



**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
KENEMA, KAILAHUN, KONO AND TONKOLILI DISTRICTS**

23RD FEBRUARY TO 1ST MARCH, 2010

SUMBMITTED BY

John Seppah – M & E Officer

Solomon T. K. Johnson – ITN Focal Point

Magdalene Nze-Daniel – Data Entry Clerk

Introduction

Malaria is a major public health problem in Sierra Leone. It's endemic and transmitted throughout the year, thus exposing the whole populace to the risk of contracting the disease. In the frantic strides by the MoHS and partners to reduce the high malaria burden, support to malaria control activities in health has been in the form of free distribution of Anti-Malarial consumables (ITNs, ACTs and SP) to the vulnerable target groups (children under five and pregnant women). IEC/BCC materials have also been distributed to districts.

To further reduce malaria morbidity and increase access to prompt and appropriate malaria treatment, the NMCP with the support from The Global Fund is now implementing Home Management of Malaria (HMM).

Objectives of the supervision

1. To assess the utilisation of ITNs, ACTs, SP for IPT_p and RDTs supplied to districts
2. To assess the status of HMM implementation
3. To assess the implementation status of malaria prevention and control activities at district and chiefdom levels
4. To monitor the stock level of anti-malarial consumables at district, PHU and community levels
5. To map out strengths, weaknesses, opportunities and threats
6. To determine the way forward for improved quality service delivery.

Methodology

1. Administer checklist to respondents
2. Records review
3. Focus Group Discussion
4. Meeting

1. **A supervisory check list** was used as a guide and to collect information on trainings covering malaria case management, IPT, data collection, malaria microscopy and the use of RDTs, IMNCI, display of IEC/BCC materials, treatment and morbidity charts
2. **Record review:** Various clinic registers and records where the primary data on malaria morbidity, anti-malarial drug utilization (ACTs, ITN, RDTs and SP) are collected and recorded for onward reporting to the DHMTs at the end of every month were reviewed.
3. **Meeting:** PHU In-charges /DHMT meetings are held on a monthly basis. These meetings are used to provide feedback to PHU staff. Unfortunately the team could not attend any of these district meetings because of the fact that the scheduled dates were pending.

Team composition:

S/N	Name of Personnel	Designation	Duty Station
1	John Seppah	Data Manager	NMCP
2	Solomon T. K. Johnson	ITN Focal Point	
3	Magdalene Nze-Daniel	Data Entry Clerk	
4	Baba Kanu	Driver	
5	Janet B. Hindowa	District Malaria Focal Point 1	Kenema
6	Mohamed Jusu	District Malaria Focal Point 11	
7	Mohamed Nyandebo	District Malaria Focal Point	Kailahun
8	Sr. Betty Tucker	District Malaria Focal Point 1	Kono
9	Moses Cortu	District Malaria Focal Point 11	

Findings

Kenema district

No	Issues	Strengths	Opportunities	Weaknesses	Threats
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases Drug utilisation forms, clinic registers and other data collection tools available in all the health facilities visited Availability of Anti-Malarial drugs in the health facilities Availability of RDTs in all health facilities visited 	<ul style="list-style-type: none"> Presence of UNICEF and IRC sub-offices Presence of CBPs and CORPs in some communities. 	<ul style="list-style-type: none"> IMNCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available in some health facilities Anti-Malarial commodities stock level need to be replenished 	<ul style="list-style-type: none"> Some CBPs threatening to opt out due to lack of motivation
2	Use of SP for IPT _p	<ul style="list-style-type: none"> SP available in health facilities visited 	<ul style="list-style-type: none"> Selected TBAs trained to administer SP for IPT_p 		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Dead line for reporting is 3rd of every month 	<ul style="list-style-type: none"> Availability of newly harmonised reporting tools 	<ul style="list-style-type: none"> Data collection and reporting inconsistent in all health facilities visited. Poor documentation in most health facilities visited. 	<ul style="list-style-type: none"> Newly posted Health staff has little knowledge in data collection and reporting.
4	Data analysis	<ul style="list-style-type: none"> Data analysed and displayed on walls in some PHUs visited 		<ul style="list-style-type: none"> Most PHUs do not analysis data 	

No	Issues	Strengths	Opportunities	Weaknesses	Threats
5	Feedback	<ul style="list-style-type: none"> DHMT provide feedback to PHUs staff during monthly meetings. PHU to Community during CBPs meeting and health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges/DHMT meetings at district level Monthly PHU In-Charges/Community meetings at community level 	<ul style="list-style-type: none"> Sometimes feedback is not provided to lower levels 	
6	Training	<ul style="list-style-type: none"> On the job training on the new treatment policy using ACTs and IPT including the use of RDTs conducted. ACTs Treatment guidelines and chart, case management, IPT, CBPs training manuals available in most health facilities visited 		<ul style="list-style-type: none"> Training manuals not available 	<ul style="list-style-type: none"> Low capacity of some staff in some health facilities visited
7	Supervision	<ul style="list-style-type: none"> Monthly supervision done by DHMT Quarterly supervision done by National staff to the district. Supervision done by CHOs at chiefdom level. 	<ul style="list-style-type: none"> Presence of CHOs in most CHCs Availability of motor bikes in most PHUs 	<ul style="list-style-type: none"> Irregular supervision by the DHMT. Inadequate support from DHMT to enhance chiefdom supervision. 	
8	Support	<ul style="list-style-type: none"> Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. Support is provided by NMCP/MoHS and UNICEF to the district 	<ul style="list-style-type: none"> Presence of UNICEF and IRC sub offices in Kenema 	<ul style="list-style-type: none"> Inadequate supply of anti-malarial commodities to the PHUs. 	<ul style="list-style-type: none"> LLINs distributed during 2006 Measles-malaria campaign has expired.
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of ITNs, SP for IPT, and ACTs is promoted through health talks during static, outreach sessions and community meetings 	<ul style="list-style-type: none"> Availability of public and community radio stations Presence of Town criers 	<ul style="list-style-type: none"> No IEC/BCC jingles aired on all FM radio stations No radio discussion programmes. 	<ul style="list-style-type: none">

Kailahun District:

No	Issues	Strengths	Opportunities	Weaknesses	Threats
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases Drug utilisation forms, clinic registers and other data collection tools available in all the health facilities visited Availability of Anti-Malarial drugs in the health facilities Availability of RDTs in all health facilities visited 	<ul style="list-style-type: none"> Presence of CRS in the district Presence of CBPs in some communities. 	<ul style="list-style-type: none"> IMNCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available Anti-Malarial commodities provided by UNICEF cannot adequately cover the entire district 	
2	Use of SP for IPT _p	<ul style="list-style-type: none"> SP available in health facilities visited 	<ul style="list-style-type: none"> Selected TBAs trained to administer SP for IPT_p 		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Dead line for reporting is 3rd of every month 	<ul style="list-style-type: none"> Monthly PHU In-Charges meetings 	<ul style="list-style-type: none"> Data collection and reporting inconsistent in most health facilities visited. Poor documentation in most health facilities visited. 	<ul style="list-style-type: none"> Newly posted Health-staff has little knowledge in data collection and reporting.
4	Data analysis	<ul style="list-style-type: none"> Data analysed and displayed on walls in few PHUs visited 		<ul style="list-style-type: none"> Most PHUs do not analyse data 	

No	Issues	Strengths	Opportunities	Weaknesses	Threats
5	Feedback	<ul style="list-style-type: none"> DHMT provide feedback to PHUs staff during monthly meetings. PHU to Community during CBPs meeting and health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges/DHMT meetings at district level Monthly PHU In-Charges/Community meetings at community level 	<ul style="list-style-type: none"> Feedback is sometime not provided to lower levels 	
6	Training	<ul style="list-style-type: none"> Training on the new treatment policy using ACTs and IPT including the use of RDTs conducted ACTs treatment guidelines and chart, case management, IPT, CBPs training manuals available in most health facilities visited 		<ul style="list-style-type: none"> Training manuals not available 	<ul style="list-style-type: none"> Low capacity of some staff in some health facilities visited
7	Supervision	<ul style="list-style-type: none"> Monthly supervision done by DHMT Quarterly supervision done by National staff to the district. Supervision done by In-charges at chiefdom level. 	<ul style="list-style-type: none"> Presence of CHOs in some health facilities Availability of motor bikes in most PHUs 	<ul style="list-style-type: none"> Irregular supervision by the DHMT. Inadequate support from DHMT to enhance chiefdom supervision. 	
8	Support	<ul style="list-style-type: none"> Support is provided by NMCP/MoHS, CRS, Plan SL and UNICEF to the district Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. 	<ul style="list-style-type: none"> Presence of CRS sub office in Kailahun 	<ul style="list-style-type: none"> Inadequate supply of anti-malarial commodities to the PHUs. 	<ul style="list-style-type: none"> LLINs distributed during 2006 Measles-malaria campaign has expired.
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of ITNs, SP for IPT_p and ACTs is promoted through health talks during static, outreach sessions and community meetings 	<ul style="list-style-type: none"> Availability of public and community radio stations Presence of Town criers 	<ul style="list-style-type: none"> Irregular radio discussion programmes. No IEC/BCC jingles aired on all FM radio stations 	

Kono District:

No	Issues	Strengths	Opportunities	Weaknesses	Threats
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases Drug utilisation forms, clinic registers and other data collection tools available in all the health facilities visited Availability of Anti-Malarial drugs in the health facilities Availability of RDTs for confirmation of malaria cases 	<ul style="list-style-type: none"> Presence of IRC in the district Availability of CBPs in the communities 	<ul style="list-style-type: none"> IMNCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available in some health facilities Anti-Malarial commodities stock level need to be replenished 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP available in health facilities visited 	<ul style="list-style-type: none"> Selected TBAs trained to administer SP for IPT_p Availability of ambulance system for referral of obstetric emergencies 		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Dead line for reporting is 3rd of every month 	Monthly PHU In-Charges meetings	<ul style="list-style-type: none"> Data collection and reporting inconsistent in most health facilities visited. Poor documentation in most health facilities visited. 	Newly posted Health staff has little knowledge in data collection and reporting.
4	Data analysis	<ul style="list-style-type: none"> Data analysed, presented in form tables, charts, etc. and displayed on walls in some health facilities 		.Most health facilities do not analyse data	

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5	Feedback	<ul style="list-style-type: none"> DHMT provide feedback to PHUs staff during monthly meetings. PHU to Community during CBPs meeting and health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges/DHMT meetings at district level Monthly PHU In-Charges/Community meetings in communities 		
6	Training	<ul style="list-style-type: none"> Training on the new treatment policy using ACTs and IPT including the use of RDTs conducted ACTs Treatment guidelines and chart, case management, IPT, CBPs training manuals available in most health facilities visited 	<ul style="list-style-type: none"> Regular in service trainings conducted by DHMT/ supporting agency 		
7	Supervision	<ul style="list-style-type: none"> Joint monthly supervision done by DHMT and IRC supervisors Quarterly supervision done by National staff to the district. Supervision done by CHOs at chiefdom level. 	<ul style="list-style-type: none"> Presence of IRC field staff at chiefdom level Availability of motor bikes in most PHUs 	<ul style="list-style-type: none"> Irregular supervision by the DHMT. Inadequate support from DHMT to enhance chiefdom supervision by In-charges. 	
8	Support	<ul style="list-style-type: none"> Support is provided by NMCP/MoHS and IRC Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. 	<ul style="list-style-type: none"> Provision of top up cards to enhance 		<ul style="list-style-type: none"> LLINs distributed during 2006 Measles-malaria campaign has expired.
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of ITNs, SP for IPT_p and ACTs is promoted through health talks during static, outreach sessions and community meetings 	<ul style="list-style-type: none"> Availability of public and community radio stations Presence of Town criers 		

Tonkolili District:

No	Issues	Strengths	Opportunities	Weaknesses	Threats
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases Drug utilisation forms, clinic registers and other data collection tools available in all the health facilities visited Availability of Anti-Malarial drugs in the health facilities Availability of RDTs for confirmation of malaria cases 	<ul style="list-style-type: none"> Presence of IRC in the district Availability of CBPs in the communities 	<ul style="list-style-type: none"> IMNCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available in some health facilities Anti-Malarial commodities stock level need to be replenished 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP available in health facilities visited 	<ul style="list-style-type: none"> Selected TBAs trained to administer SP for IPT_p Availability of ambulance system for referral of obstetric emergencies 		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Dead line for reporting is 3rd of every month 	Monthly PHU In-Charges meetings	<ul style="list-style-type: none"> Data collection and reporting inconsistent in most health facilities visited. Poor documentation in most health facilities visited. 	Newly posted Health staff has little knowledge in data collection and reporting.
4	Data analysis	<ul style="list-style-type: none"> Data analysed, presented in form tables, charts, etc. and displayed on walls in some health facilities 		.Most health facilities do not analyse data	

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5	Feedback	<ul style="list-style-type: none"> DHMT provide feedback to PHUs staff during monthly meetings. PHU to Community during CBPs meeting and health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges/DHMT meetings at district level Monthly PHU In-Charges/Community meetings in communities 		
6	Training	<ul style="list-style-type: none"> Training on the new treatment policy using ACTs and IPT including the use of RDTs conducted ACTs Treatment guidelines and chart, case management, IPT, CBPs training manuals available in most health facilities visited 	<ul style="list-style-type: none"> Regular in service trainings conducted by DHMT/ supporting agency 		
7	Supervision	<ul style="list-style-type: none"> Joint monthly supervision done by DHMT and IRC supervisors Quarterly supervision done by National staff to the district. Supervision done by CHOs at chiefdom level. 	<ul style="list-style-type: none"> Presence of IRC field staff at chiefdom level Availability of motor bikes in most PHUs 	<ul style="list-style-type: none"> Irregular supervision by the DHMT. Inadequate support from DHMT to enhance chiefdom supervision by In-charges. 	
8	Support	<ul style="list-style-type: none"> Support is provided by NMCP/MoHS and IRC Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. 	<ul style="list-style-type: none"> Provision of top up cards to enhance 		<ul style="list-style-type: none"> LLINs distributed during 2006 Measles-malaria campaign has expired.
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of ITNs, SP for IPT, and ACTs is promoted through health talks during static, outreach sessions and community meetings 	<ul style="list-style-type: none"> Availability of public and community radio stations Presence of Town criers 		

Actions Taken:

Below are actions taken to address some of the constraints/problems detected during our visit in Kenema and Kailahun districts:

1. On the job training of Health staff
2. Held debriefing meetings with Health staff and DHMT during and after supervisory visit to discuss findings and recommendations.

Recommendations:

The following recommendations are made due to general findings and observations from the districts visited:

1. Replenish ACTs (adolescents and adult) stock to prevent stock out
2. Provide additional LLITNs to cover target population
3. Provide IEC/BCC materials to PHUs and communities
4. Intensify community sensitisation on HMM and the use of Anti-Malarial consumables (ITNs, SP for IPT_p, ACTs)
5. Provide rain gears for use during the rains to enhance outreach activities
6. Provide mobility (motor bikes/bicycles) to enhance outreach activities
7. Train health staff on data collection and reporting
8. Intensify monitoring and supervision of HMM activities at all levels

Below are breakdown of health personnel supervised/contacted during the supervision visit:

S/N	Name of District	Number Supervised
1	Kenema	28
2	Kailahun	31
3	Kono	45
4	Tonkolili	10
	Total	114

A total of 114 (One Hundred and Fourteen) health staff was supervised/contacted during this visit. See attached list of personnel.

Submitted by:

NMCP Staff
Kenema DHMT
Kailahun DHMT
Kono DHMT
Tonkolili DHMT

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	Agnes Williams	DHMT	Williams
2	Mohamed Koronva	DHMT	Koronva
3	Thomas Murgin	Pandoo CHC	Murgin
4	Millicent N. Bortolomeu	W3 MCHT	Millicent
5	Elmu M. Kone	maternity ward	Kone
6	Jennifer Sargie	maternity ward	J Sargie
7	Ma Badalene P. Sama	Maternity Ward	Ma Sama
8	Musu Rogers	DHMT	Rogers
9	Albert P. Culler	DHMT	Culler
10	Quinn B. E. Cole	Forn CHC	Cole
11	Mel Rose Tarawda	Likondo CHP	Tarawda
12	Janet Alfred	Vonima CHP	Janet
13	Hamedel Fafara	Sankaral MCHP	Fafara
14	Abibatu Sessey	Kamboma MCHP	Sessey
15	Regina Kamara	Gegebwema CHC	Kamara
16	Regina P. Kallon	Bangor MCHP	Kallon
17	Jamir I. W. Lahan	Serabou Koya CHP	Lahan

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	ESJAN E-SP Nyandabo	MCHP KINSEKON	
2	Margaret Nyandabo	"	
3	Sahr T. Anina	"	
4	Mary Karebo	MCHP WLOAMEY	
5	Findah MBriwa	✓	
6	Joseph Tambo Bindi	Swarray Town MCHP	
7	Elizabeth Siquee	Swarray Town ✓	
8	Sia Yamba	Gandorkum CHC	
9	MBALU KOROMA	SE-WAFE CHC	
10	Daniel S. Kpang	Nwaghwema Nimitko ^{STEP}	
11	Alice K. Nibaiwa	Yengema CHC	
12	Finda Kalokd	Samequidu MCHP	
13	Admire S. Kallwa	N'jala CHC	
14	Kumba J. Moirwa	Nwaghwema	
15	Kumba F. Gbondo	MCHP Ssefadu	
16	Finda Bio Karamda	Bunpa CHC	
17	Matilda S. Koiwa	Massabendu CHP	



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LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
1.	Anderson Kuti - George	District Health Mgt. Team	
2.	Sahr Charles Quess	DHMT	
3.	Sahr Anas Mute	DHMT	
4.	Philip Shuler	IRC child survival-kono	
5.	Uman Joe	Tombodu CHC	
6.	Nolan K. Sargu	Tombodu	
7.	Sia Momoi	Tombodu (CBP)	
8.	Sahr Kamisita	Yorvandi CHC	
9.	Josephine S. Mohamed	Bo-tambarama MCHP	
10.	Hawa Koroma	Bandierhun	
11.	ALBERT NIGOMBA	Kayima CHC.	
12.	Margaret Ngandeh	Kayima CHC	
13.	Ka'm Gandawa	Kayima C.H.C	
14.	Frances Babonjo	Wordu MCHP	
15.	Gladys N. Baryol	Wordu MCHP	
16.	Marius Mousi	DHMT	
17.	Mohammed Abdulai	Data Entry clerk	

KAILAHUN DISTRICT



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LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
01	Samuel K. Kallio	DHMT	
02	Mohamed Alhassan	DHMT	
03	Morlai Kamara	DHMT	
4	Doreen J. Walters	DHMT	
5	Osman B. Gbagan	DHMT	
6	Angelina M. T. Rogers	DHMT	
7	Dr. D. Krome	DHMT	
8	Moses S. Musa	UFC Kailahun	
9	Joseph J. Ansah	UFC Kailahun	
10	Beinden M. J. J. J.	UFC Kailahun	
11	DANIEL FADAMA	DHMT	
12	Dorah Selay	UFC Kailahun	
13	Margret Bassie	UFC Kailahun	
14	Juana K. Njie	Njie CTC	
15	Nansa K. Jusu	Ngeihun CTC	
16	Soto Musa	Njie CTC	
17	Theresa Koroma	Njie CTC	



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LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
18	Mamie Barro	Mende Buima MCHP	
19	Elizabeth S. Sillah	Mende Buima MCHP	Sillah
20	Foday Jusu	Mende Buima MCHP	M. Jusu
21	Beckie Surimano	Mende Buima MCHP	Beckie
22	Amodu Kanneh	Manowa CHC	AK
23	Fatmata Lanson	Manowa CHC	Fat
24	Senesie Mansaray	Manowa CHC	Senesie
25	Hawa Kallon	Jolibu MCHP	Hawa
26	Mustapha Kpai	Joruba MCHP	M. Kpai
27	Nannei Pomina	Joruba MCHP	Nannei RTP
28	Mamei Asdulai	"	RTP
29	Steuin J. Awe	Malema ^{CHP} Yawai	Awe
30	Fatmata Boima	"	Boima
31	MUSA B. Amara	Malema 'Lancei	MUSA