



**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 KAILAHUN AND KENEMA
DISTRICTS**

19TH TO 25TH APRIL 2010

SUMBITTED BY

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Kenema DHMT
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INTRODUCTION

Supervision is defined as: "a range of measures to ensure that personnel carry out their activities effectively through direct, personal supervisory contact on a regular basis to guide, support and assist designated staff to become more competent in their work".

It is an essential management activity within Human Resource Management (HRM) and impacts both the performance of individual staff and the organization as a whole. Supervision aids in planning or refining activities, organising tasks, and monitoring performance. It is necessary for staff to be aware of all standards, performance expectations and tasks in order to keep the NMCP/MoHS running efficiently. Staffs also need continuous support and feedback with regard to their work.

There is a close relationship between all levels of the health care system, starting at the community extending upward to health facility, district hospital and national. Supportive supervision is known to be one of the vital support systems for delivery of effective, high-quality primary health care services. Because systems are only as strong as the people who participate in them, supporting health workers and increasing their skills has proven to be an excellent way to improve performance and ultimately increase the number of people benefiting from essential services. During supportive supervision, supervisors help staff improve on service delivery— often by encouraging effective two-way communication, identifying and resolving problems, and conducting robust performance planning and monitoring. The relationship between the supervisor and the supervisee is based on mentorship rather than fault-finding.

Supportive supervision by district and national level supervisors helps in building health workers' capacity and commitment to carry out safe, good quality health services, enabling each individual to perform at their personal best, through coaching and performance management.

Supervision plays an essential role in the following areas:

- Communication and implementation of the organization's goals and objectives
- Clarification of individual job description and work plans
- Resolution of problems
- Improving the quality of performance at all levels
- Staff support, direction and feedback
- Meeting performance goals and standards

The purpose of supervision is to help the organization to:

- Meet needs of clients by delivering safe and quality services
- Support good provider performance, enabling them to meet the needs of clients
- Improve the health status of the country

GENERAL OBJECTIVE:

To improve the quality of health care delivery at Peripheral Health Units level throughout the country.

SPECIFIC OBJECTIVES

The specific objectives of this supervisory exercise were to:

1. Investigate whether **data collection tools** were available in the health facility and if so whether they were being used appropriately.
2. Study certain aspects of **service delivery** and identify areas for improvement. Attention was placed on the provision of certain services, for example malaria case management and the availability of ACTs.
3. Obtain current information on the **use of the PHUs** by the respective communities.
4. **Monitor changes** in the factors that influence/determine the health status of the population served by the respective PHUs.
5. Obtain **comments and opinions** from PHU and DHMT staff that will contribute positively to effective service delivery
6. Improve **information base** at district and national level. This information is then used to provide feedback to the DHMT and the PHU staff in support of their effort to improve service delivery.
7. Inspect staffing, poster display, malaria documents, attendance registers and the availability of anti-malarial commodities so that deficiencies can be identified and rectified accordingly.

METHODOLOGY

The Eastern Region Team of the Monitoring and Evaluation Unit, National Malaria Control Programme (NMCP) conducted an extensive monitoring and supportive supervision exercise the Kailahun district from the 19th to 25th April 2010. This was geared towards onsite data quality verification and corrections from national to district and to PHU.

A structured supervision checklist was used to carry out this activity. The rationale was that if all/most features of the checklist are in place, the supervisor and PHU staff member can feel assured that the facility is performing up to expected standards. On the other hand, missing elements require attention and serve to highlight areas needing improvement. The checklist included key observable features that are considered to be critical to health care delivery. The checklist covered the following areas:

- Malaria activities
- Availability of malaria/IMNCI documents
- Types of anti-malarial drugs (ACTs and SP)
- Attendance registers (ANC, EPI, ITN, CBPs, TBAs and drug utilization data collection tools)
- Source of drug and ITN supply
- Training and supervision
- Availability of ITNs
- IEC/BCC social mobilization
- Record keeping and reporting.
- Constraints/problems

Team composition:

S/N	Name of Personnel	Designation	Duty Station
1	John Seppah	M&E Officer III	NMCP
2	Magdalene Nze-Daniel	Data Entry Clerk	
3	Baba Kanu	Driver	
4	Janet B. Hindowa	District Malaria Focal Point 1	Kenema
5	Mohamed Jusu	District Malaria Focal Point 11	
6	Mohamed Nyandebo	District Malaria Focal Point	Kailahun

The supportive supervision lasted for about a week targeting Kailahun and Kenema districts respectively. During this visit a total of 26 PHUs (19 and 7 in Kenema and Kailahun districts respectively) were reached supervising 53 (Kenema = 34; Kailahun = 17) health workers.

A standard pre-designed supervision checklist was used for data collection. The supervision was based on observation, record review and on information given by the health facility staff and community member(s) interviewed. The information collected was collated and analyzed by the team after the exercise and a report with appropriate recommendations prepared and submitted to the Acting Programme Manager, National Malaria Control Programme, Ministry of Health and Sanitation.

Details of findings for each PHU during the supervisory visit are presented in Annex 1.

FINDINGS

Observations were made during the monitoring and supervisory visit to all PHUs in these two districts.

Details of these findings are tabulated in Annex 1.

DISCUSSION OF FINDINGS

Most facilities have good stocks of ACTs (especially the paediatric doses) and SP for IPTp was found to be adequately available at PHUs visited. Complaints of side effects associated with ACT use were realised among adults during the community level interview.

Newly trained staff met at health facilities during this visit has not attended training on malaria case management, IPT, IMNCI and the use of Rapid Diagnostic Tests (RDTs) whilst some of the old ones need to be refreshed to ensure efficiency and effectiveness. Some of the PHUs staff used SP, Quinine to treat uncomplicated malaria. Some private health facilities vis-à-vis Pharmacies/drug stores sell all kinds of anti-malarial medicines and products to the public. Most PHUs visited conduct outreach services and carryout follow-ups on cases through home visits. The proper use of Insecticide Treated Nets (ITNs) is promoted through health talks and community sensitisations. Posters and morbidity/malaria treatment charts were displayed on the walls of some facilities even though some of them were not updated. The others did not display morbidity chart on walls.

Record management is a challenge to some health staff. Some others are still using outdated malaria data collection tools even though they had been supplied with the revised tools.

There was evidence of irregular supportive supervision from the District Health Management Team to PHUs and communities. The visitors' books are hardly signed by DHMT members who happen to visit the facilities.

Other major challenge observed was the area of proper data collection and aggregation. A lot of inconsistencies were observed right across the districts. With regards to records management (records collection, analysis and keeping) during the monitoring and supportive supervision in Kailahun and Kenema districts, the following was observed. Kangama CHP in the Kissi Teng chiefdom ranked the best whilst Dawa MCHP in the Tongi chiefdom was the worst in the Kailahun district. Dama chiefdom happened to have both PHUs that ranked the best and the worst among PHUs that were visited in Kenema district; Kpandembu CHP ranked the best whilst Loppa CHP was the worst. Under reporting was noticed as data collected in the registers were not correctly transferred to the monthly summaries that were sent to the districts for onward submission to national level.

It was also observed that CRS Field Staff operating in Kailahun district collect original reports from PHU staff but these reports are held upon for more than necessary which serves as a recipe to incomplete and untimely reporting.

RECOMMENDATIONS

Kenema District

1. Local council to provide timely support for the distribution of ITNs from district to PHUs
2. Provision of rain gears to enhance outreach services during the rains
3. Intensify community sensitisation on HMM, proper utilisation of ITNs and environmental sanitation
4. Train PHU staff on data collection and reporting
5. Repair/maintenance motorbike assigned to District Malaria Focal Point to be to enhance regular supportive supervision
6. Provide continued support to scale up outreach services and district supervision
7. Provide IEC/BCC materials on the prevention and control of malaria

Kailahun District

1. A second district malaria focal point need to be recruited to enhance effectiveness and efficiency
2. Repair/maintenance motorbike assigned to District Malaria Focal Point to be to enhance regular supportive supervision
3. Local council to provide timely support for the distribution of ITNs from district to PHUs
4. Provision of rain gears to enhance outreach services during the rains
5. Intensify community sensitisation on HMM, proper utilisation of ITNs and environmental sanitation
6. Train PHU staff on data collection and reporting
7. Provide continued support to scale up outreach services and district supervision
8. Provide IEC/BCC materials on the prevention and control of malaria
9. DHMT to review date for monthly to ensure regular DHMT/In-charges meetings

General recommendation

1. More training to be conducted for PHU and hospital staff on data collection, record keeping and reporting tools to ensure consistency in reporting at all level.
2. Both DHMTs of Kenema and Kailahun districts to scale up monthly supportive supervision from district to health facility and community level
3. Training and retraining of both new and old staff on malaria case management, IPTp and RDTs use is necessary
4. Selection of participants for future trainings to be done to ensure equal opportunity for all PHU and hospital staff

ANNEX 1

TABULATION OF FINDINGS MADE DURING THE SUPERVISORY VISITS IN THE VARIOUS HEALTH FACILITIES IN THE KAILAHUN AND KENEMA DISTRICTS.

KENEMA DISTRICT		STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
No	ISSUES				
1	Malaria case management	<ul style="list-style-type: none"> Health facilities provide free treatment of malaria cases RDTs available to facilitate malaria diagnosis at PHU level ACTs treatment chart available in some health facilities 	<ul style="list-style-type: none"> The introduction of the Free Health Care Initiative Availability of CBPs for HMM implementation 	<ul style="list-style-type: none"> IMNCI guidelines not available 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP for IPT is available in all the Health facilities visited 	<ul style="list-style-type: none"> The involvement of TBAs in the distribution of SP for IPTp at community level 	<ul style="list-style-type: none"> More trainings to be conducted for TBAs 	
3	Data collection and reporting	<ul style="list-style-type: none"> Availability of data collection tools 		<ul style="list-style-type: none"> Registers not filled correctly Inconsistency in data collection and reporting 	
4	Data analysis	<ul style="list-style-type: none"> Data collected are analysed and displayed on walls in some PHUs 		<ul style="list-style-type: none"> Some PHUs do not analyse morbidity data 	
5	Feedback	<ul style="list-style-type: none"> Monthly feedback during DHMT/PHU In-Charges meetings PHU staff provide feedback during community meetings 			
6	Training	<ul style="list-style-type: none"> Training on the malaria case management, IPT and use of RDTs conducted 		<ul style="list-style-type: none"> Some PHU staff has not benefitted from malaria training 	

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
6	Training	<ul style="list-style-type: none"> • Training on the malaria case management, IPT and use of RDTs conducted 		<ul style="list-style-type: none"> • Some PHU staff has not benefitted from malaria training 	
7	Supervision	<ul style="list-style-type: none"> • Supervision done by DHMT • Supervision of communities and outreach services done by PHU staff 	<ul style="list-style-type: none"> • Availability of vehicle/motorbikes to DHMT and some PHU staff 	<ul style="list-style-type: none"> • Irregular monthly done from district to PHU 	
8	Support	<ul style="list-style-type: none"> • Support for outreach services provided • Support given in the form of ACTs, SP for IPT, RDTs, Quinine, Data collection tools, training and supervision 	<ul style="list-style-type: none"> • Presence of UNICEF, IRC, 	<ul style="list-style-type: none"> • Inadequate support from local Council for ITN distribution from district to PHUs 	
9	Availability and distribution of ITNs	<ul style="list-style-type: none"> • ITNs available in health facilities and distribution is free and ongoing 		<ul style="list-style-type: none"> • Timely distribution of ITN from district to PHU is a challenge 	
10	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> • The use of ITNs, ACTs and SP for IPT is promoted in the district through health talks during clinic sessions • IEC/BCC materials are displayed in some health facilities visited 	<ul style="list-style-type: none"> • Presence of FM radio stations in the district 		

KAILAHUN DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria case management	<ul style="list-style-type: none"> • RDTs available to facilitate malaria diagnosis • Provision of free malaria treatment • ACT treatment chart displayed in some health facilities • Malaria case management and IPT (participants) training manuals available • Adequate availability of ACTs 	<ul style="list-style-type: none"> • The introduction of the Free Health Care Initiative • Availability of CBPs for HMM implementation 	<ul style="list-style-type: none"> • No malaria case management, IMCI, guideline available • Stock out of adult and adolescent in some clinics 	
2	Use of SP for IPT	<ul style="list-style-type: none"> • SP for IPT is available in all the Health facilities visited 	<ul style="list-style-type: none"> • The involvement of TBAs in the distribution of SP for IPTp at community level 	<ul style="list-style-type: none"> • More trainings to be conducted for TBAs 	
3	Data collection and reporting	<ul style="list-style-type: none"> • Tools for data collection and reporting available • Reports are sent to DHMT on 4th of every month during DHMT/PHU In-Charges meetings 		<ul style="list-style-type: none"> • Incorrect reporting for SP 	
4	Data analysis	<ul style="list-style-type: none"> • Data is collected, analysed and displayed on walls in some PHUs 		<ul style="list-style-type: none"> • Some PHUs do not analyse morbidity data 	
5	Feedback	<ul style="list-style-type: none"> • Feedback from DHMT to PHU is done at DHMT/PHU In-Charges meetings 			
6	Training	<ul style="list-style-type: none"> • Training on the malaria case management, IPT and use of RDTs conducted 	<ul style="list-style-type: none"> • 	<ul style="list-style-type: none"> • Some PHU staff has not benefitted from malaria training 	

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
7	Supervision	<ul style="list-style-type: none"> Supervision done by DHMT Supervision of communities and outreach services done by PHU staff 	<ul style="list-style-type: none"> Availability of vehicle/motorbikes to DHMT and some PHU staff Presence of Plan-SL, CRS sub offices in the district 	<ul style="list-style-type: none"> Irregular supportive supervision of PHUs and communities by DHMT 	
8	Support	<ul style="list-style-type: none"> Support for outreach services provided Support given in the form of ACTs, SP for IPT, RDTs, Quinine, Data collection tools, training and supervision 	Presence of Plan-SL, IRC, CRS Nova-Scotia-SL	<ul style="list-style-type: none"> Inadequate support from local Council for ITN distribution from district to PHUs 	
9	Availability and distribution of ITNs	<ul style="list-style-type: none"> ITNs available in health facilities and distribution is free and ongoing 		<ul style="list-style-type: none"> Timely distribution of ITN from district to PHU is a challenge 	
10	Social mobilisation/IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of SP, ITNs and ACTs is promoted through health talks during clinic sessions and the media IEC/BCC materials also displayed in some facilities 	<ul style="list-style-type: none"> Presence of FM radio stations in the district Presence of Nova Scotia-SL 		

KENEMA DISTRICT



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

LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
1.	Massah Komleh	Kpandebu Dama CHC	Komleh
2	Saha S. Kanneh	Kpandebu Dama CHC	Kanneh
3.	Sheku S. Banteh	Kpandebu Dama CHC	Banteh
4	Derek I. Kosoma	Loppa CHP	Di
5	Mary C. James	Loppa CHP	James
6	Edson Foday	Giema CHP	Foday
7	FANTA KAMARA	Giema CHP	K
8	Isatu Kamara	Diamei MCHP	Kamara
9	Princess B. Konneh	Samui town m CHP	Konneh
10	Alice Iye Kanneh	Samui-TOWN	Kanneh
11	Alice Amara	MCH post Kpayama	Amara
12	Agnes Lawrence	MCH post Kpayama	Lawrence
13	Mary J. Kallon	MCHP Kpayama I	Kallon
14	Saffie Konneh	Kpayama MCH post	Konneh
15	Massah E. Teigala	Kpayama MCH post	Teigala
16	Wuya Musa	MCHP Kpayama I	Musa
17	Massah Konneh	Kpayama I MCHP	Konneh

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KENEMA DISTRICT



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LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
18	Beatrice Geku	Nyanabe - BS	Beku
19	Lilian Augustina	Kundorma	H.
20	Janet Alfred	Venima CHP	Alfred
21	Isatu Lansana	Gelehu MCHP	Mans
22	Mary Tibbe	Nialu. Bama MCHP	Mile
23	Rosaline M. Verde	Siembai MCHP	Verde
24	Amuuda Kobbie	Ngelehu MCHP	Kobbie
25	Elizabeth K. Momoh	Ngelehu MCHP	Momoh
26	Esther M. Karama	Bavillara MCHP	Karama
27	Mabel Momoh	Mbowohu	Momoh
28	Katherine Keimbe	Mbowohu	Keimbe
29	Ann Marie Sasay	Tao MCHP	Sasay
30	Binta Fobbie	Tao MCHP	B Fobbie
31	Agnes Kobia	Jormu CHP	Kobia
32	Zainab Kobbie	Jormu CHP	Kobbie
33	Agatha I. Kallen	Cbo-Kakofanati	AK
34	Millicent M. Kallen	Cbo-Kakofanati	M. Kallen

KAILAHUN DISTRICT



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

LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
1	SENESE MAMBY	DHMT-KAILAHUN	<i>[Signature]</i>
2	Francis A. Fillie	DHMT-Kailahun	<i>[Signature]</i>
3	Morlan Kamara	DHMT-Kailahun	<i>[Signature]</i>
4	Usman B. Gbali	DHMT-Kailahun	<i>[Signature]</i>
5	Zainab N. Abdulai	Buedu - CHC	<i>[Signature]</i>
6	Margaret A. Boima	Bardu yawei CHP	<i>[Signature]</i>
7	Fatmata M. Baiing	Malama CHP	<i>[Signature]</i>
8	Fatmata Kanneh	Kangama CHP	<i>[Signature]</i>
9	BUNDOR L. FALLAH	DHMT-Kailahun	<i>[Signature]</i>
10	M. J. Kallon	DHMT-Kailahun	<i>[Signature]</i>
11	Keliatu Kanneh	DHMT Kailahun	<i>[Signature]</i>
12	Mohamed Nyandou	DHMT-KAILAHUN	<i>[Signature]</i>
13	Mamie Gbali	Daru CHC	<i>[Signature]</i>
14	Betty Cassimu	Kambama CHP	<i>[Signature]</i>
15	Jewel Buedu	nyeamoi CHP	<i>[Signature]</i>
16	Anna Kallu	Daru CHC	<i>[Signature]</i>
17	Cecilia Baiing	-	<i>[Signature]</i>

