



GOVERNMENT OF SIERRA LEONE
MINISTRY OF HEALTH AND SANITATION

NATIONAL MALARIA CONTROL PROGRAMME
(NMCP)

HEALTH FACILITY QUARTERLY SUPERVISION
REPORT

(December 2009 –February 2010)

15th- 22nd FEBRUARY 2010

Report prepared by:
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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”.

Supervision 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, organizing 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/ MOH running efficiently. Staffs also need on-going support and feedback with regards to their work.

There is a close relationship between all levels of the health care system, starting at the community extending upward to clinic, health centre, and district hospital and beyond. 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 health staff 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 Centres 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, SP, ITNS, RDTs, IEC materials etc.
3. Obtain current information on the use of the PHUs by the respective communities.
4. Monitor changes in the factors that influence and /or 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 level and head-quarters. This information is then used to provide feedback to the District Health Management Team and the PHU staff in support of their effort to improve service delivery.
7. Inspect staffing, poster display, malaria documents, attendance registers and drug availability so that deficiencies can be identified and rectified accordingly.

METHODOLOGY

The National Malaria Control Programme (NMCP) conducted a country-wide monitoring and supervision exercise from the 15th -22th February, 2010. This was carried out by NMCP Monitoring and technical staff who teamed up with District Malaria Focal points to carry out supervision of a randomly selected number of PHUs in each district.

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 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/IMCI documents
- Types of antimalarial drugs (ACTs & SP)
- Attendance registers (ANC,EPI,ITN &Drug utilization)
- Source of drug supply
- Training and supervision
- Availability of ITNs
- IEC/ social mobilization
- Record keeping and Reporting.
- Constraints/problems

The exercise lasted for 7 days, during which a total of 92 PHUs were visited and 115 health workers were supervised.

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 member(s) interviewed. The information collected was collated and analyzed by staff of NMCP after the exercise and a report with appropriate recommendations prepared and submitted to the programme Manager, National Malaria Control Programme, Ministry of Health and Sanitation.

Summary table districts and personnel supervised.

No	Districts	Number of PHUs	No. of staff supervised
1	Kambia	10	14
2.	Port Loko	25	29
3.	Bombali	27	29
4.	Koinadugu	22	26
5.	Western Area	8	17
Total		92	115

FINDINGS

A lot of observations were made during the monitoring and supervisory visit in all districts in the country.

DISCUSSION OF FINDINGS

Facilities have good stocks of ACTs (especially the paediatric doses) and SP for IPT. Now, fewer complaints of adverse drug reactions associated with ACT use were made by health staff during the visit.

Most of the staff had had trainings on malaria case management, IPT, IMNCI and the use of Rapid Diagnostic Tests (RDTs) kits. To increase facility performance/coverage, almost all PHUs visited carried out outreach services and follow-ups on treatment cases and the use of Insecticide Treated Nets (ITNs). Posters and morbidity/treatment charts were displayed on the walls of facilities.

Malaria documents were widely available and there was evidence of supportive supervision from district to PHUs from the visitors' books.

However, there exist some challenges with regards to proper data collection and aggregation. Some inconsistencies were observed in some PHUs across the five districts supervised. Under reporting was

noticed as data collected in the registers were not the same as in the monthly summaries that were sent to the districts for onward submission to national level.

RECOMMENDATIONS

1. More training needed on data collection, record keeping and reporting.
2. Case management and IPT trainings for newly graduated staff.
3. Supply of malaria documents
4. Monthly supportive supervision
5. More adult ACT doses



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

Freetown

DATE: 16th Feb 2020

LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

NO	NAME	HEALTH FACILITY	DESIGNATION	SIGNATURE
1	Urahman Fortune	KORONIA CHC	CHC	
2	SANDOTT BAI S.	KADABASA CHC	CHC	
3	Michael Bangura	ROKUPU CHC	CHC	
4	ABU BAKARR KAMARA	KASSIRIE CHC	SECHN	
5	ALUSINE KAMARA	UNDER FIVES CLINIC	CHC	
6	Aminang Kamara	—	CHC	
7	Fatmata Torankah	Aminang CHC	MCH Aide	
8	Katiatu Kargbo	Fedaya	MCH Aide	
9	mar-lama Seesay	—	MCH Aide	
10	TSatili Kamara	Mangbenyebi MCHP	MCH Aide	
11	Mag. K. Bangura	—	MCH Aide	
12	Josep Kargbo	—	CHC	
13	Mariamah Kargbo	Worah MCHP	MCH Aide	
14	Fatu Kamara	—	MCH Aide	



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MINISTRY OF HEALTH AND SANITATION
NATIONAL MALARIA CONTROL PROGRAMME

P/Lofo

DATE:

LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

NO	NAME	HEALTH FACILITY	DESIGNATION	SIGNATURE
1	Tsada R. Bangura	SLC CHC P/Lofo	MCH Aide	Tsada R. Bangura
2	Alhassan Kormo	ROGBERE CHC	CHO	Alhassan Kormo
3	Eunice C. Peacock	✓	IN TRAINING	Peacock
4	Thomas F. Bundor	✓	CHA IN TRAINING	Thomas F. Bundor
5	Hauzinda Kumbo	Faredegu mchp	mch Aide	Hauzinda Kumbo
6	Enna Kankor	Faredegu mchp	mch Aide	Enna Kankor
7	Janeba B. Vandy	Mamusa mchp	M. CH. Aide	J. B. Vandy
8	Mohamed S. Kabia	Mamusa vaccinator		M. S. Kabia
9	Wara Kama	—	M. CH. Aide	Wara Kama
10	Mabiny Turay	Rosini MCHP	mch Aide	Mabiny Turay
11	Hauzanatu Koroma	Bureh Mende	mch Aide	Hauzanatu Koroma
12	Zainab Thally	—	M CH Aide	Z Thally
13	Makalaly Bangura	Woroh Bana	MCH Aide	Makalaly Bangura
14	Kadiatu J. Kany	Makaba MCHP	M. CH. Aide	Kadiatu J. Kany



GOVERNMENT OF SIERRA LEONE
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BOMBALI

DATE:

LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

NO	NAME	HEALTH FACILITY	DESIGNATION	SIGNATURE
1	Francis Abu Bayor	Kalanga Ute	CHO	<i>[Signature]</i>
2	Isaiah John	Kieringyoko	M.C.H. Aide	<i>[Signature]</i>
3	Allieu J. Sheriff	Kamaraniga	CHO	<i>[Signature]</i>
4	Kunika Kossomo	Mabolleh	M.C.H.P	<i>[Signature]</i>
5	Louetta Kesson	Kaponku	M.C.H. Aide	<i>[Signature]</i>
6	Mamunabai Saadai	Citankesok	M.C.H. Aide	<i>[Signature]</i>
7	Katu Turay	Muzonfo	M.C.H. Aide	<i>[Signature]</i>
8	Patricia Terawak	Yankassa	M.C.H. Aide	<i>[Signature]</i>
9	Margaret M. John	Kathankay	M.C.H. Aide	<i>[Signature]</i>
10	Isel F. Mansaray	Shekonde	CHO	<i>[Signature]</i>
11	Esther I. Kamara	Gumbiana	M.C.H. Aide	<i>[Signature]</i>
12	Maximilian L. Hoarding	Pate Barea	M.C.H. Aide	<i>[Signature]</i>
13	Theresa T. Piel	Kangbali	M.C.H. Aide	<i>[Signature]</i>
14	Hassan A. Kamara	—	CHO	<i>[Signature]</i>



Koinadugu District

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LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

NO	NAME	HEALTH FACILITY	DESIGNATION	SIGNATURE
1	Anthony L. Sesay	Siukina	CHT	
2	Fanta M. N. M. M. M.	Haudalai	MCH Aide	
3	Amie N. Koroma	Kagbasia	MCH Aide	
4	Thor Nabay	Gbentu CHP	MCH Aide	
5	Foday Kamara	✓	MCH Aide	F. Kamara
6	Semgie Bangura	Bafusha	CHT	
7	Alfred J. Kerejoo	Kikoya	CHT	
8	Marie Sesay	✓	MCH Aide	
9	Zainab Kargbo	Falaba	MCH Aide	
10	Adama Koroma	Fona	MCH Aide	
11	Amuzata Sankoh	Yara	MCH Aide	
12	Fatmata Ketta	✓	MCH Aide	
13	Salamaty Turay	Magadu	MCH Aide	
14	Isata Mansaray	✓	MCH Aide	

