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NATIONAL MALARIA CONTROL PROGRAM
ROTARY AGAINST MALARIA
MADANG PROVINCE

NOVEMBER 28TH- DECEMBER 18TH 2024

QUARTER FOUR FIELD TRIP REPORT

VEHICLE USE: MALARIA PROGRAM VEHICLES, LBW 233 & WAD 930
PHA DRIVER ENGAGED: JERRY SIMON
STAFF ENGAGED: HARRY BELL (TRANSIT STORE SUPERVISOR)

OBJECTIVE:

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

The main objectives;

1. Visit all accessible 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. So many clinical cases and deaths noted in the NHIS monthly reports. This visit we will focus on filling out the monthly NHIS form (malaria section) correctly especially in the malaria death section. Also verify with the registers and NHIS monthly copy from the facilities on the clinical cases seen in the monthly NHIS reports
3. Ensure that all Malaria suspected cases are correctly tested and diagnosed and complete treatment is given to those positive confirmed cases as per National Malaria Treatment Protocol. And that all data is recorded and Reported timely on the National Health Information System (NHIS),
4. Ensure that inaccessible HFs still receive their share of malaria commodities based on reports and consumption needs despite not been visited,
5. Strengthen Continuous Quality Improvement (CQI) activities in the province. Conduct 1 x CQI training. Will extend if time allows

1. BACKGROUND INFORMATION OF MADANG PROVINCE

Madang province is divided into six main districts (Madang, Sumkar, Bogia, Middle Ramu, Usino Bundi and Rai Coast) and currently having a total of forty-five registered functional health facilities which provide health services to the entire population. By the end of next month, there will be a total of 46 registered and functioning facilities, due to the reopening of Tauta SC in the raicoast district after being

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closed for almost a decade. There are also aid posts, clinics and community health posts located in the catchments which operate directly under the main health centres. The health care service delivery is provided by a combination of government, private facilities, church facilities and Non-Government Organisations (NGO). Geography is a major challenge in terms of accessibility to the health facilities. The two main difficult to reach districts in Madang province are Middle Ramu and Rai Coast, where 80-90% of health facilities are only reachable by air or long hours of boat ride and tracking which depends heavily on the weather conditions. Other difficulties include poor road infrastructure especially in the inlands of Bogia and Usino Bundi districts during wet season.

Refer to map of Madang below. The estimate population by National Statistical Office, year 2021 is 11,781,559 in which 6,142,585 is made up of male and 5,638,974 is made up of woman.

2. DISCRPTIONS OF FACILITIES IN EACH DISTRICTS

Madang District

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

Sumkar District

Sumkar district has 7 reporting and currently functioning facilities. Two facilities, Mugil HC and Bunabun SC is accessible by road. The remaining 5 facilities are accessed by sea. Kulubob SC, Mapor SC, Miak SC and Gaubin SC is on Karkar Island and Bagabag SC is on Bagabag Island, it was not visited due to no steady staff mending the facility. All facilities were visited and stocks replenished.

Bogia District

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

Middle Ramu District

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

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their supplies were air lifted during LLIN distributions except for Katiati which the OIC came and collected them at the PHA.

Usino Bundi District.

This district has a total of 8 reporting facilities which are currently functioning. The facilities are Begesin SC, Brahman SC, Bundi HC, Gusap HC, Ramu Sugar SC, Sausi HC, Walium SC and Usino SC. Out of these facilities Begesin and Bundi are inaccessible due to deteriorated road condition which makes it impassable. It takes more than 4 hours to reach these 2 facilities so their supplies are always picked up by the health facility staffs in town. The rest of the facilities are road accessible even though it takes 3 -4 hours to reach by road. The team usually spends a night at Usino district to complete all accessible facilities. All 6 accessible facilities were visited this quarter and malaria stocks were replenished. Begesin SC staff came and collected Q4 supplies when traveling into town. Bundi HC currently has no staff mending the facility thus supplies were not sent over to the facility.

Raicoast District

There are total of 7 facilities (Saidor HC, Teptep SC, Ileg SC, Tapen SC, Biliau SC, Bawak SC and Tauta) currently functioning. Bawak and Ileg SC are easily accessible by road between 2 to 3 hours' drive. Ileg SC can also be accessed by sea for less than 2 hours. For this quarter only Bawak SHC and Ileg SC were visited via road. Saidor and Biliau SC can be accessed by boat but it takes 4-5 hours to reach them. 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.

Tapen SC on the other end can be reached by taking 5-6 hours' boat ride from Madang town to Malalimai and then whole day trekking. The facility's Q4 supplies were picked up by OIC during his travels into town. Teptep SC however is inaccessible from Madang Province. It is through MAF flights that serves the route to Teptep SC from Lae Morobe Province. 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. For this quarter, supplies were not issued as they are still running on Q3 supplies.

3. SUMMARY OF SUPERVISORY 2024 Q4 HEALTH FACILITY VISIT

Table1. Distribution of Health Facilities in the Province, their accessibility and the dates the team visited

DISTRICT	HEALTH FACILITY	AGENCY	ACCESSIBILITY STATUS	ACCESSIBILITY	DATE OF VISIT
BOGIA	ARIANGON	Catholic	Accessible	Road	10/12/2024
	BIENG/BOTOLA	Catholic	Accessible	Road then Sea	09/12/2024
	BOGIA	Government	Accessible	Road	09/12/2024
	BUNAPAS	Government	Accessible	Road	10/12/2024
	HARTZFELDHAFEN	Government	Accessible	Road	03/12/2024
	MALALA	Catholic	Accessible	Road	03/12/2024
	IGOS	Government	Accessible	Road	10/12/2024
MADANG	ALEXISHAFEN	Catholic	Accessible	Road	11/12/2024
	BAITABAG	Lutheran	Accessible	Road	11/12/2024

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	DANBEN	Government	Accessible	Road	02/12/2024
	JOMBA	Government	Accessible	Road	29/11/2024
	MADANG UC	Government	Accessible	Road	02/12/2024
	MODILON HOSP.	Government	Accessible	Road	12/12/2024
	SISIAK	Government	Accessible	Road	29/11/2024
	UTU	Catholic	Accessible	Road	Not Visited
	YAGAUM	Lutheran	Accessible	Road	02/12/2024
MIDDLE RAMU	AIOME	Government	Inaccessible	Road then River	Not visited
	ANNABERG	Catholic	Inaccessible	Road then River	Not visited
	JOSEPHSTAAL	Catholic	Inaccessible	Road	Not visited
	KATIATI	Catholic	Inaccessible	Road	Not visited
	KWANGA	Catholic	Inaccessible	Road then River	Not visited
	SANGAPI	Nazarene	Inaccessible	Air	Not visited
	SIMBAI	Government	Inaccessible	Air	Not visited
	WANUMA	Government	Inaccessible	Road	Not visited
SUMKAR	BAGABAG	Lutheran	Accessible	Roan the sea	Not visited
	BUNABUN	Government	Accessible	Road	30/11/2024
	GAUBIN	Lutheran	Accessible	Road then sea	17/12/2024
	KULUBOB	Government	Accessible	Road then sea	16/12/2024
	MAPOR	Lutheran	Accessible	Road then sea	16/12/2024
	MIAK	Government	Accessible	Road the sea	16/12/2024
	MUGIL	Catholic	Accessible	Road	30/11/2024
RAICOAST	BAWAK	Government	Accessible	Road	04/12/2024
	BILLIAU	Lutheran	Accessible	Sea	Not visited
	ILEG	Government	Accessible	Road	04/12/2024
	TAPEN	Lutheran	Inaccessible	Sea then road (track)	Not visited
	TAUTA	Government	Inaccessible	Road (track)	Not visited
	TEPTEP	Government	Inaccessible	Air	Not visited
	SAIDOR	Government	Inaccessible	Sea then Road	Not visited
USINO BUNDI	BEGESIN	Lutheran	Inaccessible	Road (track)	Not visited
	BRAHMAN	Catholic	Accessible	Road	05/12/2024
	BUNDI	Government	Inaccessible	Road	Not visited
	GUSAP	Government	Accessible	Road	06/12/2024
	RAIL	Government	Accessible	Road	06/12/2024

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	SAUSI	Evangelical Brotherhood Church	Accessible	Road	06/12/2024
	USINO	Government	Accessible	Road	06/12/2024
	WALIUM	Government	Accessible	Road	05/12/2024

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

	Quarter 4
Total number of HFs	46
Total accessible facilities	33
Total Inaccessible facilities	13
Total accessible facilities visited	29
Total facilities visited	29
% coverage (accessible)	88%
% coverage (total facilities)	63%

As per the summarized table above, the target for this quarter was to visit all 33s accessible facilities. Unfortunately, due to situation beyond our control we could not reach the target set and as a result this gives an overall coverage rate of 63% of total facilities visited and 88% coverage rate for accessible facilities in the Province.

Table 3: Plan for hard to reach facilities

No	Health Facility	Q4 Supply status	Reasons for not conducting a single HF visit
1	Kaiyoma SC – Bogia District	Facility currently unmanned so no supplies allocated	No staffs available - more than 6 hours travel to reach the facility
2.	AIOME HC	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Travel 3 -4 hours by road from Madang town to the boat dock area. Then 6 hours travel by boat to the Aiome station boat docking area. Another 30 minutes car ride to the HC
3.	Annaberg HSC	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Travel 3 -4 hours by road from Madang town to the boat dock area. Then 6 hours travel by boat. Very expensive to do a single visit. Expense will be less if there is any integrated patrol activities with the PHA
4.	Josephstaal	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Travels 6-7 hours to reach the facility. Road condition very bad. Almost impassable during the wet season
5.	Kwanga	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Travel 3 -4 hours by road from Madang town to the boat dock area. Then 6 hours travel by boat. Very expensive to do a single visit. Expense will be less if there is any integrated

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			patrol activities with the PHA
6.	Simbai	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Can only be visited with small planes.
7	Wanuma	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Travels 6-7 hours to reach the facility. Road condition very bad. Almost impassable during the wet season
8	Katiati	Q4 supplies picked up by OIC at the PHA/.	Inaccessible: Travels 6-7 hours to reach the nearest facility which is Josephstaal and then track for 3-4 hours. Road condition very bad. Almost impassable during the wet season
9.	SAIDOR	Q4 supplies picked up by facility staff	Inaccessible: 3 -5 hours to travel by sea. Due to law and order issues the team did not manage to visit at any one time
10	TEPTEP	Q4 supplies were not supplied as they have supplies from Q3 remaining	Inaccessible: Can only be visited with small planes.
11	TAPEN	Q4 supplies picked up from Lutheran Health Office by Officer in Charge	Inaccessible: 5-6 hours' boat ride then whole day trekking
12.	BILLIAU	Q4 supplies picked up from Medical Transit store by OIC	Inaccessible: 3 -5 hours to travel by sea. Due to law and order issues the team did not manage to visit at any one time
13	BEGESIN	Q4 supplies picked up from Medical Transit store by the Officer in Charge	Inaccessible: 3-4 hours' car travel the and hour trekking. Currently the road has collapsed. Needed road maintenance.
14	BUNDI	No supplies were issued due to facility not being mend by a steady staff	Inaccessible: 6-7 hours travel by car going up a mountain. Now the access is through the highlands highway
15	SANGAPI	Q4 supplies sent over with LLIN team during net distribution	Inaccessible: Can only be visited with small planes
16	UTU	Q4 supplies dropped off at where the road collapsed	Accessible by car (1 hour 30 minutes) however part of road was collapse making it hard for the vehicle to pass

4. RDTs AND ACT SUPPLIES PROCURMENT REPORT

This quarter, the GF supplies for Madang Province were consigned on the 11 September. Total of 103 cartons of RDTs/ACTs were received in perfect condition on the 03/10/2024.

Table 4: Provided below is the receiving quantity.

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CARTON #	NUMBER OF CARTONS	ITEM	QUANTITY PER CARTON (box)	TOTAL QUANTITY	TOTAL IN BASIC UNITS (blisters)	BATCH #	SOURCE	EXPIRARY DATE
1 to 46	46	RDT	78	3588	1950	75204245	GF	Mar-26
47 to 60	14	ACT 12	36	504	1080	NAD2419A	GF	Jan-28
61 to 70	10	ACT 12	36	360	1080	NAD2420B	GF	Jan-28
71	1	ACT 12	36	36	1080	NAD2419A	GF	Jan-28
72	1	ACT 12	22	22	660	NAD2419A	GF	Jan-28
			14	14	420	NAD2420B	GF	Jan-28
73 to 83	11	ACT 18	40	440	1200	NAA24112A	GF	Feb-28
84 to 91	8	ACT 24	40	320	1200	NAA24128A	GF	Feb-28
92 to 100	9	ACT 24	40	360	1200	NAA24136A	GF	Feb-28
101	1	ACT 24	33	33	210	NAA24128A	GF	Feb-28
		ACT 24	7	7	450	NAA24130A	GF	Feb-28
102	1	ACT 18	15	15	450	NAA24112A	GF	Feb -28
		ACT 24	22	22	660	NAA24136A	GF	Feb-28
103	1	RDT	3	3	75	75DO4245	GF	Mar-26
		RDT	10	10	250	75DO4245	GF	Mar-26
		ACT 12	7	7	210	NAD2420B	GF	Jan-28

Table 5: Quantity distributed per facility

DATES	DESCRIPTION	RDT	ACT 6	ACT 12	ACT 18	ACT24	PQ (7.5mg)	PQ (13.2mg)
17/10/24	CMV Supply issued to HMMO-Judith	80	0	0	0	40	0	0
24/10/24	Mugil	40	0	0	0	0	0	0
28/10/24	Riwo A/Post	40	0	0	0	0	0	0
30/10/24	Saidor	80	0	0	0	40	0	0
04/11/24	Tauta	35	0	0	0	0	0	0
11/11/24	DANBEN	120	0	16	11	27	0	0
11/11/24	YAGAUM	160	0	27	18	45	0	0
12/11/24	Alexishafen	200	0	36	29	73	0	0
12/11/24	Baitabag	160	0	29	19	47	0	0
12/11/24	Bogia	200	0	26	17	47	0	0

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14/11/24	Bunabun	120	0	12	8	28	0	0
15/11/24	Ganglau A/P	40	0	0	5	10	0	0
15/11/24	Hartzfeldhafen	160	0	29	19	48	0	0
18/11/24	Malala	120	0	18	12	30	0	0
18/11/24	Town Clinic	78	0	0	0	0	0	0
20/11/24	Modilon Hosp	156	0	33	22	55	0	0
22/11/24	Begesin	38	0	5	4	8	0	0
28/11/24	Ileg	40	0	12	8	22	0	0
28/11/24	Simbai	37	0	5	14	5	0	0
28/11/24	Wanuma	8	0	5	11	2	0	0
28/11/24	Aiome	78	0	8	6	14	0	0
29/11/24	Sangapi	39	0	10	14	5	0	0
29/11/24	Billiau	78	0	36	6	8	0	0
29/11/24	Sisiak	78	0	26	12	20	0	0
29/11/24	Jomba	78	0	36	9	14	0	0
30/11/24	Mugil	156	0	33	14	20	0	0
02/12/24	Town Clinic	78	0	36	15	15	0	0
03/12/24	Bawak	120	0	31	20	47	0	0
04/12/24	Saidor	156	0	36	16	0	0	0
05/12/24	Annaberg	80	0	17	11	26	0	0
05/12/24	Kwanga	78	0	36	9	10	0	0
05/12/24	Tauta	0	0	6	0	0	0	0
05/12/24	Brahman	156	0	36	14	10	0	0
05/12/24	Walium	78	0	14	10	2	0	0
06/12/24	Gusap	78	0	36	10	10	0	0
06/12/24	RAIL	78	0	36	10	0	0	0
06/12/24	Sausi	78	0	12	3	10	0	0
06/12/24	Usino	78	0	10	14	0	0	0
09/12/24	Botola/Bieng	78	0	15	6	0	0	0
10/12/24	Ariangon	78	0	15	6	0	0	0
10/12/24	Igos	78	0	15	6	0	0	0
10/12/24	Bunapas	78	0	21	10	0	0	0
11/12/24	Josephstaal	50	0	10	4	10	0	0
11/12/24	Tapen	25	0	10	8	5	0	0
12/12/24	Gumbrambi	10	0	5	7	0	0	0
13/12/24	Utu	78	0	15	10	20	0	0
16/12/24	Miak	78	0	15	10	10	0	0
16/12/24	Mapor	78	0	15	10	10	0	0
16/12/24	Kulubob	78	0	11	7	17	0	0
17/12/2024	Gaubin	78	0	32	20	15	0	0
19//12/24	Bunabun	0	0	15	0	0	0	0
20/12/24	RD Fishing	38	0	20	0	0	0	0
20/12/24	Katiati	78	0	20	6	0	0	0

5. SUMMARY OF FINDINGS

a) Stock Situation

- Stock Management

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All facilities are having stock cards however, most of the facilities visited are not up to date in keeping stock cards despite continuous emphasis on the importance of it. Only a few facilities such as Baitabag Clinic, Jomba Clinic, Madang Urban Clinic, Bunabun HC, Hartzfeldhafen SC, Bogia HC, Gaubin District Hospital, Kulubob SHC, Miak HC, Usino SC, Walium HC and Rail Clinic are constantly maintaining stock cards. However, there were no major stock out of ACTs in the facilities.

Due to poor performance in submission of monthly NHIS reports, the malaria team are advising facilities with this poor performance to step up or supplies will be reduced. This has indeed resulted in few facilities performing poor in the past taking responsibility and improving.

- 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. However, we were having nil stock in the province since October until new stocks arrived from Lae on the 03/12/2024. Accountability of the nets distributed to pregnant ladies at the facility level is still an issue. The team have since taken a step in ensuring that facilities requesting for new bales of nets should do so with submission of the antenatal registers to confirm and account for previous nets issued out before any new stock of bales can be supplied.

The opening balance for this year 2024 is **4,798 nets (95 bales of 50 nets each and 48 loose)**. From January up till 17th Dec 2024, the team have distributed a total of **6,750 nets (135 bales)**.

The current stock on hand before end of 2024 working year was **2,520 nets (50 bales of 50 nets each and 20 loose nets)**.

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. The first dose only however is captured in the ANC Care Register Book at all clinics. The rest of the doses instead are not recorded in the clinic (facility's) register book but instead in the individual client's book thus it is difficult to track the doses given to pregnant woman.

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. Madang District has 3 facilities, Usino Bundi district has only 2 facilities and Sumkar District with only 1 facility but this facility is on Karkar Island. Bogia District, Raicoast District and Middle Ramu District have no microscopy for MPS and this is a challenge for cases which needs confirmation with MPS. 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

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facility are in good condition and there are sufficient reagents and slides available during the visit, however was advised that it will soon be running out.

d) Boarding School Nets Distribution

No boarding schools were supplied with nets this quarter (this applies for the whole year) as currently there is limited stock of LLINs available.

6.Home Based Management of Malaria (HMM)

- There are a total of 16 reporting facilities with the CMV program currently running under. These facilities are Brahman HC, Walium HC, Usino SC, Sausi SC, Bawak SC, Hartzfeldhaven SC, Bogia HC, Malala HC, Mugil HC, Bunabun SC, Baitabag SC, Igos SC, Ariangon SC, Bieng SC, Mapor SC and Kulubob SC. Since the introduction of the HMM program in 2020;
- There are currently 180 Community Malaria Volunteers who are actively working
 - ~ Under HMMO – Edna’s DOL – 86 active volunteers
 - ~ Under HMMO –Judith’s DOL – 94 active volunteers

7. Hospital Visit

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

• Medical Records

The Medical records team are always trying their best to collect all reports at the end of the month 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 always a delay.

• Laboratory

The laboratory has both MPS and RDT being performed. There is sufficient quantity of lab reagents available as well as slides and all register books capturing data of tests performed every day.

• 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.


• Wards

Only AOPD and COPD are currently performing RDTs. Others have done it before however due to staff performing RDTs and not recording/registering them into the RDT register book, the NUMs decided not to place RDT orders hence referring all in-patients for MPS. All positive outpatient cases collect their ACTs from the dispensary upon presentation of clinic books & prescription forms while in-patients collect theirs from the wards.

8. Continuous Quality Initiative (CQI) Training

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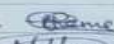









This quarter the team have successfully conducted one CQI training in Bogia district. All this was done in consultation with the Bogia District Health Manager Ms. Ruth Wazami and the training was conducted in Bogia HC. The Provincial Malaria Supervisor Ms. Rambayipma organized and facilitate the training. Total of 11 staffs attended the training from Malala, Hartzfeldhafen, Bogia, Igos, Ariangon, Bunapas & Botola. Only 1 facility OIC/staff did not attend the training due to rough seas – Bieng HSC on Manam Island.


NATIONAL MALARIA CONTROL PROGRAM Training Register

**DEPARTMENT OF HEALTH
NATIONAL MALARIA CONTROL PROGRAM**

TRAINING REGISTER

Training Title: CQI - Bogia District
Date: 07-11-2024
Venue: Bogia HHC
Facilitator: Winnie

Participants List:			
NO.	NAME	DESIGNATION	SIGN
1.	OLIVE YEME	NURSING OFFICER - Igos	
2.	MATHILDA MABAER	N/O - MUD - Hartzfeldhafen	
3.	BRENDA LETAG	N/O - Midwife - Bunapas	
4.	HERMAN YIRI	MBO - Bogia	
5.	LUCAS BOU	RNO - Bogia	
6.	MATHEN AMUGA	N/O - Ariangon	
7.	MAX TAP	CHW - Bieng/Botola	
8.	NICHOLAS SIMIGARE	N/O - Bogia	
9.	WALTER BULUNGA	CHW - Bogia	
10.	PETER SAVA	MLA - Nealela	
11.	Abu Ebunman	Bogia	
12.	VINCENT SUNGI		

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

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

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CQI Training in Bogia district held at Bogia HC – White house

9.MALARIA REPORTING TOOLS

Madang Province

MALARIA REPORT January to December 2024

Date Printed: 14/02/2025 13:33:41

Code	Facility	No of reports	OUTPATIENT		INPATIENT		DEATHS		Slides Examined			RDT Examinations			
			Clinical	RDT	Clinical	RDT	Clinical	RDT	No. Exam	+ve %	+ve % falcip	No. Exam	+ve %	+ve % falcip	Failed
130101	Aislangon SC	11	296	4044	2	7	0	0	0	0	0	6114	66.1	48.5	8.6
130102	Biang SC	12	27	2067	2	2	0	0	0	0	0	2691	77.3	59.6	0
130103	Bogia HC	12	72	9039	59	95	3	0	3	66.7	66.7	12167	81.8	66.3	0.4
130104	Bunapas SC	12	579	2661	9	5	0	0	2	50.0	50.0	4156	63.9	54.6	0.1
130105	Hartzleikhaven SC	12	114	4138	0	0	0	0	4	75.0	75.0	5299	70.0	53.0	0.3
130106	Malala SC	12	14	8230	17	9	0	0	1	100	100	10960	70.9	58.7	0.9
130108	Igos SC	12	99	399	1	4	0	0	0	0	0	896	69.3	54.4	1.2
BOGIA District		63	1201	30578	90	122	3	0	10	70.0	70.0	42183	72.9	58.3	1.7
130201	Alexshaven HC	12	0	11008	25	23	0	0	696	54.2	40.2	14230	74.5	66.2	0.3
130203	Jomba UC	12	62	2561	0	0	0	0	1	0	0	5193	49.6	38.8	0.2
130204	Madang HP	12	1684	8743	114	135	4	5	12870	57.7	52.8	5864	31.3	23.3	0.0
130205	Madang Town UC	12	6	3302	0	0	0	0	146	96.6	95.9	9686	32.2	24.4	0.1
130206	Utu SC	12	0	6674	2	3	0	0	0	0	0	9430	70.8	56.1	0.1
130207	Yagiam HC	12	29	6847	29	235	2	1	4635	88.9	55.3	3465	86.5	63.1	0
130208	Danben SC	12	0	4941	0	0	0	0	4	50.0	50.0	8058	61.3	48.4	0.1
130209	Baitabag SC	12	43	9435	0	0	0	0	1	0	0	12790	63.4	48.3	0.1
130210	Sislaik UC	12	0	3146	0	0	0	0	0	0	0	5765	54.5	45.0	0
MADANG District		106	1824	56657	170	396	6	6	18253	66.6	53.3	74771	59.0	47.3	0.1
130301	Avome HC	12	27	1051	0	0	0	0	0	0	0	1534	72.8	62.2	0
130302	Anneberg HC	12	508	8074	0	50	0	0	0	0	0	9309	86.5	81.7	0.2
130303	Josephstaal HC	12	0	2676	2	4	0	1	0	0	0	3085	67.4	60.1	4.7
130304	Kwanga SC	12	48	4486	4	6	1	0	0	0	0	5359	84.4	78.5	0.0
130305	Sangaji SC	12	47	1696	0	4	0	0	0	0	0	2238	71.9	49.4	0
130306	Simbai HC	12	220	477	1	2	0	0	0	0	0	547	90.9	57.6	0
130307	Wanama SC	12	91	866	0	0	0	0	1	100	100	896	84.7	49.6	0
130308	Katani SC	12	120	1663	0	0	0	0	0	0	0	2588	65.3	54.7	0
MIDDLE RAMU District		96	1061	21009	7	66	1	1	1	100	100	26556	79.2	69.6	0.6
130402	Saider HC	12	381	4835	15	13	0	0	0	0	0	6605	74.3	58.8	0.2
130403	Tauta HC	12	30	637	0	0	0	0	0	0	0	986	58.4	44.7	0.8
130404	Teptep SC	12	5	120	0	0	0	0	0	0	0	202	62.4	46.5	0.5
130405	Ileg SC	12	54	1487	0	0	0	0	1	0	0	2833	48.7	41.0	0.0
130406	Tapen SC	12	9	239	1	0	0	0	0	0	0	256	96.1	83.6	0
130407	Bilau SC	12	303	2946	28	19	3	1	4	50.0	60.0	4708	77.5	60.6	0
130408	Sawak SC	12	18	3428	0	0	0	0	0	0	0	5076	70.3	56.2	0.1
RAI COAST District		84	800	13690	44	32	3	1	5	40.0	40.0	20968	69.9	55.7	0.1
130501	Bagibag SC	12	181	0	0	0	0	0	0	0	0	0	0	0	0
130502	Bunibun SC	12	121	8234	20	11	1	0	0	0	0	12150	70.8	57.5	0.8
130503	Gaubin SC	12	76	835	16	8	0	2	167	5.4	2.4	2172	36.6	28.5	0.3
130504	Miak SC	12	571	2169	14	11	1	1	2	50.0	50.0	2729	58.8	40.7	2.2
130505	Mugil HC	12	6	6622	3	37	0	1	1	100	100	9432	67.4	57.7	0.2
130506	Mapor SC	12	0	2166	0	0	0	0	0	0	0	3674	63.6	51.1	0.4
130507	Kulubob SC	12	2	1887	0	0	0	0	0	0	0	2940	64.2	47.2	0.5
SUNKAR District		64	957	21913	53	67	2	4	170	6.5	3.5	33097	65.3	52.7	0.6
130601	Bogasin SC	12	352	856	1	0	0	0	0	0	0	1532	56.7	45.6	0.3
130602	Brahman SC	12	11	6642	1	7	0	0	1	100	100	10308	64.8	49.6	1.2
130603	Bund HC	9	131	164	0	0	0	0	0	0	0	382	43.7	40.8	0
130604	Gusap HC	12	579	3435	22	15	2	0	806	51.0	25.5	4434	57.1	37.0	0.2
130605	Ramu Sugar SC	12	0	1408	14	11	0	0	205	84.4	24.9	1690	76.0	35.5	0
130606	Sauai HC	12	623	3933	6	3	0	0	5	40.0	40.0	5607	70.2	56.4	0.1
130607	Walum SC	12	17	5051	0	0	0	0	0	0	0	7683	65.4	48.4	0.4
130608	Usine SC	12	36	3401	0	0	0	0	1	100	100	4699	74.0	61.6	0.3
USINO BUNDI District		93	1751	24890	44	36	2	0	1148	57.0	25.6	36305	66.0	49.5	0.5
Madang Province		548	7594	168737	408	719	17	12	19587	64.6	51.2	233578	66.7	53.7	0.6

All most all of the facilities have submitted their monthly reports. Only two with missing reports;

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[Type here]

~ Ariangon – was closed in the month of June hence no report submitted for that month

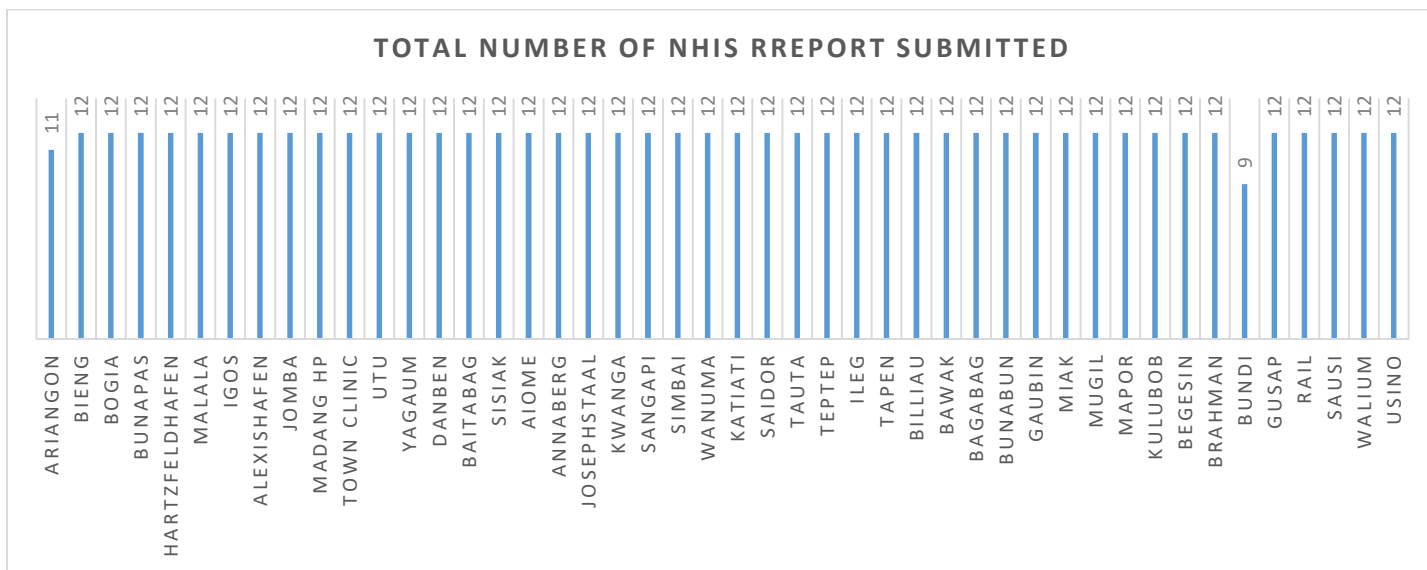
~ Bundi – unmend for 3 months due to locals chasing away care taker OIC

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

10.MALARIA OVERVIEW

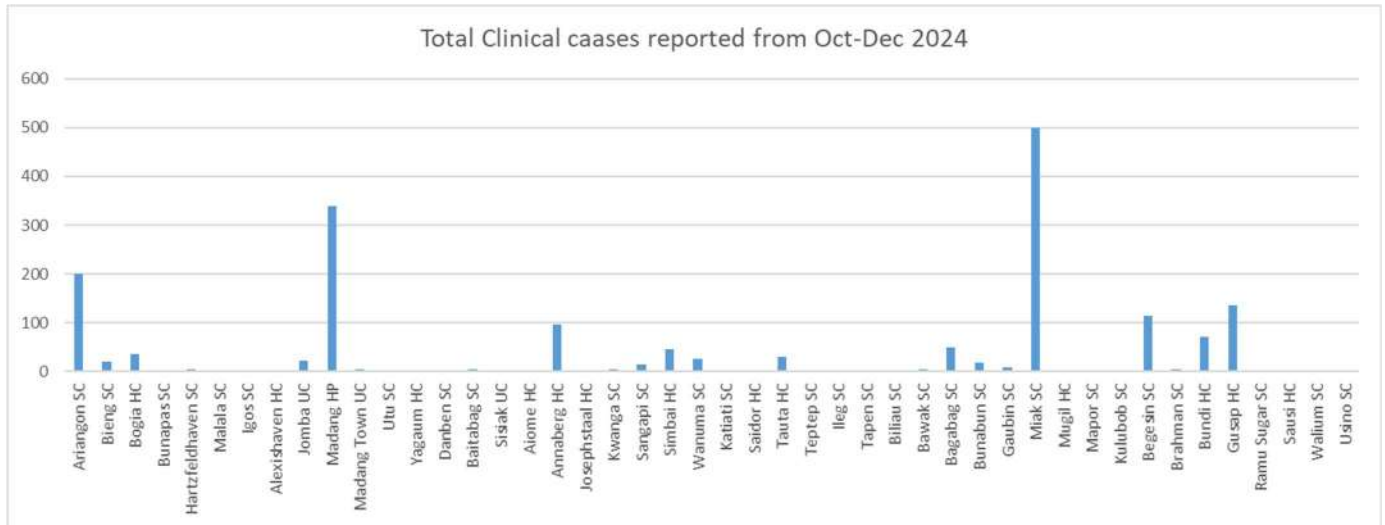
Malaria is a burden in Madang Province due to various reasons including the geographical setting, the weather pattern and also the vegetation makeup. The Malaria causing mosquito Anopheles is well known to live in humid conditions and rainfall areas in which Madang Province is ideal for. The graphs illustrated below shows the trend of Malaria situation in the Province in the last 12 months. **(Data source: ENHIS dated 14/02/2025 13:33:41)**

Graph 1



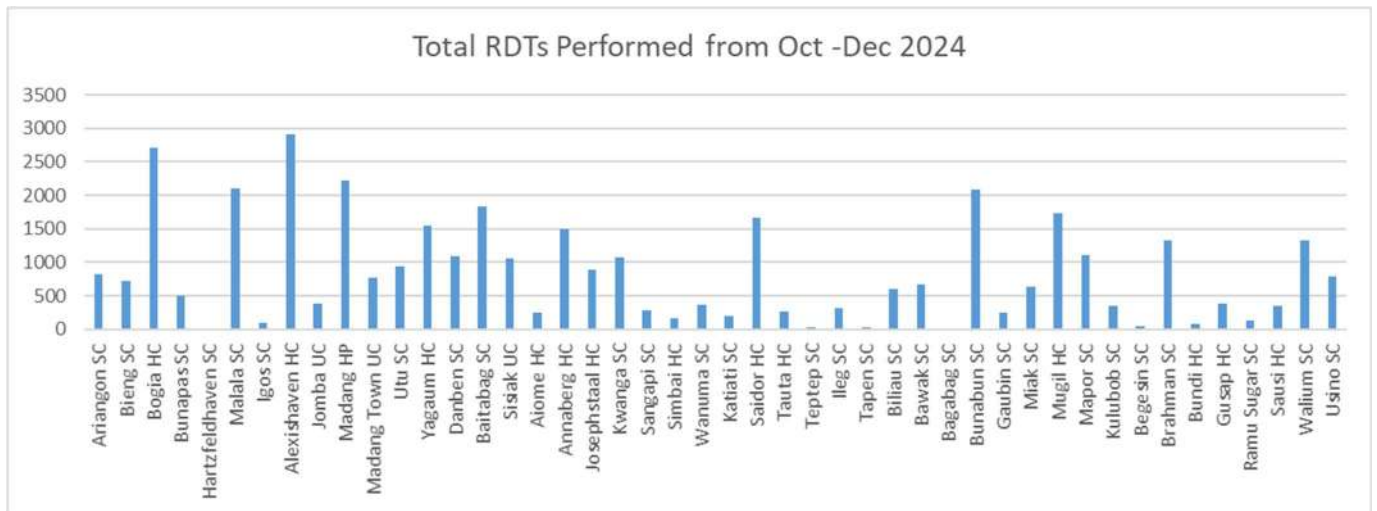
Graph 2

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Graph2 illustrates the clinical cases still performed by facilities. There is no stock out of RDTs at the facilities and even at the Provincial Medical store to expect this management of cases.

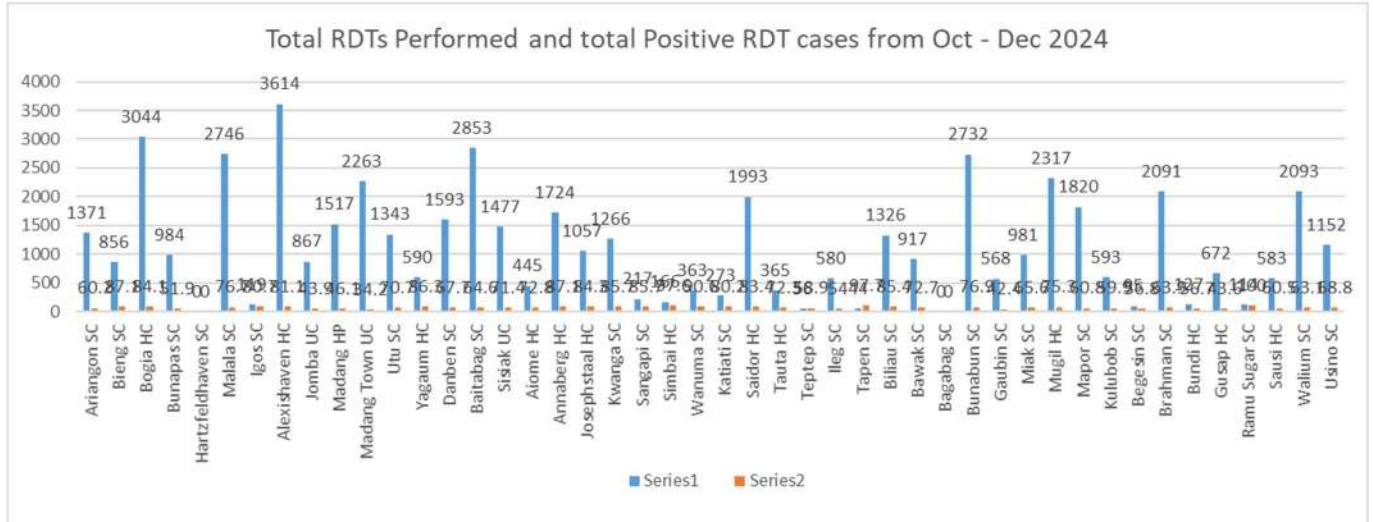
Graph 3



Graph 3 shows the total RDTs performed by each facility in the last 3 months. Physical visits conducted by the team confirmed against the Malaria RDT registers showed that there are more tests performed than the actual data being reported. Also there are still missing reports from Aid Posts and CMVs which are not fully captured. (Data source: ENHIS dated: 14/02/2025 13:34:08)

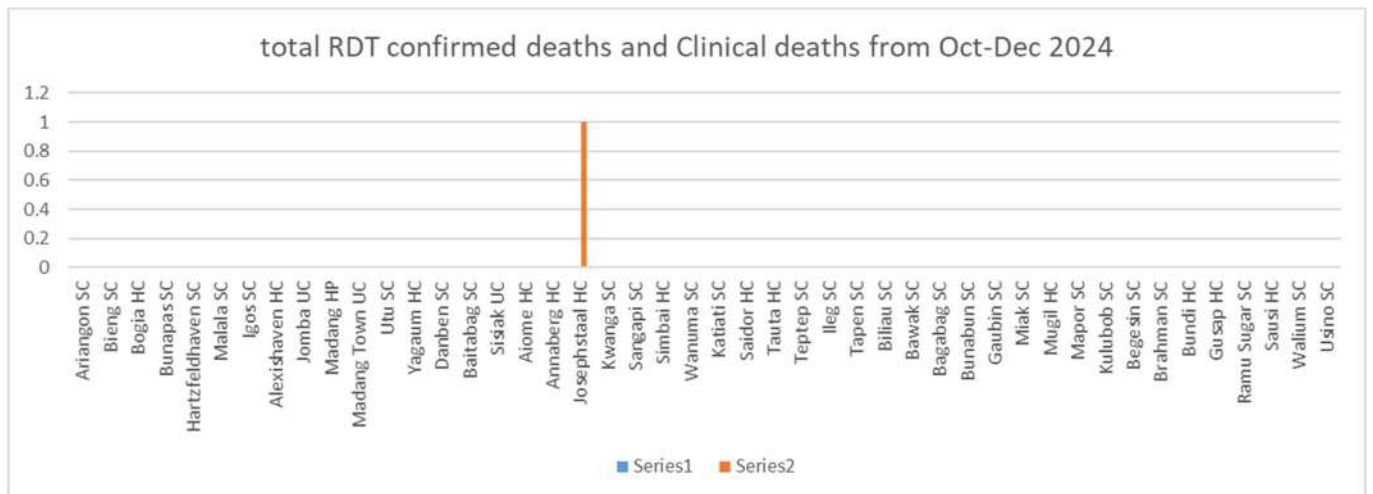
Graph 4

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Graph 4 shows data over the last 3 months of this year. There is obvious missing data not captured from some of the facilities reports.

Graph 5



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

- There are no RDT confirmed deaths except for 1 clinical death for Josephstaal

11. PROGRAM VEHICLES

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

WAD 930.

MVIL Expiry Date: 14/Apr/2025

Safety Sticker Expiry Date: 15/05/2025

MAH 898

MVIL Expiry date = 28/12/2025

Safety Sticker Expiry Date = 05/01/25.

Next Service due mileage: 25000 Km

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LBW 233

MVIL Expiry Date : 12/Jun/2025

Safety Sticker Expiry Date: 03/06/2025

Next service due millage: 100,000km

12. ACHIEVEMENTS

- Quarter 4 supplies arrived while team were still doing Q3 distributions
- Successfully visited 29 out of 33 accessible facilities and supplied Q4 RDTs and ACTs accordingly.
- Successfully distributed Q4 commodities to all reporting facilities except 13 inaccessible facilities. Staffs were notified to pick up supplies and also Middle Ramu supplies were air lifted during the LLIN distributions.
- Continuation Quality Initiative Training (CQI) was successfully conducted targeting OICs of reporting facilities in Bogia District. Total of 11 staffs attended a day long training.
- 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.

13. CHALLENGES

- Bigger Health Facilities (HF) such as Bogia HC, Alexishafen HC, Modilon Hospital, Yagaum HC, Madang Urban Clinic and Gusap HC have only one ENHIS tablet to capture data on a daily basis. This is not practical and leads to data gap and inconsistency in day to day entry.
- Aid Posts staffs continue to contact directly the malaria offices to get quarter supplies reporting that the Reporting Health Facilities are not supplying them as per the existing pathway.
- Accountability of ANC LLINs is very poor in almost all facilities except Modilon Hospital, Town Clinic, Yagaum HC, Gusap HC, Kulubob SC, Brahman SC and Alexishafen HC. Due to this, all quantities distributed to facilities each quarter is only a bale each thus the target distributed in a year is normally less than expected
- ENHIS Tablets especially in the malaria section, few facilities stated that there have been issues faced with entering of datas. Issues were brought to PHIO team but tablets kept on giving same old errors;
- Most church run facilities submit their monthly NHIS reports on time to the agency office but copies do not reach the Provincial Office soon.

14. RECOMMENDATIONS

- CQI training to be implemented in Usino Bundi district with possible assistance from PHA.
- Malaria team to focus more on the facilities performing more clinical malaria cases in the year 2024 to ensure that no more clinicals in the next year going forward.
- 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.

15. ACKNOWLEDGEMENT

2024 Q4 Report – Winnie Rambayipma

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This is the 4th quarter supervisory visit for Madang Province. 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 and the year as a whole.

Many thanks to;

- The PHA Chief Executive Officer, 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, Judith Demie and Edna Curtis for the continuous support all throughout the visits.
- The PHIO's Office for standing in when team needed assistance
- All hard working OICs and staffs of district health facilities in the Province
- The PHAs drivers, for without them the visits to the facilities would not have been successful
- Church Health Services for always assisting to collect supplies for Catholic Church run facilities in the Middle Ramu District and Lutheran Church run facilities in Rai-coast district.

PICTURES



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