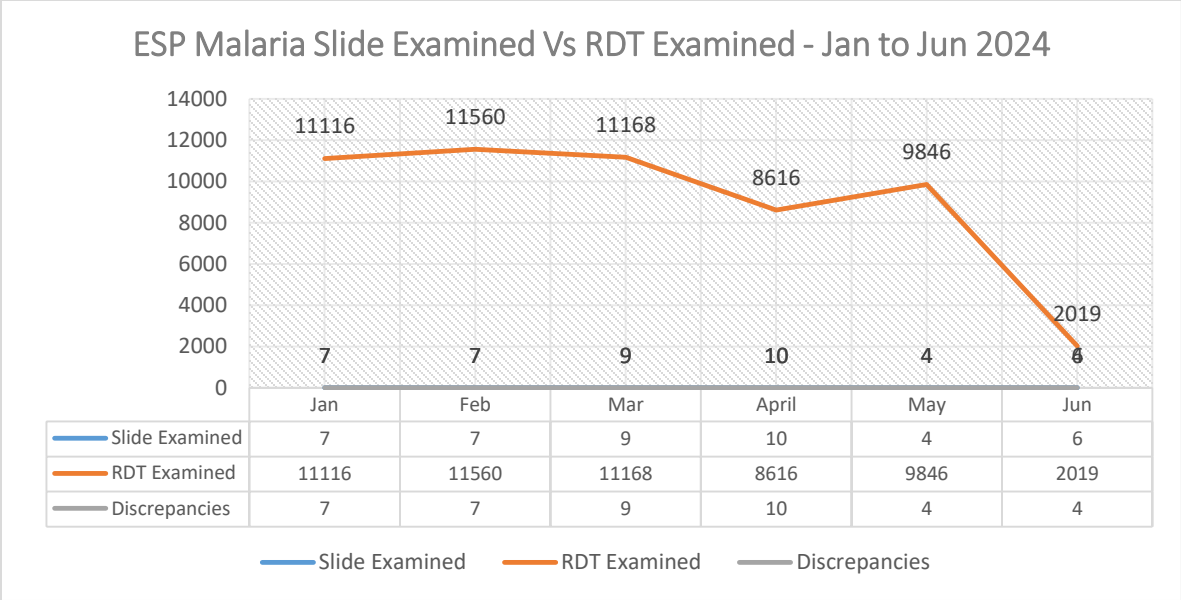
- As shown in Graph 2, more clinical deaths are from peripheral health facilities. Most of the health facilities are in Ambunti Drekikir district.
- So far, there are only two hospital confirmed malaria deaths in Boram Specialist Hospital.
- There is necessary to investigate the clinical malaria deaths, so to find out the reasons of clinical malaria deaths and their setbacks.

SECOND QUARTER 2024 MALARIA DATA



Graph 3. 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 Jun 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 (11560). 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.
- Although there is slight depression in April 2024 (8616), cases increased again in May 2024.
- Despite cases a low in June 2024 (2019), reports are still pending from NHIS approval.



Graph 4. Gives a comparison of malaria diagnostic tools. Source: Malaria summary report, e-NHIS.

- Generally, there is more malaria RDT done as compared to malaria microscopy. Although, the notable malaria microscopy done are only discrepancies or mis-reporting.
- It is show in the malaria summary report that Boram Specialist Hospital is not reporting malaria microscopy examination.

CHALLENGES

- Not all bands of Mala 1 were supplied to health facilities. And there is a very low stock of ACTs at the 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.
- There is an increase in malaria deaths and is mostly clinical deaths as compared to last year (2024).
- ESP Q2 2024 was not completed well due to low stock of malaria commodities.

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.
- A proper malaria death investigation protocol has to be initiated by NMCP.
- To ensure to improve health facility visit coverage in the next quarter.

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 Q2 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 Q2 2024 was a successful.

APPENDIX 1



Photo 1: Health facility visit to Moem UC with the health facility staff.



Photo 2: Loading of malaria commodities at AMS Wewak



Photo 3. Health facility visit to TAUL CHP with the health facility staff.



Photo 4: Physical count of malaria commodities at Dagua HC.