



## QUARTER 3 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:** 15.07.24

**Date trip ended:** 17.08.24

**Purpose of Travel:** Quarter 3 Drug distribution and M&E HF supervision

**Picture:** Ms. Apoloniah Parihuasi (PMS) and Ms.Ruth Ibras (HMMO) with SIC Brigiti CHP during the last health facility visit.

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**Appolonia Parihuasi** – Provincial Malaria supervisor, ESPHA  
Officers In – Charge and Staff of health facilities in East Sepik Province.

## OBJECTIVE

This was the third quarter trip of 2024, to carry out routine Malaria Health Facilities (HF)s supervisory visit and Drug distribution in East Sepik Province;

The main objectives and activities involved

- Visit all accessible HFs and ensure that there is adequate supply and NO STOCK OUT of malaria Rapid Diagnostic Test (RDT) kits, Artemisinin-based combined Therapy (ACT)s Primaquines (PQs) and other malaria commodities including Antenatal Care (ANC) nets.
- Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs whether visited or not.
- Ensure accountability of malaria commodities issued in Q2 distribution by checking Malaria Register/ ANC registers.
- Ensure that all Malaria suspected cases are correctly tested and diagnosed and,
- Ensure updated malaria treatment protocol is followed for all confirmed malaria cases
- Ensure Intermittent Preventative Treatment in pregnancy (IPTp) is practiced by health care workers
- Ensuring accurate and timely monthly reporting via National Health Information System (NHIS) and follow up on outstanding ones.
- Ensure Home Management of Malaria (HMM) program is supported by respective supervising HFs

## EXECUTIVE SUMMARY

The quarter 3 (three) 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 Q3 2024 M & E and malaria commodities distribution to health facilities in ESP is the third for 2024. For this visit, malaria commodities distribution and M&E visits were conducted in 3 weeks.

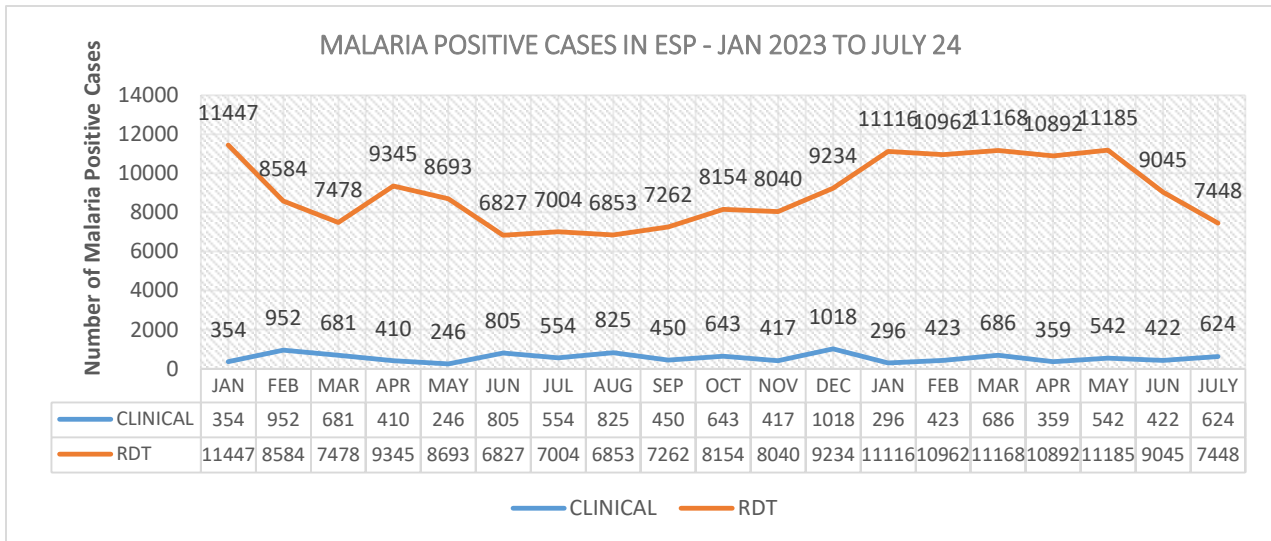
This quarter 3 (three) health facility supervision and round three distribution of malaria commodities commenced on 29.07.24. For this quarter, we have started our visits from the Wewak district facilities and continued to all other districts. Two (2) districts that were not visited due to limited supplies to distribute and time factor with conflicting priorities in quarter two (2) were visited prior to the quarter three (3) visit.

Moreover, the malaria commodities for this quarter were from the Global Fund (GF) and NDOH supply. These supplies were from the RAM PSM and AMS Wewak. This arrangement was done by RAM PSM by protocol to the NDOH MSPD team. The AMS Wewak supplied malaria RDTs and primaquine. RAM PSM team supplied ACTs.

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 1 (1) districts.

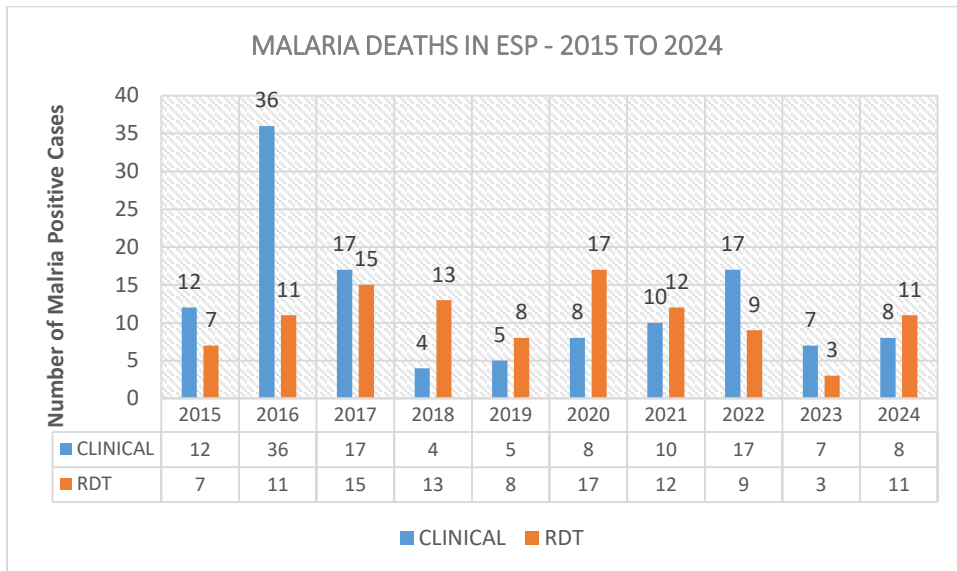


## MALARIA SITUATION IN EAST SEPIK PROVINCE



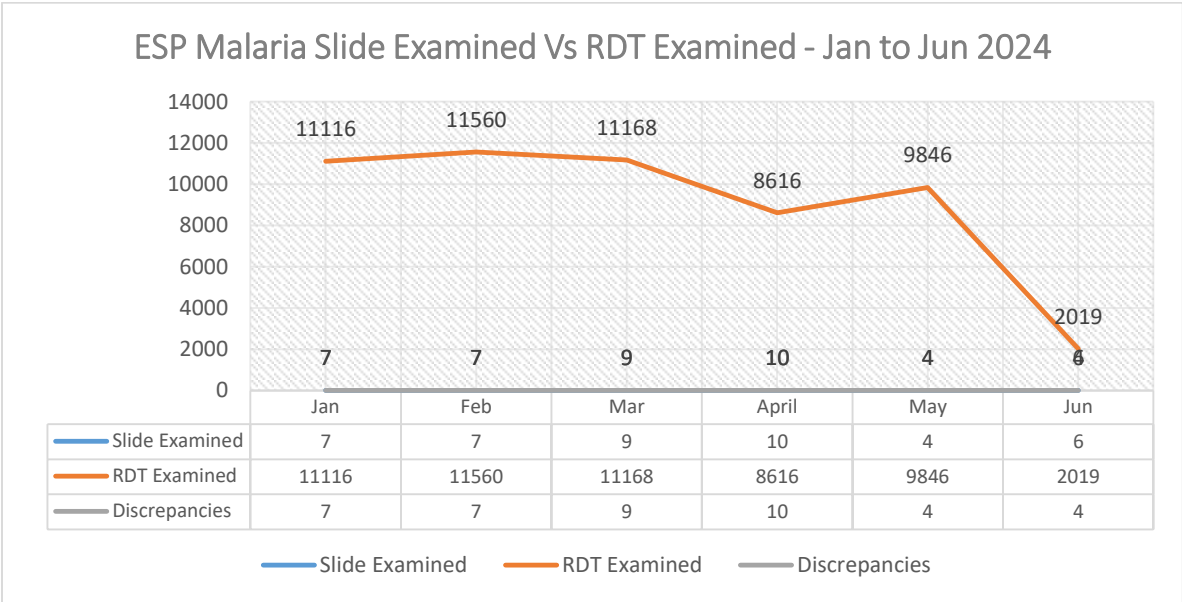
**Graph 1.** Gives an illustration for malaria positive cases in ESP from Jan 2023 to July 2024. Source: Clinical Malaria register, e-NHIS.

- From Jan 2023 to July 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 May 2024 (11 185). 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.
- There is now a decrease in malaria cases since June 2024. This is most likely due to the recent LLIN household distribution in the province and also the availability of primaquine in the health facilities.



**Graph 2.** Gives an illustration for Malaria Deaths in ESP (2015 – 2023). Source: Clinical Malaria register, e-NHIS.

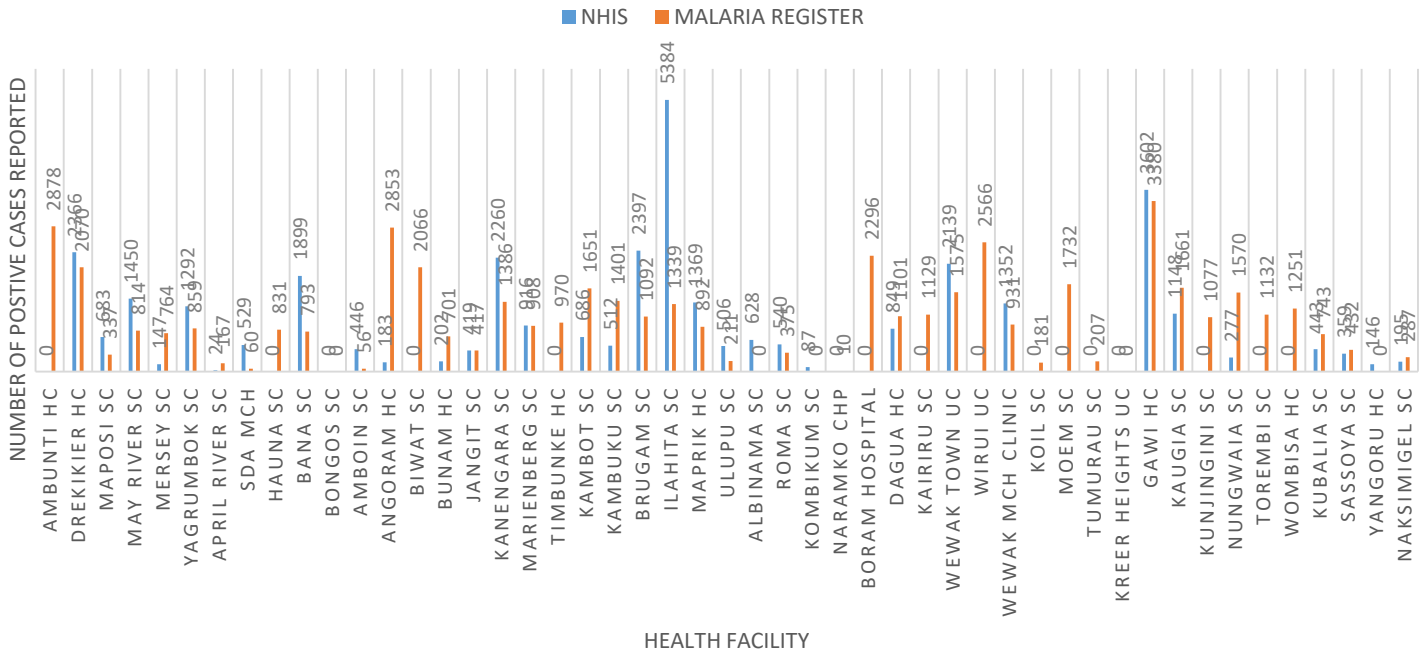
- In period between 2015 to 2023, there is a total of 211 malaria deaths reported. It is noted that 45% of the malaria deaths are malaria RDT confirmed deaths. 55% were clinical malaria positive deaths.
- The highest number of malaria RDT confirmed deaths was in the year 2020 (17), this was also during 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, for this year, malaria deaths have increased as compared to last year (2023). There were total of 10 malaria deaths last year. Although since January, we now have a total of 19 malaria deaths in ESP.



**Graph 3.** 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.

### ESP MALARIA POSITIVE CASES BY HEALTH FACILITY - JAN TO MAY 2024



**Graph 3.** Gives a comparison of malaria positive cases reported in the electronic NHIS as compared to malaria registers received at the PMS/PHIO office. This graph is derived from the Malaria register and electronic NHIS tablet.

- Generally, as illustrated in the graph, in most cases malaria positive cases reported in electronic NHIS is not equal to malaria registers received by PMS/PHIO. Jangit HC and Marienberg HC have almost equivalent data of NHIS as compared to malaria registers.
- In certain cases, malaria registers are not entered in the electronic NHIS tablets due to delay receiving malaria registers from aidposts, CMVs or other reporting sub health centres (eg. Alma HSC). At times health facilities staff are ignoring in entering those important data.
- There are also a number of health facilities that are doing manual monthly reporting because their NHIS tablets are malfunction or not available at the health facility (Ambunti HC, Kreer Heights UC, Tumurau HSC, Kunjigini HC).
- Others such as Moem UC, Angoram DH to name a few are updating their electronic malaria registers but the software is not allowing data to show on the main NHIS portal.
- For others, network coverage is an issue to upload those data such as Biwat HSC, Timbunke HC, Hauna HC. But it is also encouraging to see that certain health facilities although almost out of the network coverage are reporting through the NHIS tablets such as Kambo HSC, Bunam HC, Jangit HSC.
- Lastly, there are 15 health facilities as of January 2024, that have not reported malaria cases in the clinical forms registry since then. These health facilities are as follows; Ambunti HC, Hauna HC, Biwat HSC, Timbunke HC, Naramko CHP, Boram Hospital, Kairuru HC, Moem HSC, Tumurau HSC, Kreer Heights HC, Torembi HC, Wombisa HC

## NHIS REPORTING UPDATES

**NOTE:** It is important to also note the percentage of reports in which the 3-years' data is obtained from:

- 562/624 expected monthly reports for 52 active Reporting HFs in **2021= 90%**
- 583/624 expected monthly reports for 52 active Reporting HFs in **2022= 93%**
- 608/624 expected monthly reports for 53 active Reporting HFs in **2023= 97%**

*Therefore, malaria data presented above may vary as more outstanding reports get captured.*

Quarter 1 2024 malaria data as of (29.08.24) is highlighted below:

Jan-2024: 50/51 expected monthly reports= 98%

Feb-2024: 50/51 expected monthly reports= 98%

March-2024: 50/51 expected monthly reports= 98%

Quarter 2 2024 malaria data as of (29.08.24) is highlighted below:

April-2024: 50/51 expected monthly reports= 98%

May-2024: 50/51 expected monthly reports= 98%

June-2024: 50/51 expected monthly reports= 98%

Quarter 3 2024 malaria data as of (29.08.24) is highlighted below:

July-2024: 49/51 expected monthly reports= 96%

The following HFs have not submitted any reports between Jan- July 2024:

1. Kombikum HC (April, May, June, July)
2. Bunam HC (July)
3. April River HC(Jan)
4. Drekikir HC (Feb)
5. Kreer Heights HC (March)

## STOCK SITUATION- mRDT, ACT, PRIMAQUINE and ANC LLIN

**Table 1. Buffer stock as of 22.02.24 after Q3 distribution.**

Malaria Commodity	Quantity in provincial transit store	Source
RDT	3250 boxes/25 test kits	NDoH (AMS Lae)
ACT 12	9 boxes/ 30 blisters	Global Fund (RAM)
ACT 18	14 boxes/ 30 blisters	Global Fund (RAM)
ACT 24	71 boxes/ 30 blisters	Global Fund (RAM)
PQ	490 containers/ 100 tablets	NDoH (AMS Hagen)
ANC Nets	27 bales/ 50 nets	Global Fund (RAM)

The above stock is the remainder for Q3 distribution. This will be the buffer stock for remainder of Q3 and will be used to support Q4 distribution come Oct 2024.

**Table 2. Indicates quantities of commodities quantified for Q3 2024 distribution.**

Malaria Commodity	Total	Batch Numbers	Funding Source
RDTs	1032 / boxes/ 25 test kits	H006CODID	NDoH
ACT6			
ACT 12	218 boxes/30 blisters	NAD2419A	GF
ACT 18	484 boxes/ 30 blisters	NAA24137A	GF
ACT 24	264 boxes/ 30 blisters	NAA24137A/29A	GF
PQ	600 containers/100 tabs	151122	NDoH
ANC Nets	25 bales/ 50 nets		GF

These stock were used to ensure that there was **NO STOCK OUT**, and for all HFs to receive Q3 malaria commodities whether visited or not, based on their monthly reports and consumption needs.

## ANTENATAL CARE NETS

Distribution of ANC nets is also supported by GF; where treated mosquito nets are issued to pregnant women upon their first visit to the ANC clinic.

Between Jan-April 2024, a total of 68 bales x 50 (3400 ANC nets) were distributed to HFs that provide ANC services, a total of 2351 receipts (69%) collected and more expected as more ANC mothers receive nets from respective HFs.

Additional 34 bales (1700 ANC nets) were supplied by RAM on July 18 and distribution shall continue with coordinated support by the Provincial Malaria team, to ensure all pregnant women receive nets records in respective clinics. **Thus NO ONE should be left out.**

## **STOCK MANAGEMENT AT HF LEVEL – STOCK CARDS**

Stock cards are paper based stock inventory system for monitoring daily movement of malaria commodities at the HF level. Some HFs also have their own manual stock management books and Stock cards are not always utilized.

HF such as Dagua HC, Kreer Heights HC, Boram Hospital, Taul CHP, Sassoia HC, Gawi HC, Bana HSC, Brugam HC, Drekikir HC district are constantly maintaining stock-cards along with m-Supply tablets.

Although all health facilities have stock cards available, it is still a challenge in maintaining those stock cards due to different reasons.

## **INTERMITTENT PREVENTATIVE TREATMENT in PREGNANCY (IPTp)**

IPTp is when Fansidar is given to Pregnant women as a malaria prophylaxis. Fansidar is procured by NDoH and supplied by AMSs through routine HF supply. According to the World Health Organization (WHO), a pregnant woman should take at least 3 doses (3 tablets/dose) of fansidar in a 1-month interval starting from second trimester of pregnancy. However, only the first dose is captured in the ANC Care Register book in the clinic while remaining doses are registered in their respective clinic books. This is the same finding observed during each HF quarterly visit.

Boram Hospital dispensary in Wewak have supported that team in supplying Fansidar supplies in replenishing health facility stock during the health facility visits.

## **SUMMARY OF Q3 2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION**

Q3 HF Visit and drug distribution commenced on July 2024. All road accessible HFs were visited except for Yangoru HC, Naksimigel HSC, Kombikum HC and Naramko HC due to circumstances.

Health facilities along the Sepik river that were unreachable due to the recent social conflict in Angoram district had their malaria commodities prepacked for pick up at the public health office. Other health facilities that were unreachable had their supplies prepacked for pick up.

The RAM M&E team also assisted in delivering malaria commodities up to Ambunti in one of their recent trips to assess the post house hold distribution. Malaria commodities for Albinama HSC and Ulupu HSC were left at Maprik District Hospital for pick up. Thus malaria commodities for Yagrumbok and April river were left at Brugam HC.

As always, malaria reports collected and stock distributed/replenished based on consumption assessments as per reports, and onsite refresher trainings held with staff present based on needs identified at the time of visit.

There was no prolonged STOCK OUT in general, and all HFs had received Q3 malaria commodities whether visited or not.

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	29.07.24	Wewak	Wewak Town	2	29.07.24	Wewak	Wiru HC3
3	29.07.24	Wewak	Wewak MCH	4	29.07.24	Wewak	Yarapos MAP
5	31.07.24	Wewak	Taul CHP	6	02.08.24	Angoram	Marienberg HSC
7	02.08.24	Angoram	Angoram DH	8	05.08.24	Wewak	Kreer Heights HC
9	05.08.24	Wewak	Boram Hospital	10	07.08.24	Wewak	Boikin MAP
11	07.08.24	Wewak	Dagua HC	12	07.08.24	Wewak	Balam CHP
13	09.08.24	Yangoru Sausia	Kubalia HC	14	09.08.24	Yangoru Sausia	Sassoya HSC
15	09.08.24	Wewak	Tumurau HSC	16	09.08.24	Wewak	Passam MAP
17	13.08.24	Wosera Gawi	Gawi HC	18	14.08.24	Ambunti Dreikir	Drekikir HC
19	14.08.24	Ambunti Dreikir	Bana HC	20	14.08.24	Maprik	Brugam HC
21	14.08.24	Maprik	Ilaihita HC	22	14.08.24	Maprik	Brigiti CHP
23	15.08.24	Maprik	Maprik DH	24	15.08.24	Wosera Gawi	Kaugia HC
25	15.08.24	Wosera Gawi	Kunjigini HSC	26	15.08.24	Wosera Gawi	Wombisa HC
27							

## **CONTINUOUS QUALITY IMPROVEMENT (CQI) ACTIVITIES**

The purpose of CQI is to provide Malaria refresher to hospital staff and frontline district health staff especially on Malaria diagnosis with RDT, National Malaria Treatment Protocol (NMTP) and Malaria Reporting tools e.g. NHIS etc.

This is intended to:

- update staff on new changes in NMTP,
- strengthen IPTp,
- improve malaria data quality including microscopy reporting,
- emphasize on stock card management –monitor accountability of RDTs/ACTs supplied
- emphasize on ANC LLIN recording and reporting- accountability of LLINs
- encourage 100% of CMV data to be captured in NHIS monthly reports in HMM districts

Although there were no conducted in the province, there is now one scheduled for 11<sup>th</sup> of September, 2024.

## **HOME-BASED MANAGEMENT OF MALARIA (HMM)**

HMM Program has been in the province since 2020 where it is serving the rural communities with basic malaria testing and treatment through trained CMVs.

This program is currently being implemented in the high malaria burden communities of Maprik, Wewak, Wosera Gawi and Yangoru Sausia districts.

Since 2020, a total of 324 CMVs were. 257 CMVs are currently active and serving in the communities. These CMVs are in 11 different catchments in 4 different districts as stated earlier.

There is one provincial based HMM Officers who are employed my RAM through Global Fund, that oversee the HMM program and are closely supported by the Provincial Malaria team.

## 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:	January 31 2025
Vehicle Custodian:	WSPHA
Vehicle Location:	ESPHA Parking Pool
Vehicle Condition:	Due for 48, 000 miles vehicle service

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

## **POSITIVE OBSERVATIONS**

- No major stock outs of malaria commodities at the provincial and HF level with major support from AMS Wewak team.
- There is now availability of primaquine in AMS Wewak thus all health facilities are restocked.

## **CHALLENGES**

- Consistency of entering malaria data from health facility and CMVs into electronic NHIS tablet due to delay from aidposts or unavailability of tablets at the health facility.
- Malaria Rapid diagnostic test kits are expiring in certain health facilities due to no consumption up till the expiry date.
- Microscopy data from Boram Hospital not captured in hospital data as per malaria summary reports.
- Social violence and shortage of zoom in the province have hindered the plans to visit Angoram districts
- The ongoing sales of MALA 1 on the streets is a risk to this important drugs.

## **RECOMMENDATIONS**

- To ensure that all health facility capture malaria data in electronic NHIS tablet on a monthly basis. Either from the CMVs, or aid posts.
- To negotiate for appropriate communication with medical laboratory and medical records to capture malaria microscopy data in the NHIS tablet.
- To monitor malaria rapid diagnostics test kits at health facility level for rotation in avoiding expired items on shelves.
- To facilitate a multi sectoral approach to hinder the leakage of MALA 1 onto the streets. Therefore, onus should be on the respective PHA to take the lead in handling this issue.

## ACKNOWLEDGMENTS

- Rotarians Against Malaria - Global Fund
- East Sepik Provincial Health Authority (ESPHA)
- East Sepik Provincial Health Authority (ESPHA) fleet team in providing support in transporting malaria commodities up to Maprik.
- East Sepik Provincial Malaria Control Team (Apoloniah Parihuasi, and Winnie Sagi)
- Provincial Health Information Office
- ESPHA Drivers
- HMM Officers – Ruth Ibras
- Officer in Charge and staff of all health facilities visited
- AMS Wewak arranging malaria commodities (RDTs and primaquine) for Q3 distribution.
- District Health Managers, and staff in all 6 districts

## PICTURES



**Picture 1.** Assisting OIC Kairuru HC delivering malaria commodities at boat stop.



**Picture 2.** ESP PMS doing stock management at the newly refurbish dispensary at Angoram DH.



**Picture 3.** ESPHA fleet team loading malaria commodities for Maprik, Wosera Gawi and Ambunti Dreikir districts.



**Picture 4.** This is the newly built Illaita HSC after previous building burnt down. Currently basic medical supplies are kept in a new built staff house.