



QUARTER 3 2024 MALARIA COMMODITY DISTRIBUTION AND HEALTH FACILITY SUPERVISION IN ESP PROVINCE – FIELD TRIP REPORT



Name of Officers: Fabian Worr/Enoch Waipeli

Destination: WSP Province

Date trip started: 15.07.24

Date trip ended: 17.08.24

Purpose of Travel: Quarter 4 Drug distribution and M&E HF supervision

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PEOPLE MET WITH OR INFORMED:

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Mr. Raphael Anea – Provincial Disease Control Officer, WSPHA
Mr. Enoch Waipeli – 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 West 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 West Sepik Province was conducted by Regional Malaria Coordinator, Mr. Fabian Worr and Provincial Malaria Supervisor, Mr. Enoch Waipeli. This visit is under the National Malaria Control Program (NMCP) to carry out M&E for malaria program, to visit all accessible health facilities in ESP.

WSP RMC Q3 2024 M & E and malaria commodities distribution to health facilities in WSP is the third for 2024. For this visit, malaria commodities distribution and M&E visits were conducted in 2 weeks.

This quarter 3 (three) health facility supervision and round three distribution of malaria commodities commenced on 17.07.24. For this quarter, M&E and malaria commodities distribution for Vanimo Green was conducted by PMS WSP Enoch Waipeli. Thus M&E and malaria commodities distribution for Aitape Lumi and Nuku was carried out by RMC WSP Fabian Worr

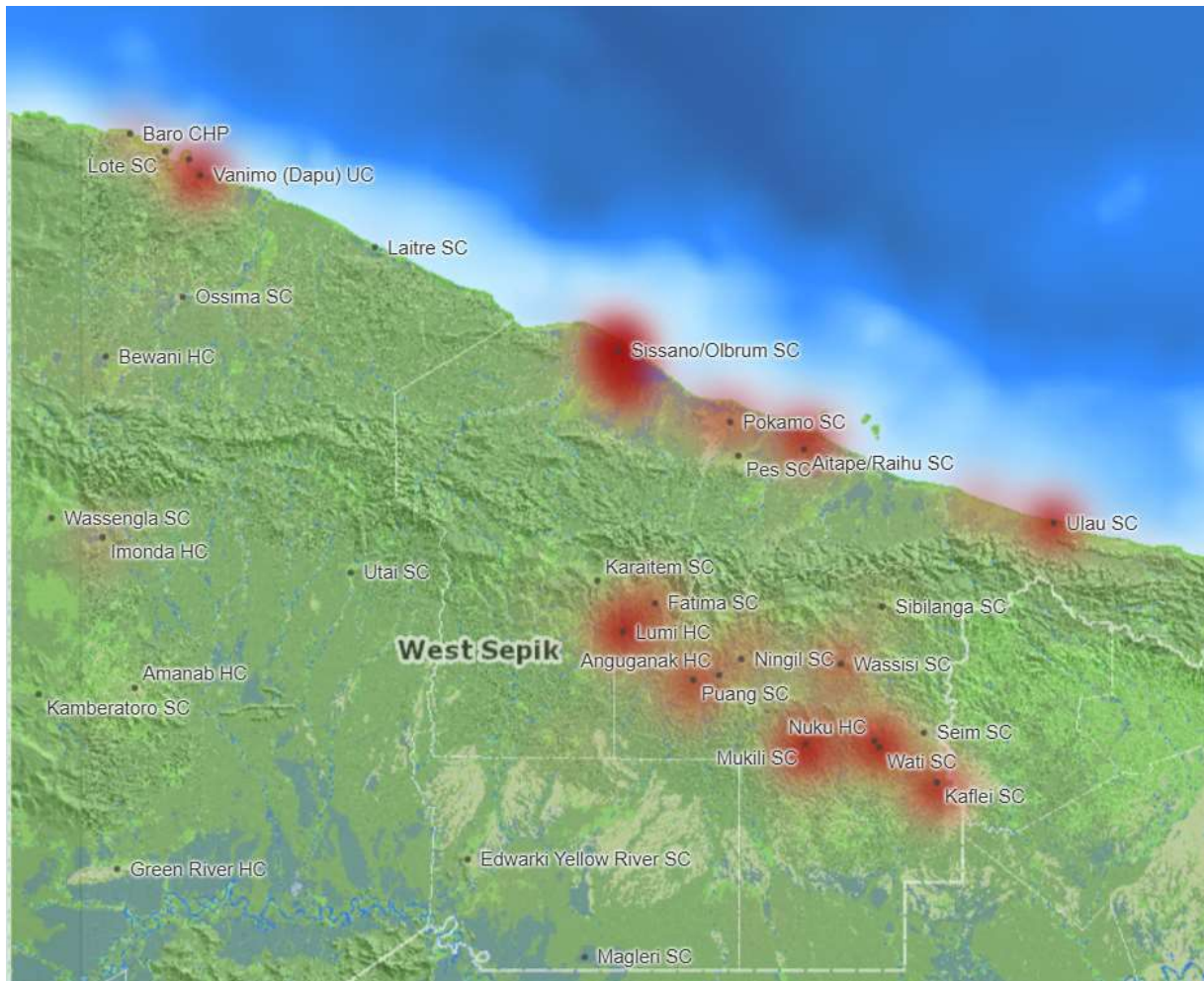
Moreover, the malaria commodities for this quarter were from the Global Fund (GF) and NDOH supply. These supplies were from the RAM PSM and AMS Wewak. This arrangement was done by RAM PSM by protocol to the NDOH MSPD team. The AMS Wewak supplied malaria RDTs and primaquine. RAM PSM team supplied ACTs.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

It is important to note that during WSP Q3 2024 visit, health facility based Continuous Quality Improvement training was conducted in Lumi, Nuku and Aitape during this quarter.

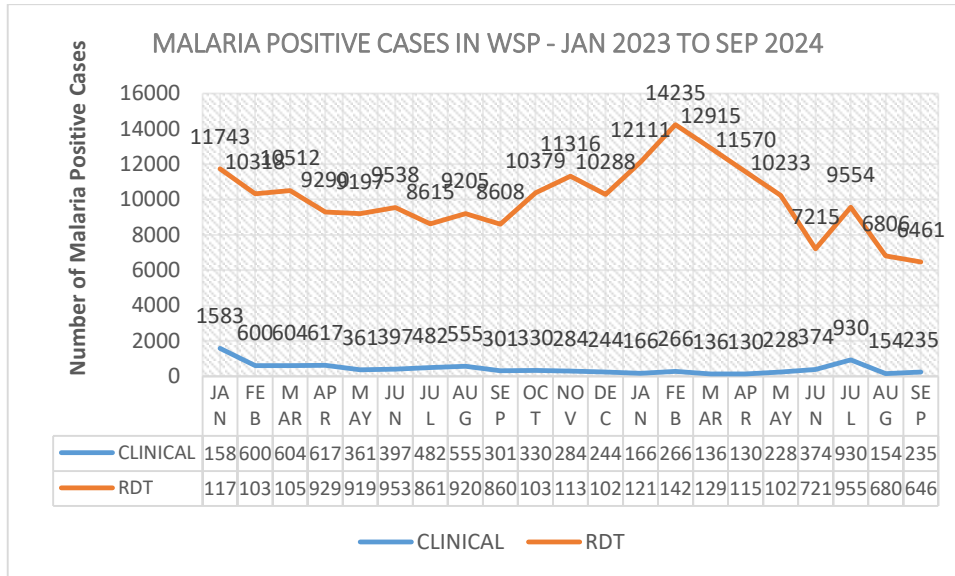
BRIEF BACKGROUND INFORMATION OF WEST SEPIK PROVINCE

Sandaun Province (formerly West Sepik Province) is the north westernmost mainland province of Papua New Guinea. It covers an area of 35, 920 square kilometres and has a population of 248, 411. There are four districts in the province. Each district has one or more Local Level Government (LLG) areas.

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

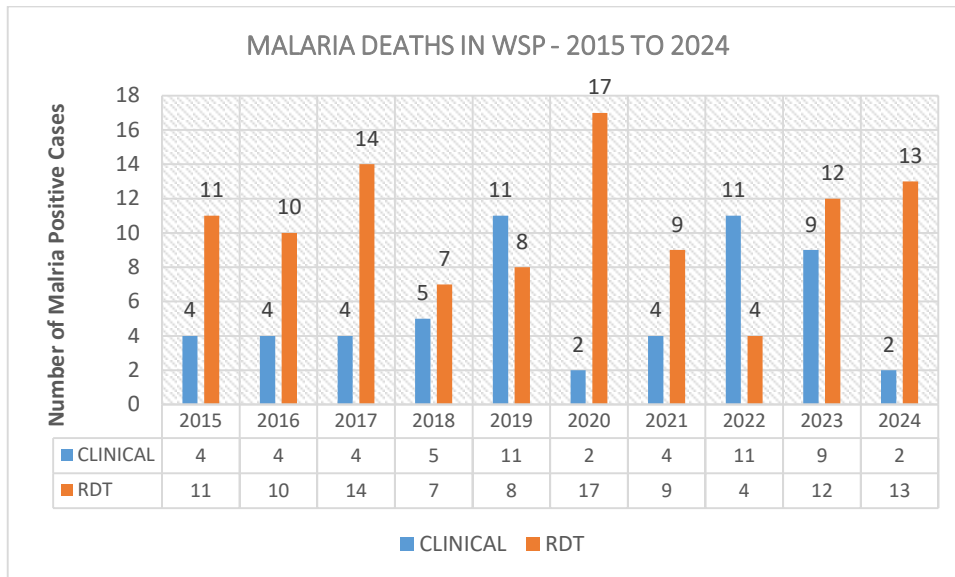


MALARIA SITUATION IN WEST SEPIK PROVINCE



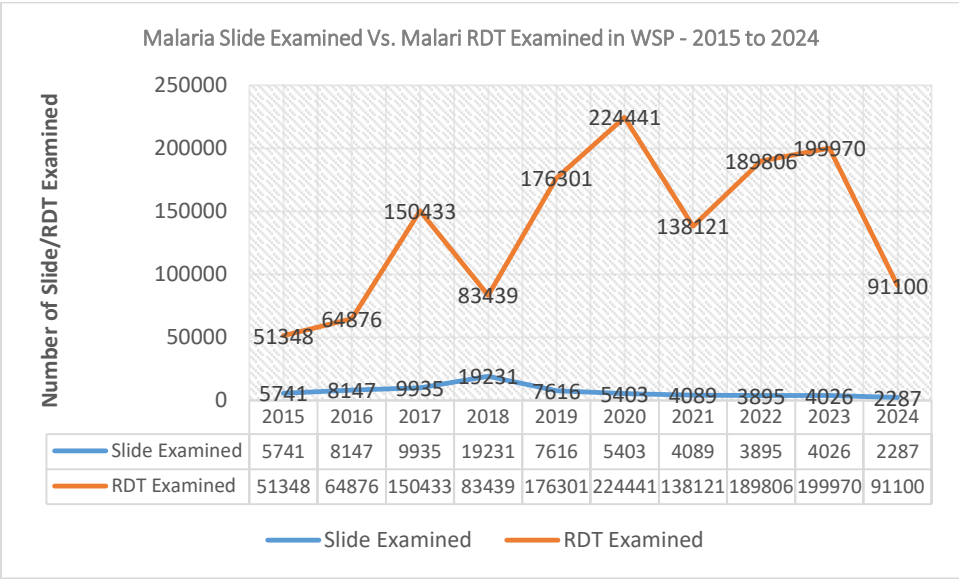
Graph 1. Gives an illustration for malaria positive cases in WSP from Jan 2023 to Sep 2024. Source: Clinical Malaria register, e-NHIS.

- 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 Feb 2024 (14235). There is a notable decrease in malaria cases by Mar 2024.
- The increase in Nov 2023 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 Mar 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 WSP (2015 – 2024). Source: Clinical Malaria register, e-NHIS.

- In period between 2015 to 2023, there is a total of 161 malaria deaths reported. It is noted that 65% of the malaria deaths are malaria RDT confirmed deaths. 35% 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 2018, 2022 (11).
- Even though, the RDT confirmed and clinical malaria deaths are reported. It is only wise to do investigations to determine the factors that lead to the deaths. Way forward, to liaise with WHO Malaria Technical Advisor on how best to carry the investigations.
- Furthermore, for this year, malaria deaths have decreased as compared to last year (2023). There were total of 21 malaria deaths last year. Although since January, we now have a total of 15 malaria deaths in ESP.



Graph 3. Gives a comparison of malaria diagnostic tools up till Sep 2024 Source: Malaria summary report, e-NHIS.

- Generally, there is more malaria RDT done as compared to malaria microscopy. WSP has three (3) health reporting facilities that are doing malaria microscopy
- The health facility that is reporting most of the malaria microscopy testing is Sandaun Provincial Hospital as compared to Raihu District hospital and Lumi HC.

NHIS REPORTING UPDATES

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

- 450/456 expected monthly reports for 38 active Reporting HFs in **2021**= 98%
- 443/456 expected monthly reports for 38 active Reporting HFs in **2022**= 97%
- 449/456 expected monthly reports for 38 active Reporting HFs in **2023**= 98%

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: 37/38 expected monthly reports = 97%

Feb-2024: 36/38 expected monthly reports = 94%

March-2024: 37/38 expected monthly reports = 97%

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

April-2024: 37/38 expected monthly reports = 97%

May-2024: 37/38 expected monthly reports = 97%

June-2024: 36/38 expected monthly reports = 94%

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

July-2024: 35/38 expected monthly reports = 92%

Aug-2024: 35/38 expected monthly reports = 92%

Sep-2024: 35/38 expected monthly reports = 92%

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

1. Jan – Edwaki HSC
2. Feb – Sissano/Olbrum HSC, Tekin HSC
3. Mar – Kamberatoro HSC
4. Apr – Tumobil HSC
5. May – Lumi HC
6. June – Ulau HC, Magleri HSC
7. Aug – Pes HSC, Pokamo HC,
8. Sep – Pes HSC, Pokamo HSC, Karaitem HC,

STOCK SITUATION- mRDT, ACT, PRIMAQUINE and ANC LLIN

Table 1. Malaria commodities distribution for Q3 2024 – Vanimo Green

Malaria Commodity	Quantity Distributed	Source
RDT	2065 boxes/25 test kits	Global Fund (RAM)
ACT 12	61 boxes/ 30 blisters	Global Fund (RAM)
ACT 18	149 boxes/ 30 blisters	Global Fund (RAM)
ACT 24	481 boxes/ 30 blisters	Global Fund (RAM)
PQ	372 containers/ 100 tablets	NDoH (AMS Wewak)
ANC Nets	300 bales/ 50 nets	Global Fund (RAM)

The above stock is being all from the Global Fund (RAM) except for the Primaquine that were consigned from AMS Wewak.

Table 2. Malaria commodities distribution for Q3 2024 – Aitape Lumi and Nuku

Malaria Commodity	Quantity Distributed	Source
RDT	750 boxes/25 test kits	NDoH (AMS Wewak)
ACT 6	362 boxes/ 30 blisters	NDoH (AMS Wewak)
ACT 12	11 boxes/ 30 blisters	NDoH (AMS Wewak)
ACT 12	19 boxes/ 30 blisters	Global Fund (RAM)
ACT 18	8 boxes/ 30 blisters	NDoH (AMS Wewak)
ACT 24	305 boxes/ 30 blisters	NDoH (AMS Wewak)
ACT 24	105 boxes/ 30 blisters	Global Fund (RAM)
PQ	530 containers/ 100 tablets	NDoH (AMS Wewak)
ANC Nets	800 bales/ 50 nets	Global Fund (RAM)

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.

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.

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

There has been a significant improvement for stock card update as sighted in the WSP Malaria whatsapp group. Most health facilities are now updating stock and posting in the group.

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.

SUMMARY OF Q3 2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	05.07.24		Baro CHP	2	16.07.24		Dapu UC
3	16.07.24		Ossima HC	4	16.07.24		Bewani HC
5	17.07.24		Maka MAP	6	17.07.24		Utai HSC
7	17.07.24		Imonda HC	8	18.07.24		Green River HC
9	18.07.24		Amanab HC	10	22.07.24		Vanimo Green Hospital
11	17.09.24		Wati HC	12	17.09.24		Nuku HC
13	18.09.24		Seim HC	14	19.09.24		Wassisi HC
15	20.09.24		Karaitem HC	16	20.09.24		Lumi HC
17	21.09.24		Ningil HC	18	24.09.24		Pes HC
19	24.09.24		Raihu HC	20	25.09.24		Ulau HC

For this quarter, M&E and malaria commodities distribution for Vanimo Green was conducted by PMS WSP Enoch Waipeli. Thus M&E and malaria commodities distribution for Aitape Lumi and Nuku was carried out by RMC WSP Fabian Worr

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

CQI Trainings were conducted in this quarter visit as follows;

- Raihu District Hospital – 26/09/24 – 35 participants
- Pes HSC – 24/09/24 – 3 participants
- Ulau HSC – 25/09/24 – 4 participants
- Lumi HC/Karaitem HSC – 20/09/24 – 15 participants

HOME-BASED MANAGEMENT OF MALARIA (HMM)

HMM Program has been in the province since 2022 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 Aitape Lumi, Vanimo Green and Nuku districts.

Since 2022, a total of 369 CMVs were. 339 CMVs are currently active and serving in the communities. These CMVs are in 15 different catchments in 4 different districts as stated earlier.

There are three (3) district based HMM Officers who are employed my RAM through Global Fund, that oversee the HMM program and are closely supported by the Provincial Health Authority.

FLEET MANAGEMENT

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

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

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

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.
- Health facilities are updating stock cards and submitting weekly updates to WhatsApp group.

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.
- 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
- West Sepik Provincial Health Authority (WSPHA)
- Provincial Malaria Supervisor – Enoch Waipeli
- Provincial Health Information Office
- HMM Officers – Joel Yalbom, Noel Wausep and Glen Yalbom
- Officer in Charge and staff of all health facilities visited
- District Health Managers, and staff in all 4 districts