

**NATIONAL MALARIA CONTROL PROGRAM  
ROTARIANS AGAINST MALARIA  
MADANG PROVINCE  
APRIL 01ST – APRIL 28TH 2024**

**QUARTER TWO FIELD TRIP REPORT**

**Malaria Coordinator:** Brenda Fisaura  
**Destination:** Madang Province  
**Date travelled to Madang:** 01<sup>st</sup> April 2024  
**Date Returned to Port Moresby:** 28<sup>th</sup> April 2024  
**Nights away from the office:** 27 nights

**Vehicle Use:** Program Vehicle LBW 233, AWD 930, MAH 898  
**PHA Driver attached:** Peter Soalili

**RAM Officers engaged:** Winnie Rambayipma (Provincial Malaria Officer)  
**Purpose of Travel:** Q2 Health Facility Supervisory Visit, distribution of RDTs/ACTs & ANC nets



**Volunteers at Bogia District providing awareness to the public during World Malaria Day Commemoration on the 25<sup>th</sup> April**

## **OBJECTIVE:**

This is the second quarter trip of 2024, to carry out the routine Malaria Health Facilities Supervisory visits and Drug Distribution in Madang Province.

The main objectives;

1. Visit all accessible HF's and ensure that there is adequate supply and NO STOCK OUT of Malaria Rapid Diagnostic Test (mRDT) kits, Artemisinin-based Combination Therapy (ACT), Primaquine (PQs) and other malaria commodities including Antenatal Care (ANC) nets in all HF's for more than 2 weeks at least
2. So many clinical cases and deaths noted in the NHIS monthly reports. This visit we will focus on filling out the monthly NHIS form (malaria section) correctly especially in the malaria death section. Also verify with the registers and NHIS monthly copy from the facilities on the clinical cases seen in the monthly NHIS reports
3. Ensure that all Malaria suspected cases are correctly tested and diagnosed and complete treatment is given to those positive confirmed cases as per National Malaria Treatment Protocol. And that all data is recorded and Reported timely on the National Health Information System (NHIS),
4. Ensure that inaccessible HF's still receive their share of malaria commodities based on reports and consumption needs despite not been visited,
5. Strengthen Continuous Quality Improvement (CQI) activities in the province. Conduct 1 x CQI training. Will extend if time allows

## **1. BACKGROUND INFORMATION OF MADANG PROVINCE**

Madang province is divided into six main districts (Madang, Sumkar, Bogia, Middle Ramu, Usino Bundi and Rai Coast) and currently having a total of forty-five registered functional health facilities which provide health services to the entire population. By the end of next month, there will be a total of 46 registered and functioning facilities, due to the re-opening of Tauta SC in the raicoast district after being closed for almost a decade. There are also aid posts, clinics and community health posts located in the catchments which operate directly under the main health centres. The health care service delivery is provided by a combination of government, private facilities, church facilities and Non-Government Organisations (NGO).

Geography is a major challenge in terms of accessibility to the health facilities. The two main difficult to reach districts in Madang province are Middle Ramu and Rai Coast, where 80-90% of health facilities are only reachable by air or long hours of boat ride and tracking which depends heavily on the weather conditions. Other difficulties include poor road infrastructure especially in the inlands of Bogia and Usino Bundi districts during wet season. Refer to map of Madang below. The estimate population by National Statistical Office, year 2021 is 11, 781, 559 in which 6,142,585 is made up of male and 5,638,974 is made up of woman.

**Figure 1. Map of Madang Province**



## **2. DISCRPTIONS OF FACILITIES IN EACH DISTRICTS**

### ***Madang District***

There are still a total of 9 reporting facilities in Madang district. They are all accessible by road and are functioning. These facilities include Alexishafen HC, Jomba UC, Madang HP, Madang Town UC, Utu SC, Yagaum HC, Danben SC, Baitabag SC and Sisiak UC. All facilities were visited during this quarter except for Utu SC. Utu SC is unable to be reached this quarter because of continuous rain that caused erosion and resulted in the collapse of the road beside the river resulting in a complete cut off. All the 9 facilities were supplied with the malaria commodities accordingly.

### ***Sumkar District***

Sumkar district has 7 reporting and currently functioning facilities. Two facilities, Mugil HC and Bunabun SC is accessible by road. The remaining 5 facilities are accessed by sea. Kulubob SC, Mapor SC, Miak SC and Gaubin SC is on Karkar Island and Bagbag SC is on Bagbag Island which is south-west from Karkar Island. All facilities were visited and stocks replenished.

### ***Bogia District***

This district has a total of 7 registered reporting facilities which are functioning currently still and these includes Ariangon SC, Bieng SC, Bogia HC, Bunapas SC, Hartzfeldhaven SC, Malala SC and Igos SC. Bieng SC is the only facility on Manam Island otherwise the rest is accessible by road. It takes more than 3 hours to reach these facilities from the PHA and so the team travels to Bogia station and overnight in order to visit the facilities on time and conduct work efficiently. This quarter, all the facilities were reached and malaria commodities were supplied according to the available stock available on hand.

### ***Middle Ramu District***

Middle Ramu District is located south-west of Madang Province and is a very challenging district in terms of accessibility. It takes more than 6 hours to reach anyone of the registered functioning facilities in the district. There are total of 8 reporting facilities, Aiome HC, Annaberg HC, Josephstaal HC, Kwanga SC, Sangapi SC, Simbai HC, Wanuma SC and Katiati SC. Sangapi and Simbai SCs are fly out areas. Malaria burden is not so much an issue due to being located in the higher altitudes. Their drugs are consigned through MAF from Madang to Simbai HC and to Sangapi SC. Aiome, Annaberg and Kwanga SHC are accessed through more than 6hours boat rides whilst Josephstaal, Wanuma and Katiati SC are through deteriorated road that takes more than 6 hours by vehicle to reach as well from PHA. For this quarter, only Josephstaal HC, Annaberg SC and Kwanga SC collected their quarter two supplies at the Provincial Medical Transit Store. The rest have advised to collect once the staffs travelled into town.

### ***Usino Bundi District.***

This district has a total of 8 reporting facilities which are currently functioning. The facilities are Begesin SC, Brahman SC, Bundi HC, Gusap HC, Ramu Sugar SC, Sausi HC, Walium SC and Usino SC. Out of these facilities Begesin and Bundi are inaccessible due to deteriorated road condition which makes it impassable. It takes more than 4 hours to reach these 2 facilities so their supplies are always picked up by the health facility staffs in town. The rest of the facilities are road accessible even though it takes 3 -4 hours to reach by road. The team usually spends a night at Usino district to complete all accessible facilities. All 6 accessible facilities were visited this quarter and malaria stocks were replenished. Begesin SC staff has been notified to collect Q2 supplies when traveling into town. Bundi HC currently has no staff mending the facility. Supplies will be distributed once a staff is attached to the facility.

### ***Raicoast District***

There are total of 6 facilities (Saidor HC, Teptep SC, Ileg SC, Tapen SC, Biliau SC and Bawak SC) currently functioning. By next month there will be an increase to 7 reporting functioning facilities. Tauta SC has reopened beginning of this month and staffs have already been attached to the facility but it is still inaccessible due to deteriorated road condition. PHIO has already informed remote sensing team to include Tauta back into the NHIS reporting system. Bawak and Ileg SC are easily accessible by road between 2 to 3 hours' drive. Ileg SC can also be accessed by sea for less than 2 hours. For this quarter again Bawak SHC and Ileg SC were not visited because of continuous rain which led to flooded banks. Saidor and Biliau SC can be accessed by boat but it takes 3-4 hours to reach them. Both can be visited if the sea is not rough. This quarter the weather did not permit the team to visit the two said facilities. However, their Q4 supplies were picked up in town by the officers. The Provincial Malaria Supervisor did a visit to these two facilities on the 15<sup>th</sup> of March this year after noticing many discrepancies in the NHIS datas.

Tapen SC on the other end can be reached by taking 3-4 hours' boat ride from Madang town to Malalamai and then whole day trekking. The facility's Q2 supplies should be picked up when the OIC travels into town. Teptep SC however is inaccessible from Madang Province. It is through MAF flights that serves the route to Teptep SC from Lae Morobe Province that the Malaria team in Lae assist to consign commodities on the said flight. Teptep is situated at a higher

altitude and that is why the malaria burden is very low. Drugs are only supplied when the stock on hand is low and most times only two times in a year the stocks are being supplied. The OIC of Teptep HC have travelled into Madang in February and has collected Q1 supplies but unfortunately he is still stranded in the Province as there is no flights out of Lae up to Teptep.

### 3. SUMMARY OF SUPERVISORY 2024 Q2 HEALTH FACILITY VISIT

Table 1. Distribution of Health Facilities in the Province, their accessibility and the dates the team visited.

DISTRICT	HEALTH FACILITY	AGENCY	ACCESSIBILITY STATUS	ACCESSIBILITY	DATE OF VISIT
BOGIA	ARIANGON SC	Catholic Health	Accessible	Road	13/04/24
BOGIA	BIENG HSC	Catholic Health	Accessible	Road then Sea	14/04/24
BOGIA	BOGIA HC	Government	Accessible	Road	14/04/24
BOGIA	BUNAPAS HC	Government	Accessible	Road	14/04/24
BOGIA	HARTZFELDHAVEN HC	Government	Accessible	Road	09/04/24
BOGIA	MALALA SC	Catholic Health	Accessible	Road	06/04/24
BOGIA	IGOS SC	Government	Accessible	Road	13/04/24
MADANG	ALEXISHAFEN HC	Catholic Health	Accessible	Road	05/04/24
MADANG	JOMBA UC	Government	Accessible	Road	04/04/24
MADANG	MADANG HOSPITAL	Government	Accessible	Road	08/04/24
MADANG	MADANG TOWN UC	Government	Accessible	Road	04/04/24
MADANG	UTU SC	Catholic Health	Accessible	Road	No visit
MADANG	YAGAUM HC	Lutheran Health	Accessible	Road	03/04/24
MADANG	DANBEN SC	Government	Accessible	Road	02/04/24
MADANG	BAITABAG SC	Lutheran Health	Accessible	Road	04/04/24
MADANG	SISIAK UC	Government	Accessible	Road	04/04/24
MIDDLE RAMU	AIOME HC	Government	Inaccessible	Road then river	No visit
MIDDLE RAMU	ANNABERG HC	Catholic Health	Inaccessible	Road then river	No visit
MIDDLE RAMU	JOSEPHSTAAL HC	Catholic Health	Inaccessible	Road	No visit
MIDDLE RAMU	KWANGA HSC	Catholic Health	Inaccessible	Road then river	No visit
MIDDLE RAMU	SANGAPI HSC	Nazarene Health	Inaccessible	Air	No visit
MIDDLE RAMU	SIMBAI HC	Government	Inaccessible	Air	No visit
MIDDLE RAMU	WANUMA HSC	Government	Inaccessible	Road	No visit
MIDDLE RAMU	KATIATI HSC	Catholic Health	Inaccessible	Road	No visit
RAICOAST	SAIDOR HC	Government	Inaccessible	Sea than road	No visit
RAICOAST	TEPTEP HSC	Government	Inaccessible	Air	No visit
RAICOAST	ILEG SC	Government	Accessible	Road	No visit
RAICOAST	TAPEN HSC	Lutheran Health	Inaccessible	Road or Sea	No visit
RAICOAST	BILIAU SC	Lutheran Health	Inaccessible	Sea	No visit
RAICOAST	BAWAK HSC	Government	Accessible	Road	No visit
SUMKAR	BAGBAG HSC	Lutheran Health	Accessible	Road then Sea	22/04/24
SUMKAR	BUNABUN SC	Government	Accessible	Road	06/04/24
SUMKAR	GAUBIN HC	Lutheran Health	Accessible	Road then Sea	23/04/24
SUMKAR	MIAK HC	Government	Accessible	Road then Sea	23/04/24

SUMKAR	MUGIL HC	Catholic Health	Accessible	Road	05/04/24
SUMKAR	MAPOR SC	Lutheran Health	Accessible	Road then Sea	23/04/24
SUMKAR	KULUBOB/KAVAILO SC	Government	Accessible	Road then Sea	23/04/24
USINO BUNDI	BEGESIN HC	Lutheran Health	Inaccessible	Road	Not visited
USINO BUNDI	BRAHMAN SC	Government	Accessible	Road	16/04/24
USINO BUNDI	BUNDI HC	Government	Inaccessible	Road	Not visited
USINO BUNDI	GUSAP HC	Government	Accessible	Road	16/04/24
USINO BUNDI	RAMU SUGAR LTD SC	Government	Accessible	Road	16/04/24
USINO BUNDI	SAUSI SC	Evangelical Brotherhood Church (EBC)	Accessible	Road	17/04/24
USINO BUNDI	WALIUM HC	Government	Accessible	Road	17/04/24
USINO BUNDI	USINO HC	Government	Accessible	Road	16/04/24

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

	Quarter 1	Quarter 2
<b>Total number of HFs</b>	45	45
Total Accessible Facilities	31	31
Total Inaccessible Facilities	14	14
Total Accessible Facilities Visited	31	28
Total Facilities Visited	33	28
% Coverage (Accessible)	100%	90%
% Coverage (Total Facilities)	73.33%	62%

As per the summarized table above, the target for this quarter was to visit all 31 accessible facilities. Unfortunately, due to situation beyond our control we could not reach the target set and as a result this gives an overall estimate coverage rate of 62% of total facilities visited and 90% coverage rate for accessible facilities in the Province.

**Table 3: Pan for hard to reach facilities**

No.	Health Facility	Q2 supplies status	Reasons for not conducting a single facility visit
1	Aiome HC	Supplies pre-packed and ready to be picked up by staff- stored at transit store	Inaccessible: Travel 3 -4 hours by road from Madang town to the boat dock area. Then 6 hours travel by boat to the Aiome station boat docking area. Another 30 minutes car ride to the HC
2	Annaberg HC	Health facility staff picked up Q2 supplies already	Inaccessible: Travel 3 -4 hours by road from Madang town to the boat dock area. Then 6 hours travel by boat. Very expensive to do a single visit. Expense will be less if there is any integrated patrol activities with the PHA
3	Josephstaal HC	Staff picked up Q2 supplies already	Inaccessible: Travels 6-7 hours to reach the facility. Road condition very bad. Almost impassable during the wet season
4	Kwanga SC	OIC picked up Q2 supplies already	Inaccessible: Travel 3 -4 hours by road from Madang town to the boat dock area. Then 6 hours travel by boat. Very expensive to do a single visit. Expense will be less if there is any integrated patrol activities with the PHA
5	Simbai HC	Due to low malaria burden, Acts/DTs will only be supplied when stock is reported soon to run	Inaccessible: Can only be visited with small planes.

		out. Currently sufficient stock still available so no supplies packed	
6	Wanuma SC	No Q2 supplies packed as Q1 supplies are still in the transit store. Officer unable to travel due to deteriorated road and no vehicle is serving that route	Inaccessible: Travels 6-7 hours to reach the facility. Road condition very bad. Almost impassable during the wet season
7	Katiati SC	OIC notified sufficient stock on hand therefore no new supplies for Q2 was distributed	Inaccessible: Travels 6-7 hours to reach the nearest facility which is Josephstaal and then track for 3-4 hours. Road condition very bad. Almost impassable during the wet season
8	Saidor HC	Q2 supplies already picked up from Medical Transit store	Inaccessible: 3 -5 hours to travel by sea. Continuous sea piracy continuing so team will not be visiting the facility any time soon.
9	Teptep SC	OIC is still in town since Q1 with Q1 supplies. There is not flights to Teptep SC	Inaccessible: Can only be visited with small planes.
10	Tapen SC	Sufficient stock still therefore no new stocks packed this visit	Inaccessible: 5-6 hours' boat ride then whole day trekking.
11	Biliau SC	Q2 supplies already picked up from Medical Transit store	Inaccessible: 3 -5 hours to travel by sea. Due to law and order issues the team did not manage to visit at any one time
12	Begesin SC	Staffs notified to pick up Q2 supplies	Inaccessible: 3-4 hours' car travel the and hour trekking. Currently the road has collapsed. Needed road maintenance.
13	Bundi HC	Stock not supplied as recently there were no staffs mending the facility	Inaccessible: 6-7 hours travel by car going up a mountain. Road condition deteriorated and very risky
14	Sangapi SC	Due to low malaria burden, Acts/DTs will only be supplied when stock is reported soon to run out. Has reported stock running low so PMS packed and will send via MAF	Inaccessible: Can only be visited with small planes.

#### **4. RDTs AND ACT SUPPLIES PROCURED REPORT**

This quarter, the 1-month GF supplies for Madang Province were consigned on time into the Province. Total of 139 cartons of ACTs and RDTs were received in perfect condition on the 03/04/24.

Table 4: Provided below is the receiving quantity.

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON (box)	TOTAL QUANTITY	TOTAL IN BASIC UNITS (blisters)	BATCH #	SOURCE	EXPIRY DATE
1-116	116	RDT	40	4,640	116,000	101527/525 /536/535/525	GF	12/2024 01/2025
117-119	3	ACT 12	48	144	4,320	7254175	GF	01/2025
120-124	5	ACT 18	24	120	3,600	7254366	GF	01/2025
125-137	13	ACT 24	24	312	9,360	7254366	GF	01/2024
138	1	ACT 12	44	44	1,320	7254175	GF	01/2025
		RDT	1	1	25	101527	GF	12/2024
139	1	ACT 6	13	13	390	7254175	GF	12/2024
		ACT 18	4	4	120	7254366	GF	01/2025
		ACT 24	3	3	90	7254366	GF	01/2025

Table 5: Quantity distributed per facility

DATES	DESCRIPTION	RDT	ACT 6	ACT 12	ACT 18	ACT 24	PQ 7.5mg	PQ 13.2 mg
03/04/2024	KULUBOB SC	80	0	9	0	0	0	0
04/04/2024	RAIL	80	0	0	0	0	0	0
08/04/2024	JOSEPHSTAAL	40	6	6	10	12	0	0
08/04/2024	MADANG UC	80	4	0	5	5	0	0
08/04/2024	DANBEN	80	0	4	3	7	0	0
08/04/2024	SISIAK U/CLINIC	80	0	6	4	8	0	0
08/04/2024	JOMBA U/CLINIC	80	2	3	2	5	0	0
08/04/2024	ALEXISHAFEN	80	6	2	7	8	0	0
08/04/2024	BAITABAG	80	1	5	5	7	0	0
09/04/2024	MUGIL	80	0	4	3	7	0	0
09/04/2024	BUNABUN HSC	80	0	3	2	7	0	0
09/04/2024	MALALA	80	0	5	3	8	0	0
09/04/2024	HARTZFELDHAFFEN	80	0	7	5	12	0	0
10/04/2024	MODILON HOSP	40	0	8	0	14	0	0
11/04/2024	TAUTA HSC	40	0	1	1	4	0	0
11/04/2024	BOGIA	160	0	7	4	12	0	0
12/04/2024	GUSAP	80	0	4	3	7	0	0
12/04/2024	IGOS	80	0	3	3	3	0	0
12/04/2024	ARIANGON	80	0	3	2	6	0	0
13/04/2024	BIENG	80	0	2	2	4	0	0
13/04/2024	BUNAPAS	80	0	3	2	4	0	0
15/04/2024	UTU	80	0	4	3	6	0	0
16/04/2024	USINO	80	0	5	5	9	0	0
16/04/2024	BRAHMAN	80	0	0	0	0	0	0
16/04/2024	RAIL CLINIC	80	0	5	6	10	0	0
17/04/2024	SAUSI	80	0	5	4	9	0	0
17/04/2024	WALIUM	80	0	4	3	9	0	0
17/04/2024	BUNAPAS	80	0	0	0	0	0	0
18/04/2024	RD FISHING (Alexishafen Catchment)	40	0	0	0	10	0	0
18/04/2024	BILLIAU	80	0	3	3	6	0	0
19/04/2024	GANGLAU	40	0	0	0	0	0	0
19/04/2024	KWANGA	80	0	5	3	8	0	0
19/04/2024	SAIDOR HC	80	0	5	4	6	0	0
19/04/2024	ILEG	80	0	5	4	6	0	0
19/04/2024	ANNABERG	80	0	4	3	8	0	0
23/04/2024	KULUBOB	40	0	5	3	6	0	0
23/04/2024	MAPOR	80	0	5	3	6	0	0
23/04/2024	MIAK	80	0	3	5	6	0	0
23/04/2024	GAUBIN RH	40	0	5	3	6	0	0
24/04/2024	DWU	40	0	3	2	3	0	0
24/04/2024	ALEXISHAFEN	0	0	3	1	5	0	0
25/04/2024	BUNABUN HSC	14	0	3	1	5	0	0
24/04/2024	BOGIA HC	0	0	3	1	5	0	0

This quarter visit few facilities reported nil stock of ACTs and RDTs and this was confirmed during the facility visit but the stocks ran out for only less than 2 weeks and were replenished on time. The first 2 facilities highlighted in blue stocked out of ACTs and RDTs prior to the start of Q2 facility visit therefore both were supplied few quantities from the buffer stock before quarter 2 supplies were distributed during the physical visit. The last 3 facilities highlighted in green stocked of ACTs 3 weeks after Q2 supplies were distributed therefore was resupplied again right before the RMC Q2 visit to the Province ended. All facilities were supplied with 1 months' supply of stock.

## **5. SUMMARY OF FINDINGS**

### **a) Stock Situation**

- **Stock Management**

Most of the facilities visited are now updating their stock cards. The Provincial Malaria Supervisor has issued a notice to all staffs to present with updated stock cards when requesting for replenishment before the next quarter distribution commences. Updating stock cards are often seen as an extra work load to maintain. From the 28 facilities physical visited, 8 facilities (Madang Urban Clinic, Gusap HC, Ramu Sugar Clinic, Igos SHC, Modilon Hospital, Mugil HC, Jomba Clinic and Baitabag Clinic) have no record of stock cards being maintained. The rest of the other facilities visited have updated stock cards.

No stock rotation was done as all stocks supplied were used on time. However, there were found to be no Primaquine on the shelves in all the reporting facilities. Health Centre 100% kits and health centre orders were being distributed to facilities by LD logistic officers as our team were visiting facilities, therefore we expect Primaquine to be available during the next quarter visit to the facilities. Almost all facilities have not received the main orders from AMS in the past 4-5 months. All in all, there were no major stock out of ACTs in the facilities.

- **Antenatal Care Nets**

The distribution of LLINs to all antenatal clinics in Madang is ongoing and the team ensures that each distribution is consistent without disruption. Accountability of the nets distributed to pregnant ladies at the facility level was an issue but due to continuous follow up and verification, the staffs are improving on accounting for all nets issued out.

The opening balance for this year 2024 is **4,798 nets (96 bales of 50 nets each and 46 loose nets)**. From January up till current, the team have distributed a total of **3350 nets (67 bales)**. The current stock on hand at the end of RMC Q2 visit is **1,448 nets (29 bales and 46 loose nets)**. All nets are expected to be distributed to all facilities providing ANC service by mid this year.

### **b) Intermittent Preventative Treatment in Pregnancy (IPTp)**

Intermittent Preventative Treatment of malaria in pregnancy with Sulfadoxine-pyrimethamine (Fansidar) is the current ongoing prophylaxis as per World Health Organization (WHO) guidelines. All facilities providing antenatal care are supplying pregnant woman with a total of 3 doses of Fansidar during antenatal care, spaced one month apart after 16 weeks of being pregnant till delivery. Almost all facilities visited have sufficient stock of Fansidar available but only 4 facilities (Igos SHC, Jomba Clinic, Ariangon HC and Bunapas SC) have nil stock available. It is a common practise for first dose of IPTP only to be captured in the ANC register but no record for the rest of the complete doses. This visit we focused on encouraging staffs to keep track of all 3 doses of Fansidar in the ANC register and hopefully during quarter 3 visit we can confirm this. There are few facilities such as Alexishafen etc. whom have re-attendances book for ANC visits which they track all doses in it.

### **c) Malaria Microscopy**

There are only 6 facilities, Modilon Hospital, Yagaum HC, Alexishafen HC, Ramu Sugar SC, Gusap HC and Gaubin SC whom are performing Malaria Parasite Slides Examination in the Province. There is obviously a decline in Malaria Parasite Slides (MPS) performance due to non-availability of reagents at the facility level but it can also be said that more testing is done with RDT thus microscopy has reduced. Only few cases with continuous fever with a negative result from RDT are usually further tested using the MPS.

All staffs performing MPS at these mentioned facilities do take part in the External Quality Assurance (EQA) program in which they are expected to send required number of slides every quarter to Central Public Health Laboratory (CPHL). There is however poor feedback response from CPHL to provide timely competency rate of each staff thus few staffs competency is always questioned.

All microscope at each facility are in good condition and there are sufficient reagents and slides available during our visit.

### **d) Malaria School Surveys**

The Malaria School Survey in Madang Province will start right after completion of RMC quarter 2 visit and drug distribution. This survey will be conducted in both the dry and wet season targeting a total of 12 schools. Two schools in each of the districts will be surveyed. The schools to be surveyed will be the same ones surveyed last year as they

are the selected sentinel sites for the ongoing survey. The Provincial Malaria Supervisor will take the lead in this survey and she will provide a report and data analysis after the survey is completed.

## **6.Home Based Management of Malaria (HMM)**

There are a total of 16 reporting facilities with the CMV program currently running under. These facilities are Brahman HC, Walium HC, Usino SC, Sausi SC, Bawak SC, Hartzfeldhaven SC, Bogia HC, Malala HC, Mugil HC, Bunabun SC, Baitabag SC, Igos SC, Ariangon SC, Bieng SC, Mapor SC and Kulubob SC. Since the introduction of the HMM program in 2020;

- There is currently 177 Community Malaria Volunteers operating as of 2023 Q4 visit report (Both active and inactive)
- A total of 41 volunteers have dropped out from the last supervisory visit in November 2023

This year 2024, a target of 150 volunteers will be trained before the end of June. This target was from last year 2023 but was not achieved therefore prioritized for this year. HMMO Edna Curtis will conduct the training this month of May in Bogia district to complete the set target. This quarter 2 during RMC visit, HMM supervisory visit was conducted by Judith Demie covering CMVs in Walium HC, Sausi SC, Usino SC, Brahman SC, Baitabag Clinic and Mugil HC catchments. This visit was conducted to provide continuous support, replacing few CMV working tools e.g. scales and most of all, collecting outstanding Malaria datas.

Although HMM program has had a tremendous effect on the disease burden in the catchment areas that this program has been rolled out, it is the tracking of HMM datas in the NHIS that is seen to be an issue. Most particularly;

- Individual CMV datas are often submitted late to facility OICs long after the facility submits its monthly NHIS report. Due to this, it is often not monitored/ included and in most cases the datas are not captured eventually.
- There is no field in the NHIS specifically for CMV datas thus we cannot see the actual data from CMVs compared to facilities.

## **7. Hospital Visit**

Madang General Hospital is one of the hospitals in the country with issues in maintaining timeliness of submitting monthly NHIS reports to the Provincial Information team. This quarter the team did the usual routine visit to all wards to check up on malaria reporting tools and assess datas collected. These past 3 months, Modilon hospital has improved a bit by submitting the NHIS reports without any outstanding.

- Medical Records

The second in-charge of Medical records with her team are always on their toes every end of the month to collect all reports from each sectional heads to compile overall NHIS report however there is still issues as most sectional heads do not submit report on time thus it contributes to the delay in submission of Monthly reports to the PHIO. The required date of NHIS submission is every 7<sup>th</sup> of the new month, however there is always a delay. The NHIS report for the month of January for Modilon Hospital was already uploaded and for February and March was also submitted to Provincial Information office but pending approval as the report is still being verified due to few discrepancies noted.

- Laboratory

The laboratory has both MPS and RDT being performed. Currently there is sufficient quantity of lab reagents available as well as slides and all register books capturing data of tests performed every day. Although the staffs performing the MPS do take part in the External Quality Assurance, the Officer in Charge of the Laboratory still questions the quality of the results as most of the staffs are aging officers.

- Pharmacy

The pharmacy OIC works closely with the Malaria team and reports on a timely basis when the ACTs/RDTs are soon to run out. Although the pharmacy is in a very small and enclosed space, the drugs are kept neat and tidy on the shelves. All reports for the month of January to March were submitted on time to the Medical records for report compilation.

- Wards

All wards visited that perform RDT in their unit includes, Paediatric Ward, Gynaecology & Obstetric Ward, Intensive Care Unit, Accidents and Emergency Unit and Children's Outpatient Department. Findings revealed

- All RDTs performed are recorded on the malaria RDT register book available
- RDTs are supplied from the pharmacy alone to the units upon request by the unit managers during order days
- All positive cases collect their ACTs from the dispensary
- Medical Ward and Surgical wards do not perform RDTs. All blood works are collected and sent to the laboratory for necessary testings and results are provided back and treatment is executed accordingly. No RDTs and register books are found.

### 8. Continuous Quality Initiative (CQI) Training

This quarter the objective was to conduct a CQI training on the Malaria Program for OICs in one of the districts. This objective was achieved during this quarter visit as the training was successfully implemented in the Sumkar district. All this was done in consultation with the Sumkar District Health Manager Mr. Daniel Oari and the training was conducted on Karkar Island in Gaubin District Hospital conference room. The Provincial Malaria Supervisor Ms. Rambayipma organized everything successfully. Total of 14 staffs attended the training from Miak HC, Mapor SC, Kulubob SC, Gaubin District Hospital and Bunabun SC. Only 2 facilities in the Sumkar district did not have their staffs available to attend the training were Mugil HC and Bagbag SC

  
 DEPARTMENT OF HEALTH  
 NATIONAL MALARIA CONTROL PROGRAM  
 TRAINING REGISTER

Training Title: CQI - Training - Sumkar District  
 Date: 23/04/2024  
 Venue: Gaubin  
 Facilitator: Rambayipma / Winnie Rambayipma

Participants List			
NO.	NAME	DESIGNATION	SGN
1.	SIMON GORO	RNO (Gaubin)	714-1052
2.	ELSON KUFFAT	LECTUR (Mapor)	714-1052
3.	KEP. MAUR	CMT (Miak)	714-1052
4.	ACTA NAMUBOR	CHC (Kulubob)	714-1052
5.	BEN NISAMEI	CHC (Kulubob)	714-1052
6.	STEVEN BURAK	CHC (Kulubob)	714-1052
7.	DICKSON UAKATANG	RNO (Miak)	714-1052
8.	VANINA ENOGAL	HEP - OIL (Bunabun)	714-1052
9.	MARTHA KILAKA	RNO (Miak)	714-1052
10.	ROSCILLA ALTH	CHC (Gaubin)	714-1052
11.	LILIALI PABER	CHC (Mapor)	714-1052
12.	YANKI LEBET	CHC (Mapor)	714-1052

Participants List			
NO.	NAME	DESIGNATION	SGN
13.	Tweedy Jura	Bunabun HC - CHC	714-1052
14.	ESTER TOLU	Gaubin CHC - Dispenser - Gaubin	714-1052
15.			
16.			

Even though CQI is conducted, there is still ongoing onsite training done at each facilities visited. The continuous onsite refresher training with one to one staffs on duty at facilities during the visits is still mandatory. Facility staffs are regularly provided with up dated treatment protocol as well as identifying discrepancies with NHIS malaria data reporting and discussing those with the appropriate staffs. Most often issues discussed are on

- Importance of stock card maintenance and how to fill it up
- Updating ANC LLIN registers and account for nets provided to the clinics
- Up to date with the updated treatment protocol
- Monthly NHIS reporting discrepancies noted. (clinical diagnosis and deaths)



PMS Ms. Rambayipma with OIC of Bunabun



PMS at Baitabag Clinic with OIC

## 9.MALARIA REPORTING TOOLS

Madang Province

MALARIA REPORT January to March 2024

Date Printed: 08/05/2024 10:34:41

Code	Facility	No of reports	OUTPATIENT		INPATIENT		DEATHS		Slides Examined			RDT Examinations			
			Clinical	RDT	Clinical	RDT	Clinical	RDT	No. Exam	+ve %	+ve % falcip	No. Exam	+ve %	+ve % falcip	Failed
130101	Ariangon SC	3	81	1466	1	1	0	0	0	0	0	2053	71.4	49.0	12.5
130102	Bieng SC	3	5	523	0	0	0	0	0	0	0	742	70.5	54.9	0
130103	Bogia HC	3	36	3428	19	0	0	0	0	0	0	3913	85.3	72.1	0.1
130104	Bunapas SC	3	327	550	1	1	0	0	0	0	0	953	57.7	49.4	0
130105	Hartzfeldhaven SC	2	66	1126	0	0	0	0	0	0	0	1253	70.4	60.3	0.1
130106	Malala SC	3	9	2210	1	1	0	0	0	0	0	3057	74.6	65.3	0.9
130108	Igos SC	1	12	133	0	0	0	0	0	0	0	168	79.2	60.7	0
<b>BOGIA District</b>		<b>18</b>	<b>536</b>	<b>9436</b>	<b>22</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12139</b>	<b>75.6</b>	<b>62.3</b>	<b>2.4</b>
130201	Alexishaven HC	3	0	3970	0	11	0	0	181	56.4	43.1	4893	77.7	70.5	0.5
130203	Jomba UC	3	18	967	0	0	0	0	0	0	0	1633	60.1	47.7	0.1
130204	Madang HP	1	0	970	8	49	1	3	1323	52.5	44.4	895	30.2	23.5	0
130205	Madang Town UC	3	0	1037	0	0	0	0	15	93.3	93.3	2537	40.5	32.2	0
130206	Utu SC	3	0	2804	0	3	0	0	0	0	0	3484	80.5	65.3	0.1
130207	Yagaum HC	3	29	1742	20	58	1	1	835	92.9	53.2	1132	87.6	65.0	0
130208	Danben SC	3	0	1949	0	0	0	0	0	0	0	2909	67.0	56.5	0
130209	Baitabag SC	3	11	2020	0	0	0	0	1	0	0	2877	70.1	55.1	0.1
130210	Sisiak UC	3	0	828	0	0	0	0	0	0	0	1270	65.2	55.7	0
<b>MADANG District</b>		<b>25</b>	<b>58</b>	<b>16287</b>	<b>28</b>	<b>121</b>	<b>2</b>	<b>4</b>	<b>2355</b>	<b>67.3</b>	<b>47.7</b>	<b>21630</b>	<b>67.8</b>	<b>56.4</b>	<b>0.1</b>
130301	Aiome HC	1	0	111	0	0	0	0	0	0	0	109	100	76.1	0
130302	Annaberg HC	3	13	736	0	1	0	0	0	0	0	973	75.4	71.1	0
130303	Josephstaal HC	2	0	173	0	0	0	0	0	0	0	225	76.9	68.0	9.8
130304	Kwanga SC	3	43	840	1	0	0	0	0	0	0	1089	75.9	70.6	0
130305	Sangapi SC	2	18	71	0	1	0	0	0	0	0	144	59.7	43.8	0
130306	Simbai HC	2	33	25	1	2	0	0	0	0	0	30	86.7	66.7	0
130307	Wanuma SC	1	12	7	0	0	0	0	0	0	0	7	100	71.4	0
130308	Katiati SC	3	94	277	0	0	0	0	0	0	0	473	58.6	52.0	0
<b>MIDDLE RAMU District</b>		<b>17</b>	<b>213</b>	<b>2240</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3050</b>	<b>73.4</b>	<b>66.6</b>	<b>0.7</b>
130402	Saidor HC	3	28	1275	9	1	0	0	0	0	0	1808	70.5	52.8	0.3
130404	Teptep SC	1	0	15	0	0	0	0	0	0	0	24	62.5	62.5	0
130405	Ileg SC	3	27	470	0	0	0	0	1	0	0	731	49.7	37.9	0
130406	Tapen SC	3	5	69	0	0	0	0	0	0	0	78	89.5	75.0	0
130407	Biliau SC	3	181	537	5	2	1	1	0	0	0	791	83.7	61.6	0
130408	Bawak SC	2	13	877	0	0	0	0	0	0	0	1472	70.0	47.1	0
<b>RAI COAST District</b>		<b>15</b>	<b>234</b>	<b>3243</b>	<b>14</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4902</b>	<b>69.6</b>	<b>50.7</b>	<b>0.1</b>
130501	Bagabag SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
130502	Bunabun SC	2	34	1372	3	1	0	0	0	0	0	2314	75.2	60.6	0.9
130503	Gaubin SC	3	46	205	5	0	0	1	1	100	0	441	37.9	31.7	0
130504	Miak SC	3	55	307	3	3	1	1	0	0	0	584	52.7	40.9	2.9
130505	Mugil HC	3	0	2091	0	8	0	1	1	100	100	1880	70.3	61.0	0
130506	Mapor SC	3	0	157	0	0	0	0	0	0	0	585	72.6	61.4	0
130507	Kulubob SC	3	0	574	0	0	0	0	0	0	0	767	74.8	58.4	0
<b>SUMKAR District</b>		<b>17</b>	<b>135</b>	<b>4706</b>	<b>11</b>	<b>12</b>	<b>1</b>	<b>3</b>	<b>2</b>	<b>100</b>	<b>50.0</b>	<b>6571</b>	<b>69.0</b>	<b>56.8</b>	<b>0.6</b>
130601	Begesin SC	3	11	342	1	0	0	0	0	0	0	566	60.1	48.4	0.4
130602	Brahman SC	3	4	1150	0	0	0	0	0	0	0	1929	59.3	46.1	4.4
130603	Bundi HC	3	22	41	0	0	0	0	0	0	0	167	29.9	26.3	0
130604	Gusap HC	3	163	642	7	3	1	0	234	55.1	39.7	989	55.7	41.3	0.5
130605	Ramu Sugar SC	3	0	260	4	0	0	0	45	100	33.3	215	100	45.6	0
130606	Sausi HC	3	487	1220	4	1	0	0	4	25.0	25.0	1796	68.2	53.5	0.1
130607	Walium SC	0	0	0	0	0	0	0	0	0	0	0	0	0	0
130608	Usino SC	3	3	1028	0	0	0	0	0	0	0	1348	76.3	65.5	0.1
<b>USINO BUNDI District</b>		<b>21</b>	<b>670</b>	<b>4683</b>	<b>16</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>283</b>	<b>61.8</b>	<b>38.5</b>	<b>7010</b>	<b>64.9</b>	<b>50.7</b>	<b>1.3</b>
<b>Madang Province</b>		<b>113</b>	<b>1846</b>	<b>40595</b>	<b>93</b>	<b>147</b>	<b>5</b>	<b>8</b>	<b>2641</b>	<b>66.8</b>	<b>46.7</b>	<b>55302</b>	<b>69.8</b>	<b>57.1</b>	<b>0.9</b>

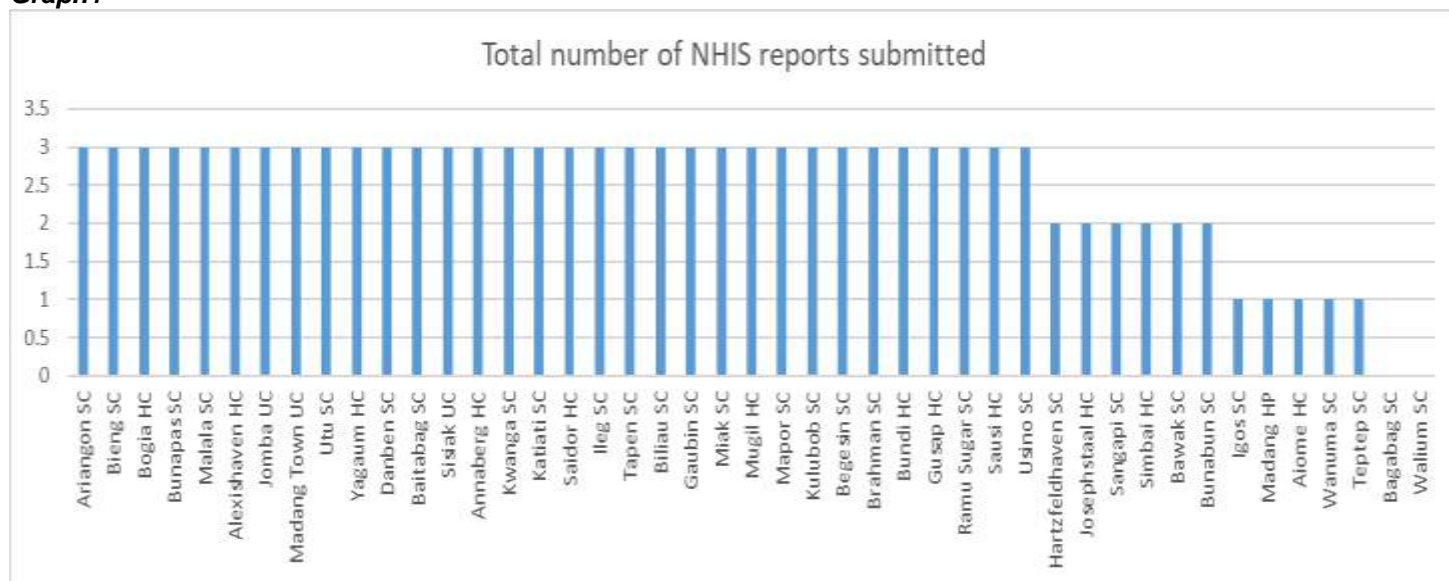
Submission of monthly ENHIS/NHIS reports **on time** was an issue and is **still an issue** with all most all of the facilities. There are still outstanding reports for January, February and March of this year yet to be uploaded as projected above. Beginning of April, the expected report to have been uploaded by the Provincial Health Information team was supposed to have been 135 however as projected only 113 can be exceeded. The datas projected are subjected to change thereafter when all outstanding reports are submitted.

The daily entries of Malaria RDT datas on the ENHIS is still a struggle as most of the facilities have only single tablet used by all sections of the facility thus maintaining a consistent data entry is impossible. Also due to understaff, there is no one with time to enter datas on a daily basis. Moreover, the issue seen is not all staffs are trained on how to use the ENHIS. Only the OIC's are trained and they are most often the only ones entering datas. When workload takes over, they do not have the time to enter on a daily basis and this results in no daily datas.

## 10.MALARIA OVERVIEW

Malaria is a burden in Madang Province due to various reasons including the geographical setting, the weather pattern and also the vegetation makeup. The Malaria causing mosquito Anopheles is well known to live in humid conditions and rainfall areas in which Madang Province is ideal for. The graphs illustrated below shows the trend of Malaria situation in the Province in the last 3 months (January - March) as per NHIS reports. **Source; ENHIS 08/05/2024 10:54:37**

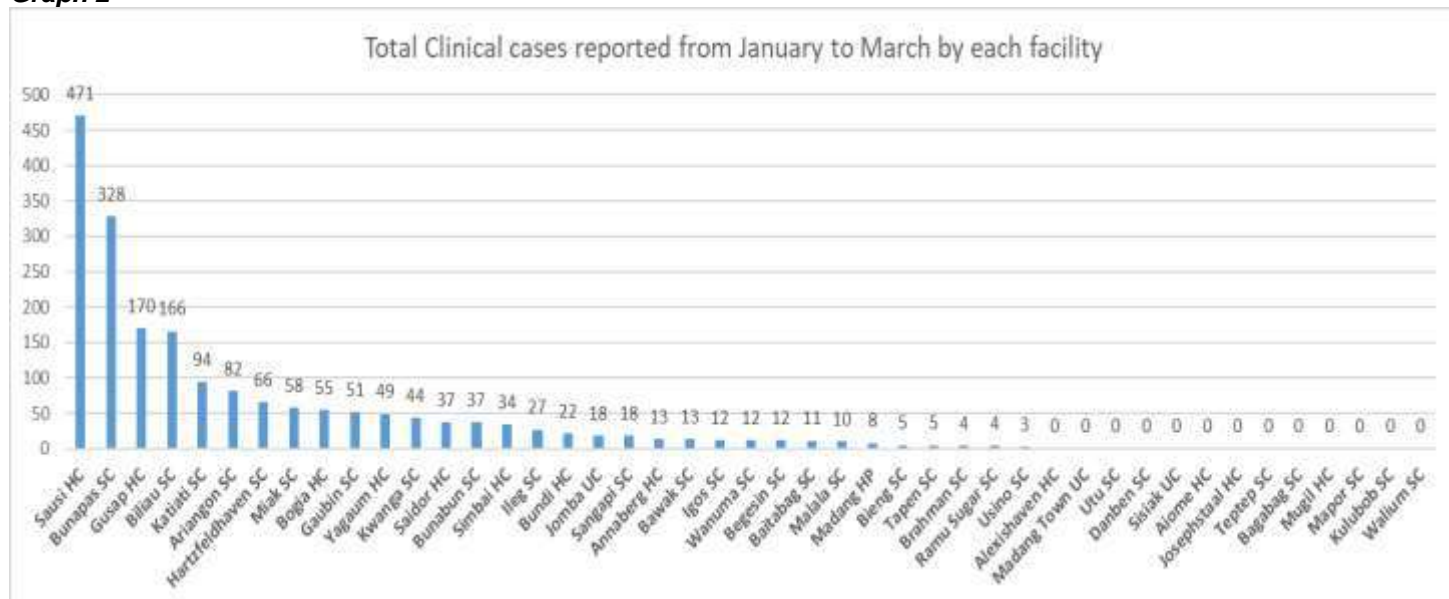
Graph1



So far for the first 3 months of this year 2024 the NHIS monthly reports submitted are as follows

- Only 32 facilities have all 3 months NHIS reports submitted to PHIO and was uploaded
- 6 facilities have 1 outstanding reports
- 5 facilities have 2 outstanding reports
- 2 facilities have not submitted any 3 reports at all
- Notes from PMS

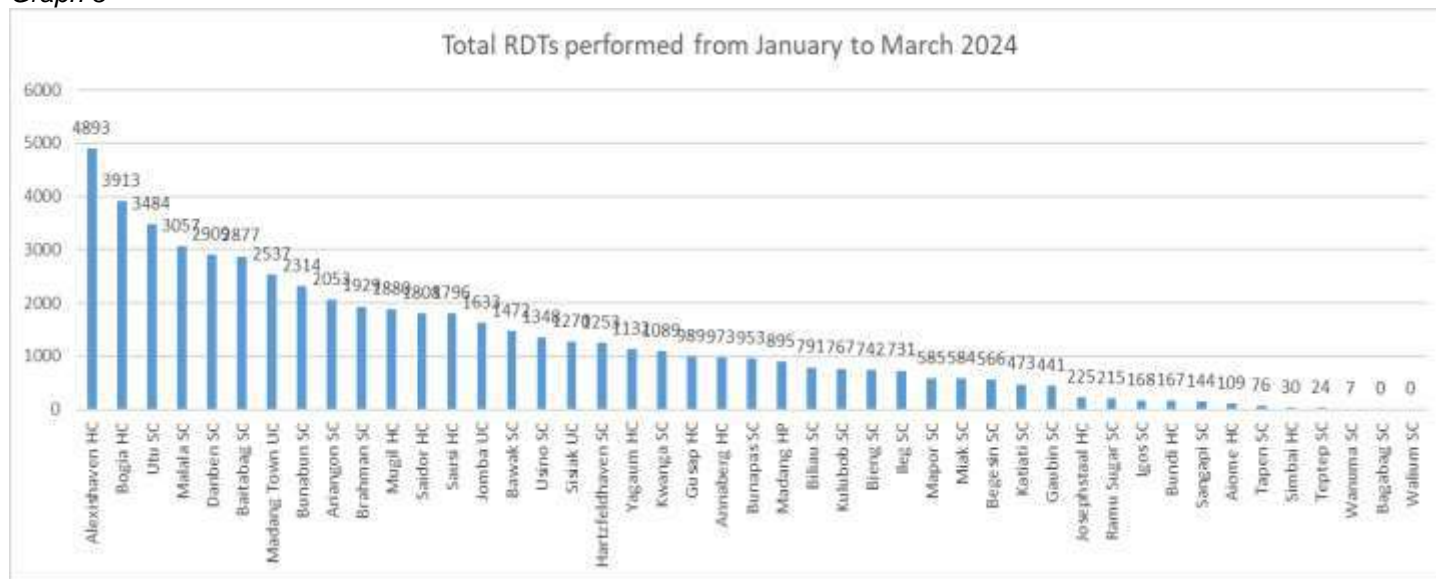
Graph 2



Graph2 illustrates the clinical cases still performed by facilities from the highest performing facilities to the lowest. Only 13 facilities are following the treatment protocol but the rest despite continuous onsite refresher and emphasis on no

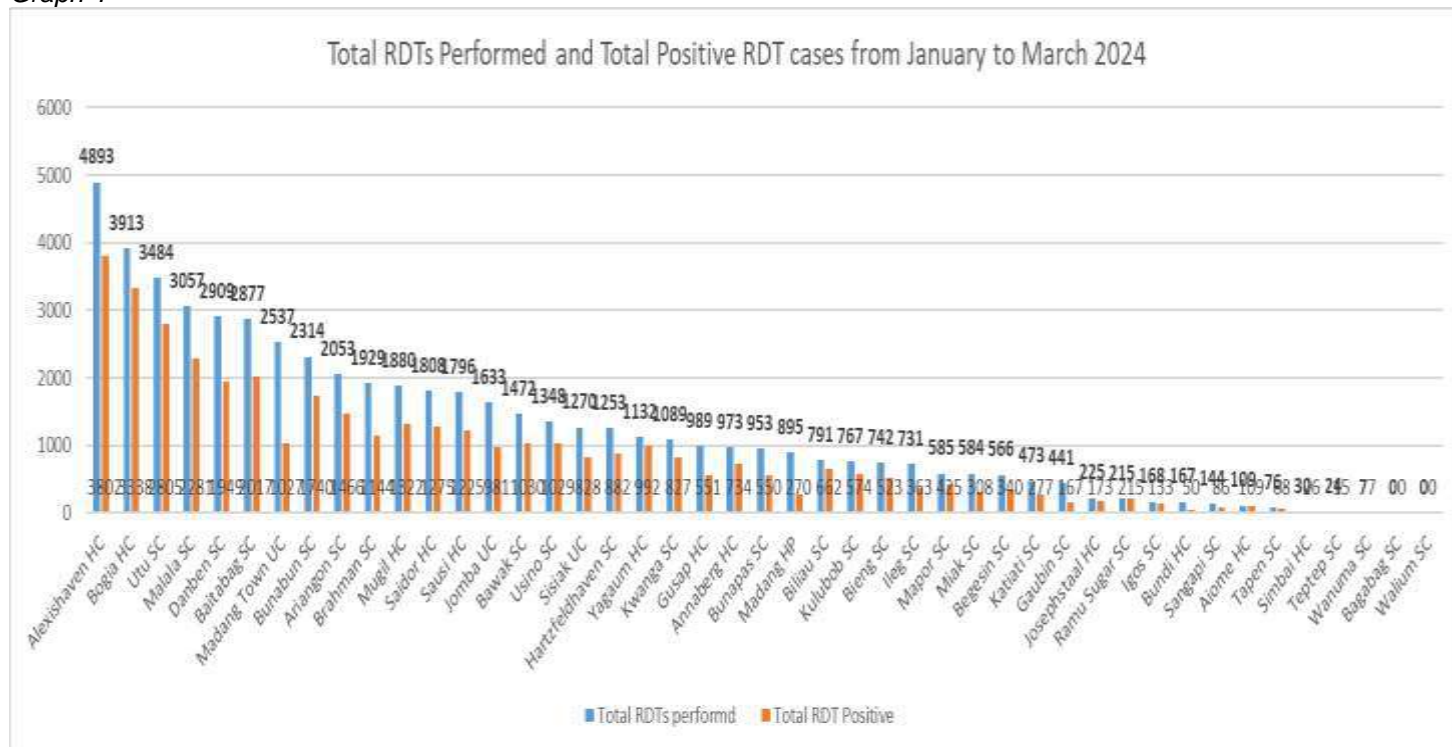
clinical diagnosis they are still not adhering. There is no stock out of RDTs at the facilities and even at the Provincial Medical store to expect this management of cases. Bunapas SC actually ran out of RDT for 2 weeks in January prior to Q1 visit and also towards the end of March prior to Q2 visit and as a result clinical diagnosis only were performed. Although there was a stock out, the malaria team at the PHA was not notified in order to replenished their stock before the actual quarterly visit.

Graph 3



Graph 3 shows the total RDTs performed by each facility in the last 3 months. Physical visits conducted by the team confirmed against the Malaria RDT registers showed that there are more tests performed than the actual data being reported. Also there are still missing reports from Aid Posts and CMVs which are not fully captured. Bagbag SC and Walium HC however have outstanding monthly NHIS reports still to be submitted to Provincial Information team and as a result no data is projected.

Graph 4

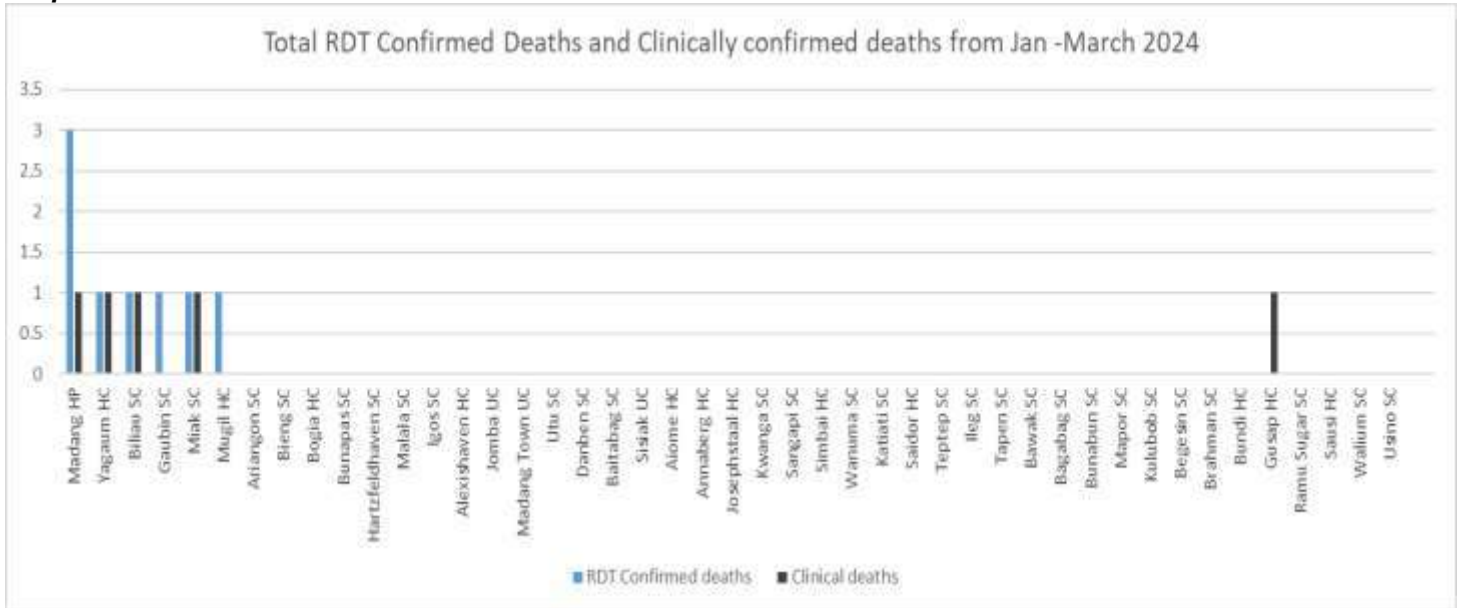


Graph 4 shows data over the first 3 months of this year from the highest RDTs performed to the lowest by each facility. As reflected

- Alexishafen HC is fully utilizing the RDTs available on all suspected cases seen at the OPD.
- Bagbag SC and Walium HC has not submitted any monthly NHIS reports at all from January to March to Provincial Health Team as a result no data available

- Rail Clinic NHIS report obviously is projecting the positives only and not the negatives. As a result, the total RDTs perform is equal or same as the RDT positives diagnosed. This needs to be addressed as soon as possible
- There is obvious missing datas not captured from some of the facilities reports. There is still missing reports from Aid Posts and CMV which are not captured.

**Graph 5.**



Graph5 shows the malaria deaths reported in the first 3 months of this year. From the graph it can be noted that

- More RDT confirmed deaths than clinical deaths. Total of 8 RDT confirmed deaths and 5 clinically confirmed deaths
- All clinical deaths are dead on arrival and due to this, clinicians based the cause of death on what information are provided by the relatives.
- There is still missing datas not fully captured

**11.PROGRAM VEHICLES**

There are currently 3 program vehicles available in Madang for program activities.

**WAD 930.**

MVIL Expiry date = 14/04/2025  
 Safety Sticker Expiry Date = 22/03/24. Quote collected and submitted to Fleets team and awaiting payment  
 Current mileage end of RMC visit: 16, 844km  
 Running Condition: OK  
 Issue noted: Loosing engine power on full acceleration in between trips

**MAH 898**

MVIL Expiry Date: 19/12/2024  
 Safety Sticker Expiry Date: 21/06/2024  
 Next service due millage: 5,000 KM (Pending service at the end of RMC Q2 visit)  
 Running Condition: Satisfactory  
 Current mileage at the end of Q2 visit: 5065 KM

**LBW 233**

MVIL Expiry Date: 06/06/2024  
 Safety Sticker Expiry Date: 25/09/2024  
 Next service due millage: 90,000km  
 Running Condition: Satisfactory  
 Current mileage at the end of Q2 visit: 92,933km

**12. ACHIEVEMENTS**

- Quarter 2 supplies arrived on time for distribution to facilities
- Successfully visited 28 out of 31 accessible facilities and supplied Q2 RDTs and ACTs accordingly.
- Successfully distributed Q2 commodities to all reporting facilities except 10 inaccessible facilities. Staffs were notified to pick up supplies and also each confirmed sufficient stock on hand which should last them until Q2 supplies are collected at the Medical Transit Store.
- Continuation Quality Initiative Training (CQI) was successfully conducted targeting OICs of reporting facilities in the Sumkar District. Total of 14 staffs attended the day long training.
- PHA Madang together with partners commemorated the World Malaria Day successfully on the 25<sup>th</sup> of April in both Bogia District and Usino Bundi District. Mass testing and treatment on the spot was provided as well as awareness on Malaria. Pamphlets containing the basic information on Malaria was distributed to the general

public. The Community Malaria Volunteers in those catchments were very supportive in mobilizing as well as doing awareness.

- Both Area Medical stores in Hagen and Lae assisted Madang team with buffer stock to keep and maintain the supply until 3<sup>rd</sup> quarter supplies arrive.
- Discussed with staffs of each facility visited and provided the most suitable tool (ANC REGISTERS) which is already available to track the 2<sup>nd</sup> and 3<sup>rd</sup> doses of Fansidar. Importance of tracking were discussed and staffs finally understood and decided to start keeping track using the existing available ANC registers. All these will be followed upon during Q3 visit.
- Facilities are improving in updating stock cards at each dispensary. Although it is not weekly it is still kept on a monthly basis for few.
- Provincial Malaria Supervisor Ms. Winnie Rambayipma has successfully created a WhatsApp group and added almost all Officers in Charge of each facility. All drug request and additional information needed are channelled through this medium which is currently working well.
- Before Q2 commenced PMS Winnie did make a visit to both Biliau SC and Saidor HC separately. These 2 inaccessible facilities were found to run out of ACTs sooner than expected and also discrepancies in malaria datas in the NHIS. This visit was timely and good for all the staffs at each facilities as they learned new information on the Malaria protocol as well reporting well the cases seen.

### **13. CHALLENGES**

- Bigger Health Facilities (HF) such as Bogia HC, Alexishafen HC, Modilon Hospital, Yagaum HC, Madang Urban Clinic and Gusap HC have only one ENHIS tablet to capture data on a daily basis. This is not practical and leads to data gap and inconsistency in day to day entry.
- Continuous rain and strong winds has led to flooded river banks and strong sea currents that 3 facilities (Ileg SC and Bawak SC) were not able to be visited this quarter during RMC visit.
- Aid Posts staffs continue to contact directly the malaria offices to get quarter supplies reporting that the Reporting Health Facilities are not supplying them as per the existing pathway.
- Accountability of ANC LLINs is very poor in almost all facilities except Modilon Hospital, Town Clinic, Yagaum HC, Gusap HC, Kulubob SC, Brahman SC and Alexishafen HC. Due to this, all quantities distributed to facilities each quarter is only a bale each thus the target distributed in a year is normally less than expected
- The use of Kobo Tablet needs a thorough run through with the IT team on how each information generates from the next and conveniently. At the moment RMC is not using it as information required to be filled in is impossible to do so at the facility level and on time.
- Rail clinic not capturing Negatives in the NHIS reports. All positive cases seen is equal to the total RDTs performed.
- Sausi SHC performing a lot of clinical diagnosis even though RDT is available.
- ENHIS Tablets especially in the malaria section, few facilities stated that there have been issues faced with entering of datas. Issues were brought to PHIO team but tablets kept on giving same old errors;
  - Alexishafen has not performed any clinical diagnosis but the NHIS data is projecting otherwise thus some facilities appear to have more clinical compared to others.
  - Malala HC reported that, every new month there is already datas present when staffs have not yet done daily entries.

### **14. RECOMMENDATIONS**

- Remote Sensing / NMCP / RAM to consider giving additional tablets to these mentioned bigger facilities so can have enough time to enter daily registers/data. The facilities with high influx of patients that would benefit the most from an additional tablet at the facility level includes, Modilon Hospital, Bogia HC, Yagaum HC, Jomba Clinic, Madang Urban Clinic and Gusap HC.
- ALL ANC nets – to be distributed upon maintenance of stock cards otherwise the quantity will be reduced. This should enable the staffs to perform well in maintaining stock take and know the importance of this.
- CQI training to be implemented in both Bogia district and Usino Bundi district in Q3. The Provincial Malaria Supervisor together with the assistance from PDCO to ensure that this training is rolled out.
- NMCP to engage the Remote sensing team to provide refresher training again to OICs of reporting facilities as each year there is rotation of staffs and this hinders with the quality of malaria reporting. Provincial Information officers to also be involved in this.

## **15.ACKNOWLEDGEMENT**

This 2<sup>nd</sup> quarter supervisory visit to Madang Province has been great. Although there were issues beyond our control which inhibits the team to visit other planned facilities, the team continued on and ensured that all reporting facilities receive their quarterly supplies. Your support in one way or the other and practical advice have been greatly acknowledged for the successful completion of this visit. Many thanks to;

- The PHA Chief Executive Officer, Mr. Fidelis Waipma and Public Health Director, Dr. Martin Daimen and Mr Karoi Kamac and all pleasant staffs of Madang Provincial Health Office for always acknowledging our presence in the Province.
- The Madang Medical Transit Store Acting Manager Mr. Peter Bangan and all the pleasant staff for their continuous support and assistance from having to pack drugs to supplying facilities with assigned quantity of stock when malaria officers are not available to attend to officer's request on time.
- The hard working Malaria team at the PHA level. Mr. Walgun, Winni Rambayipma, Judith Demie and Edna Curtis for the continuous support all throughout the duration of Q2 visit which resulted in a positive outcome in the activities planned for.
- The PHIO's Office for successful integration of activities at the facility level.
- All hard working OICs and staffs of district health facilities in Madang Province
- The PHAs drivers, for without them the visits to the facilities would not have been successful
- Catholic Church Health Services for always assisting to collect supplies for Catholic Church run facilities in the Middle Ramu District and dispatch at their cost.

**14. PICTURES**

