



**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 AND TONKOLILI DISTRICTS**

15TH TO 22ND FEBRUARY, 2009

SUMBITTED BY

Alfred Gbla – Health Information Manager

John Seppeh – Data Manager

Philip Brewah - Data Entry Clerck

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 antimalarial 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 malaria morbidity and increase access to prompt and appropriate malaria treatment, the NMCP with the support from the Global Fund has decided to implement Home Management of Malaria (HMM)

OBJECTIVES OF THE SUPERVISION

1. To assess the utilisation of ITNs, ACTs, SP for IPT and RDTs supplied to district
2. To assess the level of preparedness for the implementation of HMM
3. To assess 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 map out strengths, opportunities, weaknesses and threats
6. To determine the way forward for improved quality service.

METHODOLOGY

- Checklist administered to respondents
- Records review
- Focus Group Discussion
- 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 & 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, antimalarial drug utilization (ACTs & 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. One of these meetings was attended by the team in Tonkolili district.

During this meeting key issues were raised by Health staff. Some of these issues included misconception about the HMM strategy; that the HMM strategy will end up training quarks within the communities and may result to irrational use of drugs and drug resistance.

The HMM concept was explained to members of the meeting where in reference was made to other countries like "The Gambia" that have successfully implemented the strategy.

In that meeting findings from the field were also discussed and presentation on data collection and reporting was done by the NMCP team.

TEAM COMPOSITION:

S/N	NAME OF PERSONNEL	DEASIGNATION	DUTY STATION
1	John Seppah	Data Manager	NMCP
2	Philip Brewah	Data Entry Clerk	
3	Baba Kanu	Driver	
4	Janet B. Hindowa	District Malaria Focal Point 1	Kenema
5	Augustine Gbao	EHO	
6	Mohamed Koroma	District NTD Focal Point	
7	David Yorpoi	District Malaria Focal Point	Tonkolili

FINDINGS

KENEMA DISTRICT		STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
No	ISSUES				
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 antimalarial drugs in the health facilities Provision of antimalarial commodities by UNICEF 	<ul style="list-style-type: none"> Presence of CBPs and CORPs in some communities. 	<ul style="list-style-type: none"> IMCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available No RDTs available for confirmation of malaria cases Antimalarial commodities provided by UNICEF cannot adequately cover the entire district 	<ul style="list-style-type: none"> Expired (01/2009) ACTs are found in Health Facilities.
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 		
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 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 most PHUs visited 		<ul style="list-style-type: none"> Most PHUs do not analysis data 	

No	ISSUES	STRENGTHS	OPPORTUNITIES	WAKNESSES	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 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 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 provided by NMCP/MoHS 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 UNICEF sub office 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 may expire this year.
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"> Irregular radio discussion programmes. No IEC/BCC jingles aired on all FM radio stations 	

TONKOLILI DISTRICT:

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2	<p>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 		
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KAILAHUN DISTRICT

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ACTIONS TAKEN

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

1. On the job training of Health staff
2. Withdrawal of ACTs (10 cartons of Paediatric ACTs from Tonkolili and 28 packets from Health Facilities) and deposited to Kenema in care of the District Malaria Focal Point for further instructions.
3. Attended PHU In-charges meeting in Tonkolili district.
4. Held debriefing meetings with Health staff and DHMT during and after supervisory visit to discuss findings and recommendations.

STRENGTHS IDENTIFIED: *Health facilities visited:*
1. *Kenema District Health Centre (KDHCC)*
2. *Kenema District Health Centre (KDHCC) ACTS*

4. Intensified community sensitisation on HMM and the use of antimalarial consumables (ITNs, SP for IPT_p, ACTs)

5. Provision of rain gears for use during the rains to enhance outreach activities

6. Provision of mobility (motor bikes/bicycles) to enhance outreach activities

7. Training of health staff on data collection and reporting

8. Intensify monitoring and supervision of HMM activities at all levels

15th - 22nd February 2009



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

BOWTIE

NO.	NAME HEALTH WORKER	NAME OF THU	DESIGNATION	SIGNATURE
1	Ellen Fofonah	Techuu	MCHA	[Signature]
2	Kaidiatu Mansaray	Mohabba	MCH/Aide	[Signature]
3	Janet Kpana	Mohabba	MCHN	[Signature]
4	Sophie M. Liseni	Mattru	MCH/A	[Signature]
5	Mamie Yankana	Mattru	MCH/A	[Signature]
6	Josephine Isah	Komende	MCH/A	[Signature]
7	Raquel E. Amidu	Moribato	SECHN	[Signature]
8	Musa Sesay	Moribato	Vaccinator	[Signature]
9	Lucia Kwekwe	Moribato	M.C.H.A.	[Signature]
10	Liseni Kwekwe	Moribato	Vaccinator	[Signature]
10	Henry Moberay		SECHN	[Signature]
12	Mamie Moberay	Gbenua	MCH/A	[Signature]
13	Restus Koinin	Gbenua	SECHN	[Signature]
14	Esther Koinin	Gbenua	MCH/A	[Signature]
15	Nancy Tucker	Mando	SECHN	[Signature]
16	Sally Kwekwe	Moribato	Vaccinator	[Signature]
17	Claudica Kwekwe	Dema	SECHN	[Signature]
18	Mamta Shantika	Dema	MCH/Aide	[Signature]
18	Daniel J. Mbatia	Moribato	C.H.C	[Signature]
19	Abu-Bakare Sesay	Moribato	Vaccinator	[Signature]
20	Fatucita Mansaray	Bendulua	SECHN	[Signature]
20	Muhammad Kwekwe	Bendulua	CHC	[Signature]
21	Yesby Kpanabon	Bendulua	T.B.A	[Signature]
22	Kadie J. Kwekwe	SLRC Mattru	SECHN	[Signature]
23	Isatu R. Bangura	SLRC Mattru	MCH/A	[Signature]
24	Mustapha Kwekwe	SLRC Mattru	First Aider	[Signature]
25	Gladys Toubla	Lawama	MCH/A	[Signature]



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

NO.	NAME HEALTH WC	NAME	HU	DESIGNATION	SIGNATURE
26	Agatha S. Prawan	Lawana		MCH/A	AS. Prawan
27	Frances Annam	Moribo		CHO	Frances Annam
28	Helen Fofana	Moribo		MCHA	H Fofana
29	James Fodley	Moribo MORIBO		Vaccinator	J Fodley
30	Mary Maiden	Bandajuna		SECHN	Maiden
31	Theresa Meijun	Bandajuna		MCHA	Theresa Meijun
32	Mank Lebbie Musa	Bandajuna		SECHN	Mank Musa
33	Cecilia Fortune	Kandiyuki		MCHA	Fortune
34	Margarette Franco	Kandiyuki		SECHN	Margarette
35	Marion Rogers	Massakipaka		MCHA	Marion Rogers
36	Muhammed Rogers	Massakipaka		MCHA Vaccinator	Muhammed Rogers
37	Euse Massakipaka	Massakipaka		MCHA	Euse Massakipaka
38	Janet Jannet	Bumpel Perri		Vaccinator	Janet Jannet
39	Allison Coultel	Bumpel Perri		C.H.O	Allison Coultel
40	Elizabeth Samuels	Bumpel Perri		MCHA	Elizabeth Samuels
41	Mohammed Musa	Bradford		SECHN	Mohammed Musa
42	Aminata Sesall	Bradford		MCHA	Aminata Sesall
43	Amadu Fodley	Bradford		Vaccinator	Amadu Fodley
44	Thomas Moseray	Bauya		CHO	Thomas Moseray
45	Josephine Crew	Bauya		MCHA	Josephine Crew
46	Patrick SAM	Bauya		VACCINATOR	Patrick SAM
47	Susan Solomon	Yoyema		MCHA	Susan Solomon
48	Iye Kallon	Yoyema		MCHA	Iye Kallon
49	John Ellie	Yoyema		Vaccinator	John Ellie
50	Hassan Jalloh	static clinic		Vaccinator	Hassan Jalloh
51	Agness Bruma	static clinic		MCHA	Agness Bruma
52	Hannah Udameema	static clinic		MCHA	Hannah Udameema

Kandiyuki

MORIBO

Bo 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	Musu Gbonds	Gallu MCHP	
2	Fatmata Rowe	Gbourma	
3	Jessie Tucker	Ngolahun	
4	Williamfred Keida	MCHP Bathurst	
5	Agnes Lahai	Midland clinic	
6	Zack Kargbo	TIKONKE C HC	
7	Veronica Ngegba	Ek-Shaddai	
8	Fatmata Pula	Jengoma C.H.P.	
9	Abie Fofanah	Maes Yonglor	
10	Kadiatu Jalloh	Kpangbalei	
11	Janeet Tejan	Monghere	
12	Hannah Jah	TE/Beh MCHP	
13	Mare Bunda	Yambana MCHP	
14	Isata Eboanda	Korleh MCHP	
15	Patricia Jusu	Bockant CHP	
16	Buntu Kallen	Gbarawa MCHP	
17	Massah Abdulai	Wahou on Dal	