

**NATIONAL MALARIA CONTROL PROGRAM
ROTARIANS AGAINST MALARIA
MADANG PROVINCE
SEPTEMBER 16TH – OCTOBER 09TH 2024**

QUARTER THREE FIELD TRIP REPORT

Malaria Coordinator:	Brenda Fisaura
Destination:	Madang Province
Date Travelled to Lae:	16 th September 2024
Date travelled from Lae to Madang:	18 th September 2024
Date Returned to Port Moresby:	10 TH October 2024
Nights away from the office:	22 nights
Vehicle Use:	Program Vehicles MAH 898 & WAD 930
PHA Driver attached:	Jerry Simon and Vincent Sungi
RAM Officers engaged:	Winnie Rambayipma (Provincial Malaria Officer)
Purpose of Travel:	Q3 Health Facility Supervisory Visit, distribution of RDTs/ACTs & ANC nets



RAM team meeting with Public Health Director Dr. Daimen and Provincial Disease Control Officer Mr. Arthur Walgun of Madang Provincial Health Authority during the RAM senior management team trip into the Madang Province. (L-R: RMC Brenda Fisaura, Operations Manager Mr. Hebou Ranu, PHD Dr. Daimen, Chief of Operations Mr. Linsay Nisan, General Manager Dr. Munir, PDCO Mr. Arthur Walgun and PMS Ms. Winnie Rambayipma

OBJECTIVE:

1. Visit all accessible HFs 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 HFs for more than 2 weeks at least
2. Timeliness and Completeness of the Monthly NHIS reports is very poor from all facilities as well as from PHIOs. Remind OICs and staffs completing monthly NHIS reports to improve on this and adhere to the submission dates expected i.e. All monthly NHIS reports are due before the 7th of the new/next month from OICs and 15th of the new month for the PHIOs.
3. There is obviously over reporting of ACTs projected by the NHIS reports. Emphasis to OICs to verify NHIS report/data before submitting. Provide to facilities performing poorly in this the data from the Information system so they can confirm and aim for a change.
4. 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),
5. Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs despite not been visited.
6. There is increased malaria deaths. Investigate and advice staffs as well to not enter death as a clinical death.

PEOPLE MET WITH DURING Q4 VISIT

- Public Health Director Dr. Martine Daimen
- Deputy Health Director-Programs Mr. Karoi Kamac
- Provincial Disease Control Officer, Mr. Arthur Walgun
- Deputy Provincial Information Officer, Mr. Marley Nunua
- Acting Medical Transit Store Manager, Mr. Peter Bangan
- Provincial Malaria Supervisor Ms. Winni Rambayipma
- House Hold Malaria Management officers Ms. Judith Demie and Ms. Edna Curtis
- Modilon Hospital Laboratory Officer in Charge Mr. Johnson Makaen
- Modilon Hospital Medical Records Admission Clerk Mrs. Joyce Walapan
- Modilon Hospital Children's Outpatient Department SIC, Sr. Damoc

OFFICERS TRAVELLED AND WORKED WITH:

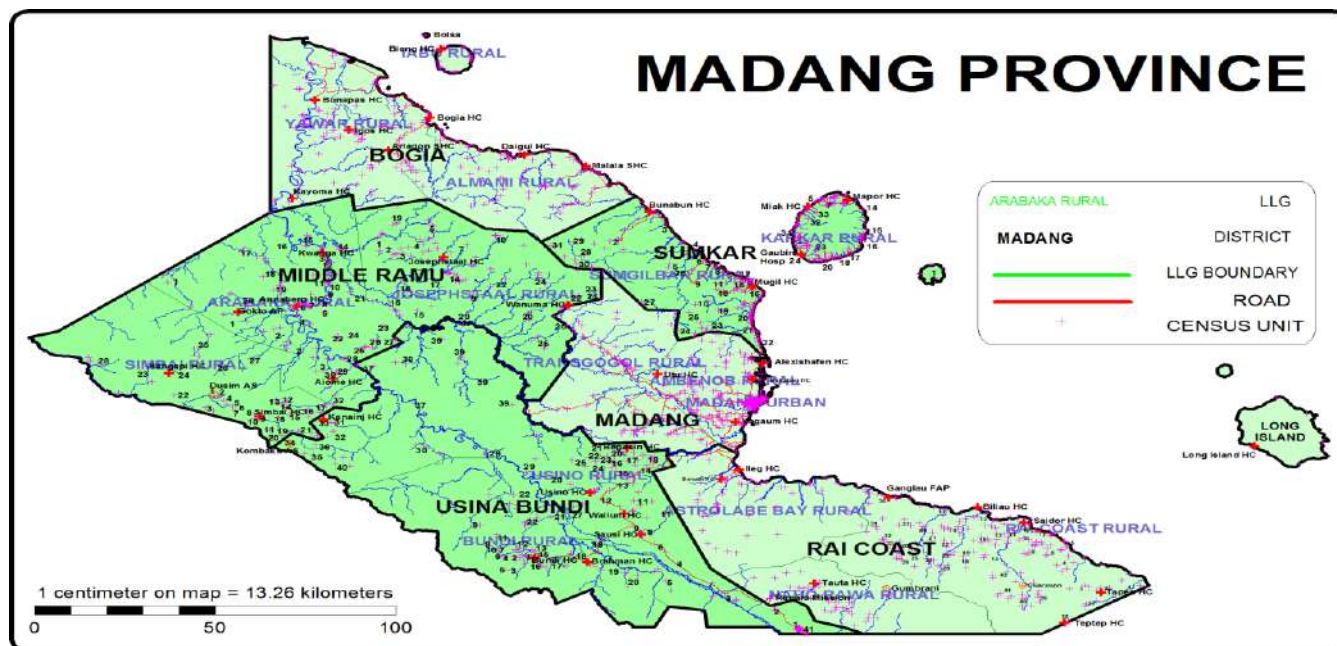
- Ms. Winnie Rambayipma (Provincial Malaria Supervisor)
- Mr. Harry Bell, Medical Transit Store Supervisor

1. BACKGROUND INFORMATION OF MADANG PROVINCE

Madang province is divided into six main districts (Madang, Sumkar, Bogia, Middle Ramu, Usino Bundi and Rai Coast) having a total of forty-six registered functional health facilities which provide health services to the entire population. 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 most importantly for service delivery. 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 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.

Figure 1. Map of Madang Province



2. DISCRPTIONS OF FACILITIES IN EACH DISTRICTS

Madang District

There are 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. Utu HC however since last quarter, the excess road was cut off due to continuous rain which eroded the soil and caused it to collapse. Till now it is impassable. Supplies can be brought to where the road is cut off and the staffs will have to travel over and load and walk back. All facilities in Madang district received their GF Q3 supplies accordingly prior to the actual facility visit.

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 Bagabag SC is on Bagabag Island which is south-west from Karkar Island. Currently Bagbag SHC is unmanned and as a result the team did not travel over to conduct facility visit. All the rest of other facilities were visited and Q3 stocks were replenished prior to the facility visit.

Bogia District

This district has a total of 8 registered reporting facilities. Currently 7 facilities (Ariangon SC, Bieng SC, Bogia HC, Bunapas SC, Hartzfeldhaven SC, Malala SC and Igos SC) are functioning. Kaiyoma SC is currently unmanned. There are still no officers assigned to this facility. 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 visited. All Q3 supplies were supplied before the actual visit.

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. The quarter 3 drugs were consigned through MAF from Madang to Simbai HC and through Tropic Air charter flight to Sangapi SC with Sangapi LLG President. 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. All facilities have received their Q3 supplies except for Wanuma SC but OIC has been notified already. He will pick up once he travels in.

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 during wet season. It takes more than 2 hours to reach these 2 facilities so their supplies are always picked up by the officers in town. There are yet to collect this quarter stock. 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. Bundi SC is currently unmanned so no supplies packed. Begesin SC OIC is yet to travel into town to collect their Q3 supplies.

Raicoast District

There are total of 7 facilities (Saidor HC, Teptep SC, Ileg SC, Tapen SC, Biliau SC, Tauta SC and Bawak SC) currently functioning. Tauta SC is still inaccessible due to deteriorated road condition. 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. Due to fast flowing rivers, during the raining season it is too risky to cross the rivers to visit both facilities. Saidor HC and Biliau SC can only be accessed via sea for less than 4 hours in a fine weather. Both can be visited if the sea is not rough however sea piracy is very common in those waters so safety measures are usually considered before travelling. For this quarter, the PMS Ms. Winnie Rambayipma visited Saidor, Biliau and Ileg SC through an integrated trip organized by the district health manager which partners and Provincial Health Authority officers visited these facilities.

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 Q3 supplies should be picked up when the OIC travels into town. Teptep SC however is inaccessible from Madang Province. 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. Often the Officer in Charge of Teptep HC has no way to travel back with supplies, and he always await any charters to assist travel in and out of 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 together with issues identified,

HEALTH FACILITY	ACCESSIBILITY STATUS	DATE OF VISIT	ISSUES IDENTIFIED	ACTIONS TAKEN
ARIANGON SC	Accessible	02/10/2024	All facilities visited noted to have the same issues. This includes; <ul style="list-style-type: none"> - ANC LLIN REGISTER: delivery dates and stock issued not updated and balanced. Monthly issue of nets not updated - AMS orders are not consistent and facilities 	OICs and certain staffs met with during the visit were made aware of the issues identified. Way forward include <ul style="list-style-type: none"> - Physically show the register book to the staffs and highlight the importance of updating the fields concerned - This is beyond our control but advise staffs to continue
BIENG HSC	Accessible	02/10/2024		
BOGIA HC	Accessible	02/10/2024		
BUNAPAS HC	Accessible	02/10/2024		
HARTZFELDHAVEN HC	Accessible	25/09/2024		
MALALA SC	Accessible	25/09/2024		
IGOS SC	Accessible	02/10/2024		
ALEXISHAFEN HC	Accessible	24/09/2024		
JOMBA UC	Accessible	20/09/2024		
MADANG HOSPITAL	Accessible	23/09/2024		
MADANG TOWN UC	Accessible	23/09/2024		
UTU SC	Accessible			

YAGAUM HC	Accessible	24/09/2024	always run out of basic drugs for 1 to 2 months' max	to place order every two months as per required even though the supplies do not arrive on time.
DANBEN SC	Accessible	23/09/2024		
BAITABAG SC	Accessible	23/09/2024		
SISIAK UC	Accessible	23/09/2024		
AIOME HC	Inaccessible			
ANNABERG HC	Inaccessible		- Nil stock of ANC nets as well as Primaquine. Health centre Officers do not notify team immediately.	- Emphasis strongly on staffs to continue and monitor this commodities and request for new supplies when they are soon to run out instead of waiting for the Provincial Malaria team to visit and supply only.
JOSEPHSTAAL HC	Inaccessible			
KWANGA HSC	Inaccessible			
SANGAPI HSC	Inaccessible			
SIMBAI HC	Inaccessible			
WANUMA HSC	Inaccessible			
KATIATI HSC	Inaccessible			
SAIDOR HC	Inaccessible	31/07/24		
TEPTEP HSC	Inaccessible			
ILEG SC	Accessible	02/08/24		
TAPEN HSC	Inaccessible		- Not submitting monthly NHIS report on time	- Explain the importance of timeliness of NHIS report submission and ask OICs to improve
BILIAU SC	Inaccessible	01/08/24	- Malaria registers do not have any clinical diagnosis but however, the ENHIS seem to contain clinical	- Identify where the issues are with the OIC and correct with him/her together with the PHIO
BAWAK HSC	Accessible	03/10/24		
BAGBAG HSC	Accessible			
BUNABUN SC	Accessible	02/10/2024		
GAUBIN HC	Accessible	09/10/2024		
MIAK HC	Accessible	08/10/2024	- The record for 2 ND AND 3 RD DOSE OF IPTP often is not recorded	- Explain the importance of keeping record. Instruct to record in the ANC register book or reattanders book.
MUGIL HC	Accessible	24/09/2024		
MAPOR SC	Accessible	08/10/2024		
KULUBOB/KAVAILO SC	Accessible	08/10/2024	- ACTs issued out is more than the positives as per NHIS, HOWEVER hard copy of malaria registers indicate none	- Identify where the issues are with the OIC and correct with him/her together with the PHIO
BEGESIN HC	Inaccessible			
BRAHMAN SC	Accessible	04/10/2024		
BUNDI HC	Inaccessible			
GUSAP HC	Accessible	18/09/2024		
RAMU SUGAR LTD SC	Accessible	18/09/2024		
SAUSI SC	Accessible	19/09/2024		
WALIUM HC	Accessible	19/09/2024		
USINO HC	Accessible	19/09/2024		

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

Total number of HFs	47
Total Accessible Facilities	31
Total Inaccessible Facilities	15
Total Accessible Facilities Visited	30
Total Facilities Visited	31
% Coverage (Accessible)	97%
% Coverage (Total Facilities)	67%

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 67% of total facilities visited and 97% coverage rate for accessible facilities in the Province.

Table 3: Plan for hard to reach facilities

No.	Health Facility	Q3 supplies status	Reasons for not conducting a single facility visit
1	Teptep SC	Q3 supplies yet to be picked up	Inaccessible: Excess only through Lae via charter flights. Currently no regular flights reaching Teptep airstrip.
2	Tapen SC	OIC has confirmed to pick up during his visit into town in the middle of October	Inaccessible: Travel 3 -4 hours by sea to Saidor station and then track whole day up to the facility.

3	Wanuma SC	OIC has been notified to pick up supplies when he travels into town.	Inaccessible: Travels 6-7 hours to reach the facility. Road condition very bad. Impassable.
4	Begesin	SIC notified through text message to pick supplies as she was not answering our calls.	Inaccessible: No road excess to the facility. Deteriorated some years back.
5	Tauta SC	CHW at the facility has been notified to collect Q3 supplies	Inaccessible: Travel 2 hours by vehicle from Madang town to Ramu station and then track whole day to the facility as the road has deteriorated making it impossible for vehicles to run through.

Only five inaccessible facilities are yet to collect Q3 supplies otherwise the rest of the facilities, especially the inaccessible have all collected the supplies for this quarter. Kaiyoma SC, Bagbag SC and Bundi SC are currently unmanned so Q3 supplies were not packed for this catchment facilities.

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 203 cartons were received on 5 different dates and in perfect condition.

- 94 cartons arrived on the 26/07/24, then
- 18 cartons on the 31/07/24
- 35 cartons arrived on the 03/08/24
- 36 cartons arrived on the 07/08/24 and
- The remaining 20 cartons were received on the 10/08/24

Table 4: Provided below is the detailed received quantity.

CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON	TOTAL QUANTITY	TOTAL IN BASIC UNITS	BATCH #	EXPIRY DATE	CONDITION OF GOODS	REMARKS
	55	ROT	40	2,200	55,000	101445/15/24/2024	8/2024		Total of 94 cartons received on the 26/7/23.
	4	ACT12	48	192	5,760	7254116	01/2025		
	12	ACT18	26	312	9,360	7254367	02/2025		* ACT24: 2 cartons had 26/carton 2 cartons had 40/carton
	23	ACT24	26	626	18,780	7254202	01/2025		
		ACT24	40			MAD22256A	09/2025		
	1	ACT18	26	26	780	7254367	02/2025		received 18 cartons on 31/7/2023. * ACT24 had single carton had 2 different batch carton 201
	16	ACT24	26	416	12,480	7254202	01/2025		
MIX	1	ACT24	15	15	450	7254203	01/2025		
			11	11	330	7254202	01/2025		
	35	RDT	40	1,400	35,000	101445/15/24/2024	8/2024		← 35 cartons received on 31/8/2023.
	22	ROT	40	880	22,000	101445/15/24/2024	8/2024		Another 36 cartons received on the 7th/8/2023.
	3	ACT6	100	300	9,000	MAD22256A	8/2024		
	8	ACT12	48	384	11,520	7254116	01/2025		
	1	ACT18	26	26	780	7254367	02/2025		
MIX	1	ACT12	25	25	750	7254116	01/2025		
		ACT18	23	23	690	7254367	02/2025		
MIX	1	RDT	1	1	30	101445/15/24/2024	8/2024		
		ACT6	67	67	2,010	MAD22256A	8/2025		
		ACT24	19	19	570	7254202	01/2025		
TOTAL	20	RDT	40	800	20,000	101445/15/24/2024	8/2024		

DATE RECEIVED: _____

RECEIVED AND VERIFIED BY: Banda Fisaura POSITION: RMC SIGNATURE: [Signature]

WITNESS: _____ POSITION: _____ SIGNATURE: _____

Discrepancies -> Noted

- ACT 18 as per the packing list a total of 15 full cartons should have been received, however upon checking + confirmation, only 14 cartons were received.
- ACT 24 (26 per carton) as per the packing list, a total of 36 cartons should have been received. However, upon confirmation, an additional carton was added which concludes with a confirmed 37 cartons.
- Mix carton 201, had less content compared to the packing list. 26 box with 15 box batch: 7254203 and 21 box batch: 7254202.

5. FACILITY VISIT FINDINGS SUMMARY

a) Stock Situation

- **Stock Management**

Most of the facilities visited have all received their quarter 3 supplies before the actual quarter 3 regional malaria coordinator visit. The Provincial Malaria Supervisor Ms. Rambayipma coordinated the supplies delivery successfully and ensure that no facility is faced with nil stock of ACT/RDT for more than a week. The quarter 3 distribution was done towards the end of July to August 2024. All facilities are maintaining the ACT and RDT stock using stock cards provided to them. Often they are maintained on a monthly basis.

During the actual physical visit done to the facilities from the 18th of September to the 10th of October, it was found that most facilities were running low on ACTs which the team replenished their supplies accordingly. Unfortunately, there were no stock of Primaquine as well as other necessary antimalarial injectable. Those commodities were out of stock at most of the facilities visited for more than a month.

No stock rotation was done as all stocks supplied were used on time. However, health centre orders have arrived at the transit store and are being distributed district by district by LD logistic officers' facilities 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 emphasis, the staffs are improving on accounting for all nets issued out. Bogia HC at the moment due to poor accountability of nets, the team have held back the nets until they account for missing nets.

The opening balance for this year 2024 was **4,798 nets (96 bales of 50 nets each and 46 loose nets)**. Additional nets of 972 were delivered again to Madang Province during the year for ANC LLIN which totals up to a total of 5770 nets since January stored at PHA for distribution to facilities. From January up till current, the team have distributed a total of **5400 nets (108 bales)**. The current stock on hand at the end of Q3 visit is **370 nets (7 bales and 20 loose nets)**. The remaining balance is expected to be issued to facilities before the 4th quarter visit commences.

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 limited stock of Fansidar available but will soon run out. Several facilities have no stock of Fansidar available at the facilities and ANC mothers were not given their doses for 1 -2 months now and these facilities include Kulubob SC, Bogia HC, Malala HC, Hartzfeldhaven HC, Mugil HC, Danben Clinic, Jomba Clinic, Walium HC, Usino SC, Biliau SC and Saidor HC.

Almost all facilities due to emphasis on keeping track of all 3 doses of IPTP, have since been recording the doses in either the ANC register book for first visit only clients and the re-attendance book made specifically to track clients returning for 2nd,3rd etc. ANC visits.

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.

In 2020 Global Fund through Rotarians Against Malaria procured 6 microscopes and these items were distributed to 4 facilities in Madang Province by Mr. Ernest Velemu, QA Manager – Central Public Health Laboratory in February of 2021. Present and receiving the donated microscopes was the Public Health Director Dr. Martine Daimen in the presence of the Modilon Pathology staff and microscopists from Yagaum and Gaubin Rural Hospitals. During this quarter visit, our team followed up to check and ensure that these microscopes are available and functioning. Provided below are the findings per facility

Facility	CX	Serial #	Comments
Yagaum District Hospital	CX 33RTFS2	OF46226	Available and functioning
Gaubin District Hospital	CX21	1A80700	Available and functioning
Modilon Hospital	CX43RF	OD42262	Missing since 2022. A report was submitted to PHA by Modilon Hospital Laboratory Manager Mr. Johnson Makaen and up till now it has not been found.
Institute of Medical Research (IMR)	CX43RF	OD42271	Available and functioning
	CX33RTFS2	OC52831	Available and functioning
	CX33RTFS2	OF46235	Available and functioning

d) Malaria School Surveys

The Malaria School Survey in Madang Province will start off its second phase for this year towards the end of October. The schools to be surveyed will be the same ones surveyed in the first phase of this 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)

Currently officers Judith Demie and Edna Curtis are implementing the HMM program in the Province still.

- ❖ The program started in 2020 and since then a total of 258 volunteers were trained. However, currently only a total of 180 volunteers remain active.
- ❖ There are total of 16 HMM Program reporting facilities currently supervising the CMVs under. (Sausi SC, Walium HC, Usino SC, Brahman HC, Baitabag SC, Mugil HC, Bunabun SC, Malala HC, Hartzfeldhaven HC, Bogia HC, Bieng HC, Ariangon SC, Igos SC, Kulubob SC, Mapor SC and Bawak SC.)
- ❖ So far 41 additional CMVs were trained this year 2024 and still another 19 will be trained before the year ends.
- ❖ There are also supervising Aid Post & CHPs that continue to support the CMVs by supplying few ACTs as well as collecting the malaria registers from the CMVs and submitting them to the main reporting facility in that catchment.

Provided below is the HMM data and CMV update since 2020

	CMVs Trained	Active CMVs	Test (RDT)	Positives	Treatment (ACT)
2020	83	51	3,053	2,042	1,997
2021	23	13	11,413	7,558	7,467
2022	21	12	10,100	7,182	6,404
2023	90	63	16,069	11,009	9,729
2024 Jan- Jul	41	41	14 171	10 643	9 859
Total	258	180			

Same as all other programs, HMM program also has its fair share of challenges. Several main issues were identified during this which is same as any other visits

- ❖ No incentives/ allowances demotivate CMVs hence some CMV turn to sell supplies/charge patients for the service provided
- ❖ Selling of ACTs in some communities (general)
- ❖ Bad weather causing delays in program implementation (Continuous rain)
- ❖ Security issues (Traveling in and out of Madang) to conduct visit
- ❖ Data quality and lateness of data submission to reporting facilities
- ❖ Supply shortage of Malaria commodities at the facilities (ACT/PQ) results in CMVs not motivated to continue work

- ❖ CMVs not submitting report on time to reporting facilities to capture data into the monthly NHIS reports
- ❖ Increased dropout rate for CMVs

And the way forward as proposed by the team include;

1. Discuss allowances with Provincial Health Authority, National Malaria Program and Rotarians Against Malaria
2. Establish HMM committee to address these issues as a priority
3. Supply ACTs to CMVs during HMMO visits to CMVs individually. Stock supplied must be entered also to the facilities stock card so as to monitor accountability of drugs under the reporting facility.
4. Conduct regular visits to CMVs right to the community level so to boost them to feel

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 data collected.

- 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 7th of the new month, however there is a delay.

- 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 and also the EQA results are normally not received at all so the laboratory manager can't really be assured of the competency otherwise he continues to monitor and ensure that the microscopists are following the guidelines.

- 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 were visited and the units that perform RDT include, 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 during the RMC visit, no CQI training was conducted due to limited time, however, plan is in place for Ms. Rambayipma to run the training after the completion of RMC Q3 visit. She will conduct the training in Bogia district targeting all the Officers in Charge of the 7 functioning reporting facilities in the district. The District Health Manager has been made aware already and will step in to assist the team when on the ground.

Even though CQI is not 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. During this quarter visit, our focus was on

- Over reporting of ACTs. Officers in Charge were verifying the reports provided
- Delayed days in NHIS Monthly report submission to PHIO. Officers were able to give feedback on issues faced and letting them provide way forward to improve on this prolonged challenges.



RMC Brenda with OIC of Botola Clinic

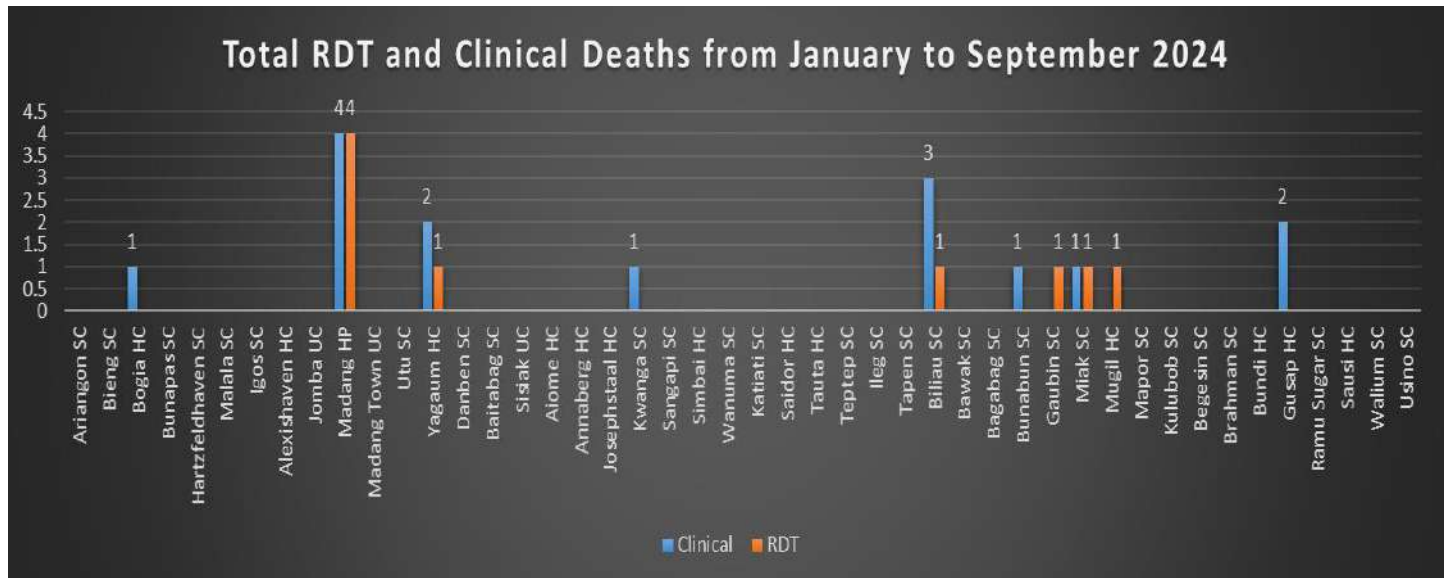


PMS Winnie with OIC of Mugil HC

9.MALARIA OVERVIEW

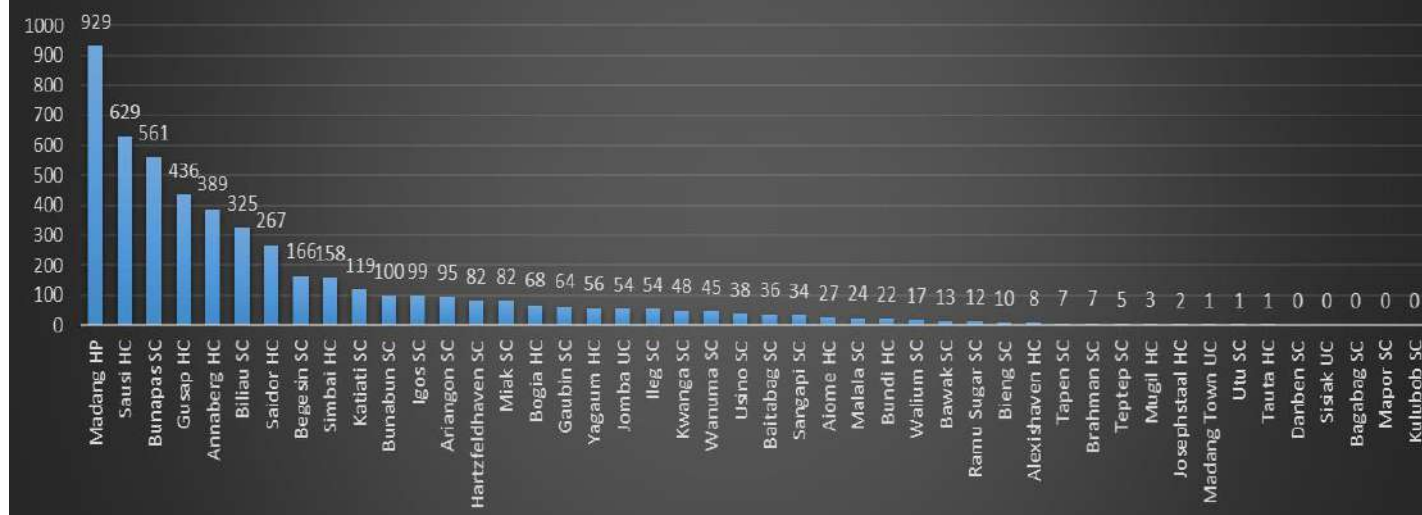
This quarter visit, the teams focus was on the datas projected through the NHIS by each facility.

- Over reporting of ACTs
- Timeliness of NHIS submission by facilities to PHIOs
- Malaria confirmed deaths and
- Continuous clinical diagnosis



- There is obviously diagnosed clinical deaths found in the NHIS report. The PMS and RMC did a follow up with facilities concerned and it appeared that most of this data identified were not valid but it was to do with the ENHIS Tablet errors. Also information on the tablet entered is a confirmed malaria death but since it is not species identified it automatically becomes a clinical death. However, it can be said that malaria deaths in Madang has reduced over the years.

Clinical diagnosis done by each facility from January to September 2024



- The graph displays facilities with highest clinical treated malaria cases to the lowest.
- Modilon Hospital obviously with the highest clinical diagnosed malaria cases still. Facility staffs have always been reminded and advised against clinical diagnosis of malaria but this practice continue still.
- Although it can be seen that many facilities are still doing clinical diagnosis, in reality some datas are incorrect. The malaria registers at the facilities does not correspond with the ENHIS datas. Facilities with such, their Officers in Charge confirmed the errors and shown that the tablets are projecting datas not physically entered by the staffs.

Timeliness of NHIS submission by facilities to PHIOs

Facility	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Ariangon SC	26	59	7	26	11	66	33	2	0
Bieng SC	14	27	28	12	5	3	12	3	0
Bogia HC	70	42	0	30	1	0	10	0	0
Bunapas SC	5	0	6	110	79	15	15	19	10
Hartzfeldhaven SC	208	6	16	9	2	5	61	9	0
Igos SC	14	0	28	133	111	81	19	19	0
Kaiyoma SC	0	0	0	0	0	0	0	0	0
Malala SC	6	7	3	6	9	4	5	5	7
Alexishaven HC	14	5	7	25	5	8	61	10	0
Baitabag SC	6	8	7	5	9	5	1	0	0
Danben SC	24	18	14	11	9	92	14	17	13
Jomba UC	0	0	9	6	6	4	39	0	0
Madang HP	6	12	14	5	41	11	4	9	3
Madang Town UC	12	17	7	6	18	8	5	22	0
Sisiak UC	12	12	7	9	6	7	8	8	7
Utu SC	34	18	14	22	31	13	17	25	0
Yagaum HC	6	11	4	2	6	3	14	0	0
Aiome HC	74	163	132	102	9	15	10	19	0
Annaberg HC	14	18	7	26	26	15	26	25	0
Josephstaal HC	160	27	28	5	26	14	26	25	0
Katiati SC	73	44	28	9	0	0	0	0	0
Kwanga SC	14	27	13	57	24	81	26	22	0
Sangapi SC	53	24	49	19	9	9	1	0	0
Simbai HC	1	33	2	3	2	2	5	29	1
Wanuma SC	12	0	0	30	0	0	61	30	0
Bawak SC	47	44	93	63	32	9	17	29	9
Biliau SC	4	18	24	26	24	5	11	22	0
Ileg SC	1	0	0	0	0	0	45	0	0
Saidor HC	34	24	23	49	18	11	19	0	0
Tapen SC	0	0	0	8	0	5	6	1	9
Tauta HC	138	109	78	42	11	11	1	2	0
Teptep SC	27	171	140	110	80	50	19	11	0
Bagabag SC	0	0	0	0	0	0	0	0	0
Bunabun SC	32	25	38	21	29	24	25	29	0
Gaubin SC	4	3	2	24	94	64	18	30	16
Kulubob SC	14	59	9	26	9	5	61	30	0
Mapor SC	47	18	23	32	5	0	0	0	0
Miak SC	14	0	3	6	9	9	5	6	3
Mugil HC	27	44	14	35	5	13	4	0	0
Begesin SC	0	1	1	3	0	1	4	3	2
Brahman SC	34	27	24	12	9	10	21	4	17
Bundi HC	90	26	3	54	23	0	0	0	0
Gusap HC	0	10	0	0	0	0	0	0	0
Ramu Sugar SC	0	0	0	0	0	0	0	0	0
Sausi HC	5	1	17	16	9	8	8	22	4
Usino SC	71	55	24	26	9	4	33	0	0
Walium SC	26	9	17	8	15	14	19	0	0

The table on the previous page displays the timeliness of monthly NHIS report submission to the PHIO.

- Highlighted in green are facilities by month who have submitted the monthly NHIS report on time. In yellow are facilities which were unmanned during those months thus no reports were submitted. And highlighted in red are facilities who have been submitting the NHIS reports late by months.
- During this visit, it was found that some facilities do submit report on time to the PHIO's officer as per the date signed on the hard copy kept at the facility. However, it is from the PHIO end that delays verification and as a result, the reports are uploaded late and resulted in reports appearing as late submission.

10. 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:
15/05/25.
Current mileage end of RMC visit:
16, 844km (issue still with
mileage)
Issue noted: Loosing engine
power on full acceleration in
between trips

MAH 898

MVIL Expiry Date: 19/12/2024
Safety Sticker Expiry Date:
03/06/25
Next service due millage: 5,000
KM (Pending service at the end
of RMC Q3 visit)
Running Condition: Satisfactory
Current mileage at the end of Q3
visit: 12811 KM

LBW 233

MVIL Expiry Date: 06/06/2024
Safety Sticker Expiry Date:
03/06/25
Next service due millage:
90,000km
Running Condition: Satisfactory
Current mileage at the end of Q3
visit: 92,933km. Due for millage

11. ACHIEVEMENTS

- Quarter 3 supplies arrived on time for distribution to facilities
- Successfully visited 30 out of 31 accessible facilities and supplied Q3 RDTs and ACTs accordingly.
- Successfully distributed Q3 commodities to all reporting facilities
- Most facilities are keeping track of the 2nd and 3rd doses of Fansidar by now in the ANC register book or the ANC re-attendance register book.
- 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.
- PMS visited Saidor HC, Biliau HSC and Ileg HC before Q3 commenced. The District Health Manager for Raicoast funded the trip.

12. 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.
- Aid Posts staffs continue to contact directly the malaria offices to get quarter supplies reporting that the Reporting Heath 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.
- Most church run facilities submit their monthly NHIS reports on time to the agency office but copies do not reach the Provincial Office on time. Some facilities do submit their monthly NHIS reports on a timely basis but M&E teams of church run agencies need to step up.

13. RECOMMENDATIONS

- 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 as well as overall NHIS reporting. Provincial Information officers to also be involved in this.
- Main Health Centre staffs to provide refresher/onsite training to Aid Post staffs when there's a chance.
- Distribute nets only to facilities who account properly.
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14.ACKNOWLEDGEMENT

This 3rd 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 Q3 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.

15. PICTURES



