



QUARTER 4 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: 12.10.24

Date trip ended: 30.10.24

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

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PEOPLE MET WITH OR INFORMED:

Stanley Masi - Director Public Health, ESPHA

Ruben Maiwax – Deputy Director Public Health, ESPHA – Rural Health Services

Dr. Mathew Mongolap - Deputy Director Public Health, ESPHA – Programmes

Magret Maurisause– Provincial Disease Control Officer, ESPHA

Appolonia Parihuasi – Provincial Malaria supervisor, ESPHA

Officers In – Charge and Staff of health facilities in East Sepik Province.

OBJECTIVE

This was the fourth 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 4 (four) 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 Q4 2024 M & E and malaria commodities distribution to health facilities in ESP is the fourth for 2024. For this visit, malaria commodities distribution and M&E visits were conducted in 3 weeks.

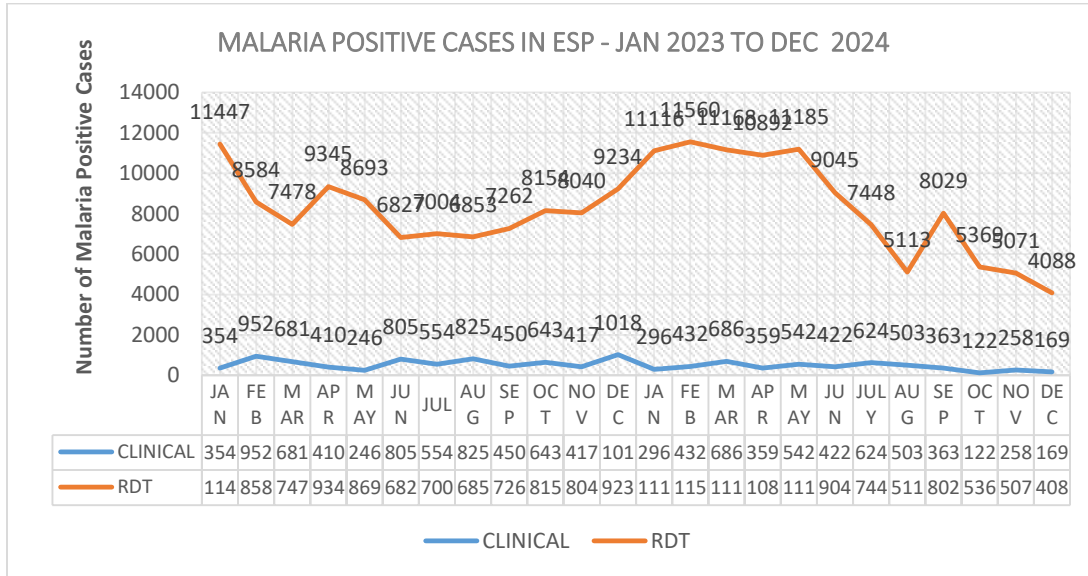
This quarter 4 (fourth) health facility supervision and round three distribution of malaria commodities commenced on 12.10.24. For this quarter, we have started our visits from the Wewak district facilities and continued to all other districts. Malaria commodities for two (2) districts were pre packed for pick up at the PHO.

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 Q4 2024 visit, a Continuous Improvement Training (CQI) was conducted for Maprik, Drekikir and Wosera Gawi district. School surveys and support on HMM supervision activity was done during this quarter.

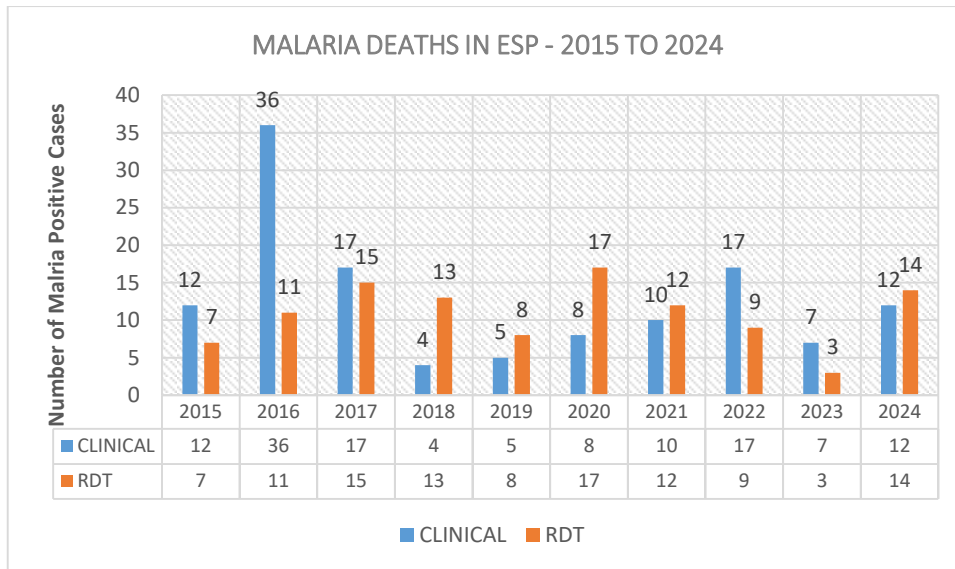
BRIEF BACKGROUND INFORMATION OF EAST SEPIK PROVINCE

MALARIA SITUATION IN EAST SEPIK PROVINCE



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

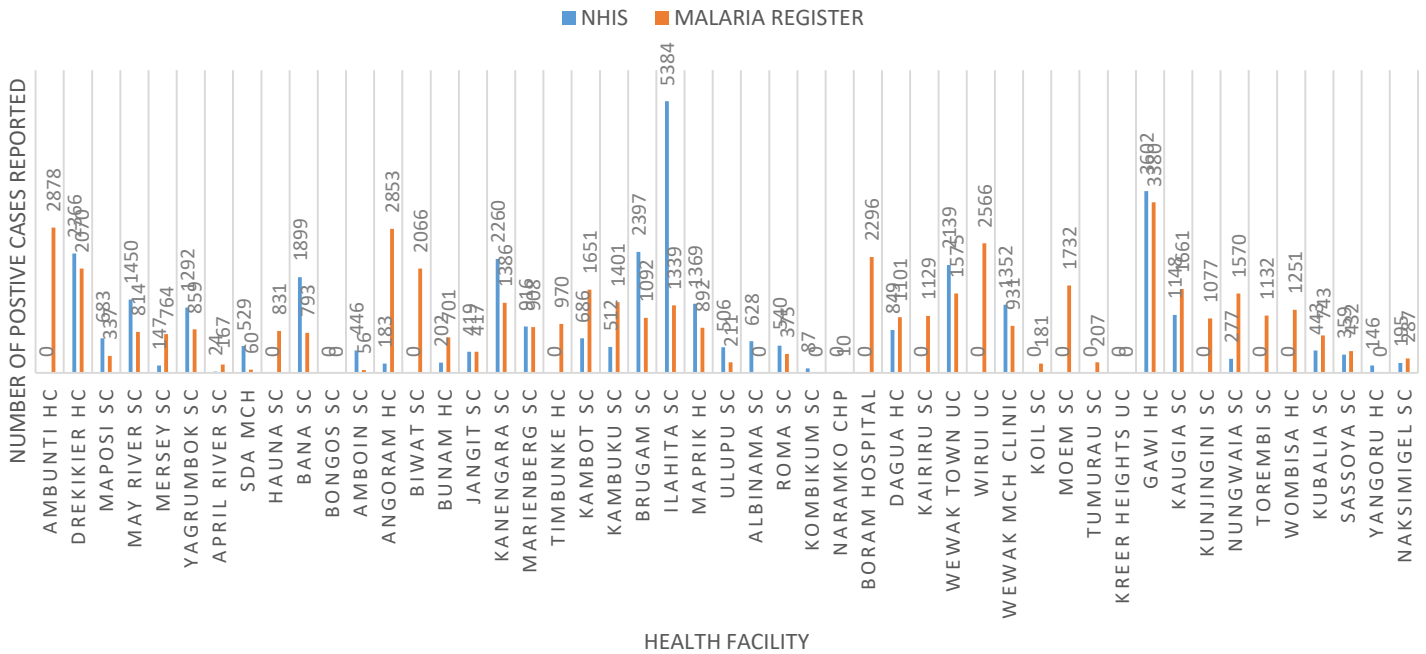
- From Jan 2023 to Dec 2024, there has been more RDT malaria confirmed cases as compared to clinical malaria cases reported. These are malaria cases reported in the outpatient only.
- The highest malaria cases were reported in Feb 2024 (11560). There is a notable decrease in malaria cases since May 2024 (9045).
- There is now a decrease in malaria cases since May 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 – 2024). Source: Clinical Malaria register, e-NHIS.

- In period between 2015 to 2024, there is a total of 237 malaria deaths reported. It is noted that 45% of the malaria deaths are malaria RDT confirmed deaths. 54% 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 26 malaria deaths in ESP

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 (24.01.25) 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 (24.01.25) 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 (24.01.25) is highlighted below:

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

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

Sep – 2024: 51/51 expected monthly report = 100%

Quarter 4 2024 malaria data as of (24.01.25) is highlighted below:

Oct - 2024: 50/51 expected monthly reports= 96%

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

Dec – 2024: 47/51 expected monthly report = 92%

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

1. Kombikum HC (April, May, June, Aug)
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 2. Indicates quantities of commodities quantified for Q3 2024 distribution.

Malaria Commodity	Total	Batch Numbers	Funding Source
RDTs	6562/ boxes/ 25 test kits	H006CODID	NDoH
ACT6	408 boxes/30 blisters		
ACT 12	300 boxes/30 blisters		NDOH
ACT 12	413 boxes/ 30 blisters	7258307A	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.

Additional 60 bales (3000 ANC nets) were supplied by RAM on November 24 and distribution shall continue with coordinated support by the Provincial Malaria team, to ensure all pregnant women receive nets records in respective clinics.

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, Sassoya HC, Gawi HC, Bana HSC, Brugam HC, Dreikir 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 previous health facility visits. Although Fansidar stock are now available in AMS Wewak

SUMMARY OF Q4 2024 HF SUPERVISORY VISIT & DRUG DISTRIBUTION

Q4 HF Visit and drug distribution commenced on Oct 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. Otherwise, their malaria commodities prepacked for pick up at the public health office. Other health facilities (Ambunti district) that were unreachable had their supplies prepacked for pick up.

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 Q4 malaria commodities whether visited or not.

No	Date Visited	District	Health Facility	No	Date Visited	District	Health Facility
1	12.10.24	Maprik	Brugam HC	2	12.10.24	Maprik	Ilaihita HC
3	12.10.24	Maprik	Albinama HC	4	11.10.24	Maprik	Ulupu HC
5	11.10.24	Maprik	Kombikum HC	6	11.10.24	Maprik	Roma HC
7	11.10.24	Maprik	Brigiti CHP	8	11.10.24	Maprik	Naramko CHP
9	14.10.24	Ambunti Drekikir	Bana HC	10	14.10.24	Wewak	Wirui UC
11	16.10.24	Ambunti Drekikir	Drekikir HC	12	17.10.24	Maprik	Maprik DH
13	17.10.24	Wosera Gawi	Gawi HC	14	18.10.24	Wosera Gawi	Kunjigini HC
15	18.10.24	Wosera Gawi	Wombisa HC	16	26.10.24	Wewak	Yarapos MAP
17	26.10.24	Wewak	Boikin MAP	18	26.10.24	Wewak	Dagua HC
19	26.10.24	Wewak	Balam CHP	20	25.10.24	Wewak	Kairuru HC
21	28.10.24	Wewak	Kreer Heights	22	29.10.24	Wewak	Tumurau HC
23	29.10.24	Wewak	Passam MAP	24	30.10.24	Wewak	Taul CHP

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

The second continuous quality improvement (CQI) training for East Sepik Province was conducted on 18th of October, 2024. As the training was at Maprik town (Maprik Urban LLG conference room). This training was conducted for health workers in Wosera Gawi, Maprik and Ambunti Drekiwir districts. There was a total of 23 participants in that training.

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">• Currently for part service at Ela Motors• Payment for vehicle registration done. Awaiting service first in order to issue safety sticker

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 Sagiu)
- 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. ESPHA truck assisting in unloading ANC LLIN nets from Consort – Wewak wharf.



Picture 2. ESP PMS conducting malaria school survey at Kreer SDA Memorial School.



Picture 3. CQI Training conducted for health workers in Maprik, Wosera Gawi and Ambunti Drekikir districts.



Picture 4. ESP PMS conducting health facility visit at Naramko CHP.