



**GOVERNMENT OF SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION
NATIONAL MALARIA CONTROL PROGRAMME**

**REPORT ON SUPPORTIVE SUPERVISION CONDUCTED ON
MALARIA PREVENTION AND CONTROL ACTIVITIES IN BO,
MOYAMBA, BONTHE, PUJEHUN AND WESTREN AREA**

10TH-22ND APRIL 2010

**SUMBITTED BY
Thomas K. Ansumana
Philip Brewah**

**REPORT ON MONITORING AND SUPPORTIVE SUPERVISION OF
MALARIA CONTROL ACTIVITIES FROM THE 10TH- 22ND APRIL
2010**

Introduction:

The National Malaria Control Programme is responsible for the planning, coordination, monitoring and supervision of all malaria control activities in the country. The Government of Sierra Leone, Non- Governmental Organizations (National and International) and other partners have been actively involved in malaria prevention and control. However, support for malaria control activities has not been evenly distributed. Whilst some districts had two/three donors supporting them, others had only one. In view of the above, the programme thought it wise to carry out this activity to have a fair idea of the present state of the country in terms of malaria prevention and control.

DISTRICTS:

1. Bo
2. Bonthe
3. Pujehun
4. Moyamba
5. Western Area

TEAM MEMBERS:

1. Mr. Thomas K. Ansumana
2. Mr. Philip Berewah

Methodology:

The team used two (2) strategies in carrying out the supportive supervision in the above districts:

1. Extractive approach: The team had the opportunity to look at the various registers and records where the primary data on malaria morbidity, ITN distribution, antimalarial drug utilization (ACTs & SP) were collected and recorded for onward reporting to the DHMTs at the end of every month. A supervisory check list was also used to gather information on things like trainings (malaria case management, IPT, data collection, malaria microscopy & the use of RDTs, IMNCI), wall display on IEC/BCC materials, treatment and morbidity charts.

2. Consultative approach: DHMT members were given the opportunity to participate by being consulted by NMCP team members who listened to their views. This was done in the form of a meeting between the team members and the DHMT members.

FINDINGS:

- Most staff have been trained on malaria case management & IPT
- No TBA has been involved in the administration of SP to pregnant women in the community.
- Inconsistency in data collection and reporting

- IEC/BCC materials on malaria prevention and control are not available at health facilities.
- All the PHUs are not using the NMCP data collection tools
- Availability of antimalarial drugs (ACTs, SP, RDTs and ITNs) at the PHUs
- Inconsistency in report at National, District and Health facility levels
- TBAs and CBPs are not being supply with drugs by In-charges
- Limited feed back to other staff members after training/ workshop.
- Irregular monitoring and supportive supervision of PHUs and communities by the DHMT and Malaria Focal Points in the various districts
- Cheques release for activities at district level pose problem for early implementation activities.
- Malaria Focal Points are not aware of Funds sent to district for implementation of malaria activities.
- No data collection at the newly established PHUs

DISCUSSION:

Data collection and reporting at the primary health care level (PHUs) poses a significant threat to malaria prevention and control in Sierra Leone. During the supervisory visits conducted in the various districts, it was observed in all the PHUs, the registers were not completely and correctly filled out.

Secondly, there was gross inconsistency between the registers and the summaries that were sent to the districts as monthly reports.

A very good number of PHUs visited had at least one member of staff trained on malaria case management, IPT or data collection. But what came out strongly was the limited feed back given to those that did not attend trainings/workshops. This greatly contributed to the inconsistencies in data compilation and reporting.

IEC/ BCC materials on malaria prevention and control were available to very few PHUs and they were properly displayed on the walls and other important structures in the communities. Few mothers/caregivers, pregnant mothers were able to interpret them correctly.

Antimalarial drugs/ commodities were widely available in the health facilities. What was reported in some facilities were short RDTs. And adult ACT kits which unavoidably compelled them to using either the adolescent or children's ACT kit. This also contributed to the incorrect reporting of drug utilization.

Irregular monitoring and supportive supervision from the districts came out clearly during the visits in almost all the PHUs visited. This was evident in the visitors books kept at the PHUs. DHMTs were more focused on the monthly meetings held at the beginning of every month. Initially, these meetings were meant to discuss management issues at the community level but the whole idea has been misused. Now, DHMTs wait for the In-charges to come with their monthly returns during the meetings and fail to realise that, their work should be closely monitored and supervised.

ACTs for the treatment of malaria was found to be free in all the areas visited and the effectiveness was very much appreciated by mothers/caregivers.

ITN distribution is an ongoing activity carried out in the PHUs even though a few of them especially those in the Global Fund supported districts now have stock outs of ITNs. This activity has increased the coverage of immunization and health facility delivery in the various communities.

Recommendations:

- Regular monitoring and supportive supervision should be strengthened from districts to PHUs.
- Community sensitisation should be intensified on ITN use, environmental sanitation, the new treatment policy using ACTs and HMM.
- Capacity building:
 1. Training of health staff on data collection and the importance of recording keeping.
 2. Continues use of malaria data collection tools at all Health facilities
- Regular supply of drugs to TBAs and CBPs.
- Availability of data collection tools for PHUs, CBPs, and TBAs at all levels.
- All funds for malaria activities at district level should made known to the Malaria focal Point.
- All districts should sent work plan for malaria activity before funds are being disbursed for implementation.
- All District Malaria Focal Point should submit complete report of all health facilities in the district monthly.
- NMCP staff should regularly attend all District monthly In-charges meetings to give feedback to district on malaria activity.

The number of Health staff supervised are:

1. BO	=	26
2. PUJEHUN	=	15
3. MOYAMBA	=	18
4. BONTHE	=	26
5. <u>WESTERN AREA</u>	=	<u>30</u>
<u>TOTAL</u>	=	<u>100</u>

Western Area

MINISTRY OF HEALTH AND SANITATION NATIONAL MALARIA CONTROL PROGRAMME SUPERVISION VISIT TO THE DISTRICT

NO.	NAME HEALTH WORKER	NAME OF PHU	DESIGNATION	SIGNATURE
01	Sahil Gbandedeh	Lugbe CHC	CHV	<i>[Signature]</i>
02	Jucy Samuel	Ughelli H.C	SECHN	<i>[Signature]</i>
03	Margaret Mustapha	Ughelli H.C	CHV	<i>[Signature]</i>
04	Adekunle Williams	App sch HP	SECHN	<i>[Signature]</i>
05	Milliecut Yamba	App. sch HP	MCH Aide	<i>[Signature]</i>
06	Abel B. Komomo	App sch Post	MCH Aide	<i>[Signature]</i>
07	Musa B. Sankoh	App sch post	MCH Aide	<i>[Signature]</i>
08	Monty Jawara	App sch HP	SECHN	<i>[Signature]</i>
09	Minette Karam	App sch HP	MCH Aide	<i>[Signature]</i>
10	Leticia Taylor	App sch HP	Nursing Aide	<i>[Signature]</i>
11	Michael Kpolawa	Ughelli CHC	CHV	<i>[Signature]</i>
12	Dennis N. Vanney	Ughelli CHC	CHV	<i>[Signature]</i>
13	Anthony Sastry	Ughelli H.C	Lab. Tech	<i>[Signature]</i>
14	Adam Sesay	SLIM CHC	SECHN	<i>[Signature]</i>
15	Catherine Greeny	SLIM CHC	MCH Aide	<i>[Signature]</i>
16	Elizabeth S. Cole	SLIM CHC	Nursing Aide	<i>[Signature]</i>
17	Charles KEIMBE	Calabar Town	CHO	<i>[Signature]</i>
18	Linda S. Kenney	Calabar Town	SECHN	<i>[Signature]</i>
19	Hansa Kabba	- - -	mch Aide	<i>[Signature]</i>
20	Mariana Barro	Blessed Moku	SECHN	<i>[Signature]</i>
21	Rachel Brima Chollu	Blessed Moku	SECHN	<i>[Signature]</i>
22	Elizabeth Musa	Ross Rd CHC	CHO	<i>[Signature]</i>
23	Delina O. Deen	Ross Rd CHC	SECHN	<i>[Signature]</i>
24	Rosaline N. Metzger	Ross Rd. CHC	SECHN	<i>[Signature]</i>
25	Musa B. Silleh	Kumbungu	CHV	<i>[Signature]</i>
26	Rebecca B. Coullier	Kumbungu	MCH Aide	<i>[Signature]</i>

BOUTHE

MINISTRY OF HEALTH AND SANITATION NATIONAL MALARIA CONTROL PROGRAMME SUPERVISION VISIT TO THE DISTRICT

NO.	NAME HEALTH WORKER	NAME OF PHU	DESIGNATION	SIGNATURE
1	David M. George	Crabtree CHC	SECTNA/CTM/HC	<i>[Signature]</i>
2	Magdalene Yemie	Gambia CHC	MCH Aide	<i>[Signature]</i>
3	Lysiatu Koroma	Gambia CHC	MCH Aide	<i>[Signature]</i>
4	Christina Williams	Gambia CHC	MCH Aide	<i>[Signature]</i>
5	Solomon A. Amara	Motuo CHC	SECTNA/CTM/HC	<i>[Signature]</i>
6	Mabel m Fawundu	Motuo CHC	MCH Aide	<i>[Signature]</i>
7	Fatmata Sheriff	Motuo CHC	MCH Aide	<i>[Signature]</i>
8	Josephine Jobny	Lawang	MCH Aide	<i>[Signature]</i>
9	Hawa K. Osman	Gbonge	MCH Aide	<i>[Signature]</i>
10	Henry K. Allie	Gbonge	EDC Unit Head	<i>[Signature]</i>
11	Mariamam Saadu	Gbonge	MCH Aide	<i>[Signature]</i>
12	Lawrence m. Alpha	Tihun CHC	CAO	<i>[Signature]</i>
13	Josephine pessimo	Tihun CHC	MCH Aide	<i>[Signature]</i>
14	Salamatu Koroma	Tihun CHC	MCH Aide	<i>[Signature]</i>
15	SAPHIE M. LYSENI	MATTRUM CHC	MCH Aide	<i>[Signature]</i>
16	Aminata Sesay	MATTRUM CHC	MCH Aide	<i>[Signature]</i>
17	Fatmata Nalle	MATTRUM CHC	MCH Aide	<i>[Signature]</i>
18	Bridget K. ARUNA	MATTRUM CHC	MCH Aide	<i>[Signature]</i>
19	Magdalene ghaku	Gbay CHC	MCH Aide	<i>[Signature]</i>
20	Ann-Marie Reife	Kabali CHC	MCH Aide	<i>[Signature]</i>
21	Janet Kpama	Kabali CHC	MCH Aide	<i>[Signature]</i>
22	Judith Nancy Seedy	Mandru CHC	SECTNA	<i>[Signature]</i>
23	Solomon S. Sesay	Tissana CHC	SECTNA	<i>[Signature]</i>
24	Solomonatun Mansaray	Tissana CHC	MCH Aide	<i>[Signature]</i>
25	Angella Tucker	Mankie CHC	MCH Aide	<i>[Signature]</i>
26	Presiana Sesay	Topan CHC	MCH Aide	<i>[Signature]</i>

Bo-District

MINISTRY OF HEALTH AND SANITATION
NATIONAL MALARIA CONTROL PROGRAMME
SUPERVISION VISIT TO THE DISTRICT

NO.	NAME HEALTH WORKER	NAME OF PHU	DESIGNATION	SIGNATURE
1	Wendred Kele	Battembay	MCH Aide	Wreke
2	John Salp	Feiba CFP	MCH Aide	Salp
3	Fatmata Messagho	Feiba CFP	" "	
4	Margaret Ansumana	Fanima CFP	MCH Aide	Margaret
5	Glorys Mbaya	Niagoin CFP	MCH Aide	Glorys
6	Princess Sampe	Niagoin CFP	MCH Aide	Princess
7	Ishorah Luch	Bumpe CFP	P/A	Ishorah
8	Bintu J. Sallah	Bumpe	MCH Aide	Bintu
9	Saman Sallah	Bumpe	MCH Aide	Saman
10	Satta Wudie	Ngala	MCH Aide	Satta
11	Agnes Gombai	Ngala	MCH Aide	Agnes
12	Kuadiatu B. Jalloh	Bortnow CFP	MCH Aide	Kuadiatu
13	Dainora Eborie	Bortnow	MCH Aide	Dainora
14	Ramatullah Conteh	Bortnow	MCH Aide	Ramatullah
15	Beatrice O Williams	Kpelen CFP	MCH Aide	Beatrice
16	Morway I Bangura	" "	CHA	Morway
17	Veronica R Kamara	Kariyama CFP	MCH Aide	Veronica
18	Clarence Mansaray	Tumpela CFP	MCH Aide	Clarence
19	Esther M Ndama	Tumpela CFP	MCH Aide	Esther
20	Bauder Jacob	Tanimahun	MCH Aide	Bauder
21	Angela K polie	Tanimahun	MCH Aide	Angela
22	Luy. A. Caulkool	Wahin	MCH Aide	Luy
23	Fatmata Mbaweh	Buma	MCH Aide	Fatmata
24	Henry H. H. Williams	Foy	MCH P	Henry
25	Solomonwater	Broclawes	MCH Aide	Solomon
26	Prancers Nwiah	Broclawes	MCH Aide	Prancers

