



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

***REPORT ON SUPPORTIVE SUPERVISION ON MALARIA  
PREVENTION AND CONTROL ACTIVITIES IN, KONO ,  
AND TONKOLILI DISTRICTS***

**2<sup>nd</sup> – 10 April 2010**

***PREPARED BY;***

**Alfred Gbla – Health Information Manager**

**Magdeline Nze Daniel - Data Entry Clerk**

## **INTRODUCTION**

In order to determine the success and to assess the level of implementation of Phase 1 extension of the Global Fund malaria Grant, supportive supervision was conducted in Kono and Tonkolili districts. The objective is to strengthen the districts and partners on the implementation of malaria activities and to conduct a quality data auditing on the data generated from districts to central level. Data auditing and on the job training is to be done at PHU and district level. Findings from the supervision of PHUs in data collection and analysis were discussed during the routine PHU incharges meeting. The PHUs incharges meeting will be the forum to interact with PHU staff and to review the data collection tools for effective and efficient data quality..

## **OBJECTIVES OF THE SUPERVISION**

1. To assess the level of utilisation of antimalarial commodities ;ITNs, ACTs, SP for IPT and RDTs supplied to district
2. To conduct a data quality auditing on the monthly returns generated form PHUs.
3. To verify the implementation status of malaria prevention and control activities at district and chiefdom levels
4. To monitor the stock level of antimalarial consumables at district and PHU levels
5. To identify the possible strengths, opportunities, weaknesses and threats in relation to the implementation of malaria activities

## **METHODOLOGY**

- Structured supervisory checklist was used as a guide to interview PHU staff
- Records review, data auditing and on the job training both at PHU and during PHU incharges meeting.
- Discussions and feedback to DHMTs prior to the routine monthly PHU incharges meeting .

## FINDINGS ON THE SUPERVISION

A total of fifty one (51) PHU staff were supervised in all the two districts.

ISSUES	STRENGTHS	OPPORTUNITIES	THREATS	ACTIONS TAKEN
Case Management of malaria	<p>Trainings of PHU staff on case management of malaria has been carried out in the district.</p> <p>Presence of CBPs for HMM implementation</p> <p>RDTs available in all PHUs for presumptive diagnosis of malaria</p> <p>Availability of microscope in some CHCs</p>	<p>MRC , &amp; DHMTS support to PHUs(Distribution of ITNs and ACTs)</p> <p>Support from the district councils to urgent government effort in strengthening health service delivery.</p> <p>Availability of the free healthcare services in all the districts .</p>	<p>Training of new staff on case management of malaria has not been done .</p> <p>Malaria treatment guidelines, IPT and malaria case management participants training manuals not available in three PHUs. ( Komrabai Yoni MCHP , Masumana CHP and Matotoka CHP ).</p> <p>All the PHUs supported by DHMT have ran out of ACTs for more than one week . ( Matotoka CHP, Makonkorie CHP and Rorucks MCHP</p>	<p>DHMT agreed to conduct a refresher training on malaria case management from district funds received from NMCP</p> <p>Immediate supply of IPT/malaria case management training manuals</p> <p>Replenishing of antimalarial commodities was immediately done after the PHU incharges meeting .</p>
Use of SP for IPT	<ul style="list-style-type: none"> <li>• SP available in health facilities visited</li> </ul>	<p>PHU staff and TBAs trained</p>		
Data collection and reporting	<ul style="list-style-type: none"> <li>• Data collection tools available in all the PHUs visited</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly PHU In-Charges meeting held</li> </ul>	<ul style="list-style-type: none"> <li>• Under reporting</li> <li>• Inconsistency in data reporting</li> </ul>	<p>On the job training ,how to summarize reports from the registers to the summary forms done both at PHU and during</p>



KONO DISTRICT

STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS	ACTIONS TAKEN
<p>Most PHU staff have had training on case management of malaria .</p> <p>HMM implementation has started with CBPs actively administering ACTs to the target beneficiaries</p> <p>Free treatment of malaria cases</p> <p>RDTs available in some PHUs for presumptive diagnosis of malaria</p> <ul style="list-style-type: none"> <li>• Revised data collection tools available in all PHUs</li> <li>• Availability of antimalarial drugs in the health facilities/CBPs</li> </ul> <p>SP available in health facilities visited</p>	<p>SLRCS support to their supported PHUs(Distribution of ITNs and ACTs),</p> <p>Presence of CBPs in most PHUs visited</p> <p>IRC trained CBPs in all their operational areas</p> <p>Existing of district local councils</p>	<p>Most CBPs trained by IRC did not have anti malarial commodities for case management.</p>	<p>Possibility of these trained CBPs to pose as quacks.</p>	<p>Meeting held with IRC coordinator and DHMT on how to ensure that this trained CBPs are equipped with anti malarial drugs .</p> <p>DHMT agreed to supply the trained CBPs after verification.</p>
	<p>PHU staff and TBAs trained</p>			

<p>Data collection tools available</p> <p>Reports sent DHMT on the 4<sup>th</sup> of every month</p>	<ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>	<ul style="list-style-type: none"> <li>The revised data collections tools not available in two PHUs visited.</li> <li>Under reporting</li> <li>Inconsistency in data reporting</li> </ul>		<ul style="list-style-type: none"> <li>Supply and on the job training of the revised data forms was affected. Training was also done on how to harmonize data generated.</li> </ul>
<p>Data analysed and displayed on walls in most PHUs visited</p>		<ul style="list-style-type: none"> <li>Most PHUs do not analysis data</li> </ul>		<p>On the job training on how to analyze data using tables, charts etc.</p>
<ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during monthly meetings</li> </ul> <p>PHU to Community during health talks</p>	<ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>	<ul style="list-style-type: none"> <li>Feedback is not provided to lower levels</li> </ul>		<p>Stress the need for community feedback so as to ensure the regular uptake of malaria commodities.</p>
<p>Training on the new treatment policy using ACTs and IPT including the use of RDTs conducted</p> <p>ACTs Treatment chart available</p>		<ul style="list-style-type: none"> <li>Training manuals not available</li> </ul>		<p>Trainings manuals supplied to PHUs.</p>
<p>Monthly supervision done by DHMT</p> <p>Quarterly supervision done by National staff to the districts.</p> <p>Supervision done by CHO in charge to other PHUs by chiefdom</p>		<p>Irregular supportive supervision by DHMT to PHUs.</p>	<p>Rains</p>	<p>Discuss with DHMT to solicit funds from other partners to procure rain gear. Promised to discuss issue with NMCP programme management</p>

K  
 ONO  
 DISTRI  
 CT

<p>Support is provided by MoHS and Plan SL to the district</p> <p>Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc.</p> <ul style="list-style-type: none"> <li>Community awareness on the use of ITNs, SP for IPT and ACTs is promoted through health talks during static and outreach sessions</li> <li>Availability of IEC materials</li> <li>Introduction of chits by PHU staff to beneficiaries for onward supply of ITNs on arrival.</li> </ul>	<p>Presence of Plan Sierra Leone</p> <ul style="list-style-type: none"> <li>Availability of community radio (Radio )</li> <li>Presence of Town criers</li> <li>Presence of CBPs/TBA</li> </ul>	<p>Limited community sensitization using the local media on malaria prevention and control</p>	<p>Rains</p>	<p>Discuss with DHMTs to hold regular meetings for additional support (funds) in IEC/BCC activities</p> <p>Discuss with DHMT to solicit funds from other partners to procure rain gear. Promised to discuss issue with NMCP programme management</p>
---	--	--	--------------	--

## RECOMMENDATIONS

After lengthen discussions and feedback to the various DHMTs and malaria focal persons, the following recommendations were unanimously agreed upon.

1. All district malaria focal persons should ensure that all antimalarial commodities are replenished to avoid stock outs during PHU in charges meeting or routine supervision by DHMT members.
2. NMCP/Malaria Focal Person should ensure the replenishing of IEC/BCC materials to PHUs
3. Intensified community sensitisation on the use of anti malarial consumables (ITNs, SP for IPT, ACTs).The NMCP should provide additional support to heightened sensitization.
4. DHMTs/NMCP and all partners should conduct on the job training on the revised data collection tools to PHU staff during PHU in charges meetings and routine monitoring.
5. DHMT and partners to map out their area of operation, so as to avoid overlapping of activities.
6. NMCP /DHMTs/PHU and partners should intensify community sensitization on ITN use, environmental sanitation, the new treatment policy using ACTs and HMM strategy..
7. DHMTs should ensure that training manuals, guidelines at district level be supplied to PHU staff.

# KONO 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	Finda H. Mbrima	m.c. H.P. Woama	Mbrima
2	EDITH Y. BOIMA	MCHP BOBOMBA	Boima
	Agnes K. Sebba	mchp Boboma	Sebba
4	Elizabeth S. Sandi	Korakor. MCHP	Sandi
5	Jennifer S. Mbaye	MCHP Masundu	Mbaye
6	Matilda S. Kariwa	MCHP Massabendu	Kariwa
7	MBAHU KOROMA	CHP SANDIA	Mba
8	Rams Jureh	m.c.H.P. Fombu	Jureh
9	Ruth Kallba-sei	m.c.H.P. Sengekor	Kallba
10	Hanna P. Guee	MCHP Boakor	Guee
11	Alice K. Foday	Koanama CHC	Foday
12	Nganga S. Kogi	Koguiwa	Kogi
13	Nancy Mbaye	Mankama	Mbaye
14	Fatmata Chebba	Mankama MCHP	Chebba
15	Sia Keita	Somadu MCHP	Keita
16	Martha Mbaye	Bamaboma MCHP	Mbaye
17	Frances Bobbitt	Wardu MCHP	Bobbitt

# KONO 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
18	Gladys N. Banyu	Worudu MCHP	[Signature]
19	Gladys Marga	Swaray Town	[Signature]
20	Elizabeth N. Sagna	Swaray Town	[Signature]
21	Louetta Bunder	Yorroudu CHC	[Signature]
22	Sia Alice Amara	MCHP Bueda Suma	[Signature]
23	Mariam A. Kassehama	CHC Kombaydeli	[Signature]
24	Christiana Kondeli	CHC Bumpel	[Signature]
25	Finde Bio Kamanda	Bumpel C.H.C	[Signature]
26	Sia Regina Mondeli	Tekiar MCHP	[Signature]
27	Sia Lefehin	Yorroudu MCHP	[Signature]
28	Isaba Joe	Mohema CHP	[Signature]
29	Alice Kpakina	Mohema CHP	[Signature]
30	Juliet Mamba	Kayina CHC	[Signature]
31	Annie Gborie	Masundu: N.	[Signature]
32	Hawa Frelay	Sekeidu MCHP	[Signature]
33	Kunka Genesis	Chamandu	[Signature]
34	Kunka E. Moiba	Keriso MCHP	[Signature]

# TOMICOLILI 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	Beatrice N. Kama	mabai	Pakama
2	BARNITA A. SESAY	MAKONKORIF	BA
3	Mariatu M. Kamara	Pabifu Mayepoh	Mariatu
4	Memuna Turay	Mattamp	Duay
5	Rugiatu M. Bangura	warema MCHP	RB
6	Regina S. Korona	Yenibana MCHP	Regina
7	Margaret Kargbo	Kunrabai yoni	Margaret
8	Soffiatu Kanu	RORUKS	Soffiatu
9	Susan F. Kama	Makone MCHP	Susan
10	Marie Sankoh	magbanaba	Marie
11	Isatu F. Kora	Fothanah - Boie	Isatu
12	Isatu T. Korbel	usofball	Isatu
13	Rugiatu S. Tieng	Mausiaka	Rugiatu
14	Sulamu A. Keroma	Bath Bama	Sulamu
15	Hassanatu R. Contel	Wastugbi	Hassanatu
16	cecelia Dnsol	Kaamp Kakhelo	Cecelia
17	Ashika Thaly	Mapania	Ashika