



**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 BOMBALI, TONKOLILI AND  
KOIDADUGU DISTRICTS**

**27<sup>TH</sup> TO 30th JANUARY, 2009**

**SUMBITTED BY**

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## **INTRODUCTION**

Malaria is a major public health problem in Sierra Leone. It is endemic and its transmission is throughout the year, thus exposing the entire population to the risk of contracting the disease. Support has been given to the districts in a bid to reduce the high malaria burden. This support was in the form of free distribution of antimalarial consumables (ITNs, ACTs), trainings and IEC/BCC materials.

## **OBJECTIVES OF THE SUPERVISION**

1. To assess the utilisation of ITNs, ACTs, SP for IPT and RDTs supplied to district
2. To assess the implementation status of malaria prevention and control activities at district and chiefdom levels
3. To monitor the stock level of antimalarial consumables at district and PHU levels
4. To identify strengths, opportunities, weaknesses and threats
5. To determine the way forward for improved quality service.

## **METHODOLOGY**

- Checklist administered to respondents
- Records review(Extractive)
- Exit Interview
- Meeting
- Observation of Health Worker performance

**1. Record review:** The team looked at the different registers and records where the primary data on malaria morbidity, antimalarial drug utilization (ACTs & SP), ITN service utilisation were collected and recorded for onward reporting to the DHMTs at the end of the month.

**2. A supervisory check list:** This well structured checklist was used to get information from the interviewees(health workers) on issues relating to trainings (malaria case management, IPT), data collection, methods of diagnosing malaria (using microscopy, RDTs or IMNCI), display of IEC/BCC materials, treatment and display of morbidity charts on walls.

**3. Exit Interview:** Mothers/ caretakers were interviewed on the type and quality of treatment given to their clients.

**4. Meeting:** Feedbacks were given to the DHMTs on the supervision carried out in their districts by the team from NMCP and was done through meetings between the NMCP staff and the DHMTs.

**5. Observation of the health worker:** The health workers were observed doing consultations with patients.

## FINDINGS

### BOMBALI DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES
1	Malaria cases management	<ul style="list-style-type: none"> <li>Free treatment of malaria cases</li> <li>Drug utilisation forms and clinic registers available in all the health facilities</li> <li>Antimalarial drugs availability in the health facilities</li> </ul>		<ul style="list-style-type: none"> <li>IMCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available</li> <li>RDTs not available in some PHUs for presumptive diagnosis of malaria</li> </ul>
2	Use of SP for IPT	<ul style="list-style-type: none"> <li>SP available in all health facilities visited</li> </ul>		
3	Data collection and reporting	<ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on the 4<sup>th</sup> of every month</li> </ul>	<ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting are held</li> </ul>	<ul style="list-style-type: none"> <li>Under reporting</li> <li>Inaccurate data aggregation and reporting</li> </ul>
4	Data analysis	<ul style="list-style-type: none"> <li>Data analysed and displayed on walls in few PHUs visited</li> </ul>		<ul style="list-style-type: none"> <li>Most PHUs do not analysis data</li> </ul>
5	Feedback	<ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during monthly in-charges meetings</li> <li>PHU to Community during health talks</li> </ul>	<ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting held</li> </ul>	<ul style="list-style-type: none"> <li>PHU In -charges do not give feedback the other members of staff</li> </ul>
6	Training	<ul style="list-style-type: none"> <li>Training on the new treatment policy using ACTs and IPT including the use of RDTs conducted</li> <li>ACTs Treatment chart available</li> </ul>		<ul style="list-style-type: none"> <li>Participants Training manuals not available in most PHUs visited</li> <li>Most staff not trained on malaria due to repeated training given to one person</li> </ul>
7	Supervision	<ul style="list-style-type: none"> <li>Monthly supervision done by DHMT(Zonal Supervisors)</li> <li>Quarterly supervision done by National staff to the districts.</li> <li>Supervision done by CHO in charges to other PHUs by chieftdom</li> </ul>		<ul style="list-style-type: none"> <li>Irregular supervisioc by the DHMT.</li> </ul>
8	Support	<ul style="list-style-type: none"> <li>Support is provided by MoHS</li> </ul>	Presence of Unicef	

		and UNICEF to the district in the form of ACTs, ITNs, SP, Data collection tools and trainings, etc.		
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> <li>Community awareness on the use of ITNs and treatment compliance of SP for IPT and ACTs is promoted through health talks during static and outreach sessions and during VDC meetings</li> </ul>	<ul style="list-style-type: none"> <li>Availability of community radio (Radio Menkeneh)</li> <li>Presence of radio Maria</li> <li>IEC/BCC materials displayed on the walls</li> </ul>	

### WOINADUGU DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES
1	Malaria case management	<ul style="list-style-type: none"> <li>Health facilities providing free treatment of malaria cases</li> <li>ACTs treatment chart available in health facilities</li> </ul>	Availability of microscope in some CHCs (for TB diagnosis)	<ul style="list-style-type: none"> <li>IMCI guidelines not available</li> <li>IPT and malaria case management training manuals not available</li> </ul>
2	Use of SP for IPT	<ul style="list-style-type: none"> <li>SP is available in all the Health facilities visited</li> </ul>		
3	Data collection and reporting	<ul style="list-style-type: none"> <li>Availability of data collection tools</li> <li>Staff trained on data collection tools</li> </ul>		<ul style="list-style-type: none"> <li>Registers not filled correctly</li> <li>Incorrect reporting of SP and antimalaria drugs.</li> <li>Diagnosis entered under column for treatment</li> </ul>
4	Data analysis	<ul style="list-style-type: none"> <li>Data collected are analysed and displayed on walls</li> </ul>		<ul style="list-style-type: none"> <li>Inappropriate variables used</li> </ul>
5	Feedback	<ul style="list-style-type: none"> <li>Monthly feedback during DHMT/PHU In-Charges meetings</li> <li>PHU staff provide feedback during community meetings</li> </ul>		
6	Training	<ul style="list-style-type: none"> <li>Training on the new drug protocol using ACTs and SP for IPT conducted</li> <li>Trained on the use of RDTs.</li> </ul>		<ul style="list-style-type: none"> <li>Unavailability of participants training manuals on Case Management of malaria and IPT in</li> </ul>

				<ul style="list-style-type: none"> <li>most PHUs visited</li> <li>Unavailability of treatment guidelines in all the PHUs visited</li> </ul>
7	Supervision	<ul style="list-style-type: none"> <li>Supervision is done by DHMT</li> <li>Supervision of communities and outreach sessions done by PHU staff</li> </ul>	<ul style="list-style-type: none"> <li>Availability of vehicle/motorbikes to DHMT</li> </ul>	<ul style="list-style-type: none"> <li>Irregular monthly done from district to PHU</li> </ul>
8	Support	<ul style="list-style-type: none"> <li>Support given in the form of ACTs, SP for IPT, Quinine, Data collection tools, training and supervision and IEC/BCC materials</li> </ul>	<ul style="list-style-type: none"> <li>Presence of CARE and Unicef</li> </ul>	
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> <li>The use of ITNs, ACTs and SP for IPT is promoted in the district through health talks during static clinic sessions and outreach sessions</li> <li>IEC/BCC materials displayed in some health facilities visited</li> </ul>	<ul style="list-style-type: none"> <li>Presence of a community radio(radio -)</li> </ul>	

#### TONKOLILI DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES
1	Malaria case management	<ul style="list-style-type: none"> <li>Provision of free malaria treatment</li> <li>ACT treatment chart displayed in some health facilities</li> <li>Malaria case management and IPT (participants) training manuals available</li> </ul>	<ul style="list-style-type: none"> <li>Availability of microscopes(for TB diagnosis) in some community Health Centres</li> </ul>	<ul style="list-style-type: none"> <li>No Participants Training manuals malaria case management and IPT</li> <li>No malaria treatn and IMNCI guide available</li> </ul>

		<ul style="list-style-type: none"> <li>No stock out of ACTs</li> <li>CBPs(TBAs inclusive) trained for Home Management of Malaria to administer ACT and SP for IPT to children 0-6 months and pregnant women respectively</li> </ul>		<ul style="list-style-type: none"> <li>Inadequate supply of Adolescent and adult ACTs in some clinics</li> <li>No RDTs available</li> </ul>
2	Use of SP for IPT	<ul style="list-style-type: none"> <li>SP available in all health facilities.</li> </ul>		
3	Data collection and reporting	<ul style="list-style-type: none"> <li>Tools for data collection and reporting available</li> <li>Reports are sent to DHMT on 5<sup>th</sup> of every month as dead line or during DHMT/PHU In-Charges meetings</li> </ul>		<ul style="list-style-type: none"> <li>Incorrect filling of registers and reporting</li> </ul>
4	Data analysis	<ul style="list-style-type: none"> <li>Data collected is analysed and displayed on walls in some PHUs</li> </ul>		
	Feedback	<ul style="list-style-type: none"> <li>Feedback from DHMT to PHU is done at DHMT and PHU In-Charges meetings</li> </ul>		
6	Training	<ul style="list-style-type: none"> <li>Training on the new treatment protocol using ACT and SP for IPT conducted</li> <li>Training also conducted on use of RDTs for malaria diagnosis</li> <li>Training on HMM for PHU Staff cascaded by training CBPs(TBAs inclusive)</li> </ul>	<ul style="list-style-type: none"> <li>Unavailability of malaria case management and IPT training manuals</li> <li>Most health staff have not got training on malaria case management</li> </ul>	
7	Supervision	<ul style="list-style-type: none"> <li>Monthly supervision from district to PHUs is done by DHMTS</li> <li>Two weekly supervision done by PHU staff to communities within their catchment areas</li> </ul>	Irregular monthly supervision by Zonal supervisors	
8	Support	<ul style="list-style-type: none"> <li>MoHS, MRC, CARE, Concern Worldwide, Unicef, Global Fund and SLRCS to the district</li> <li>Support is in the form of ACTs, ITNs, SP for IPT, Quinine, ICE/BCC materials, data collection tools, training and supervision</li> </ul>	Presence of MRC, Unicef, Concern Worldwide SLRCS	

9	Availability and distribution of ITNs	Availability of ITNs in health facilities visited (by Unicef)		
10	Social mobilisation/IEC/BCC	<ul style="list-style-type: none"> <li>Community awareness creation on the use of SP, ITNs and ACTs is through health talks during clinic sessions and the media</li> <li>IEC/BCC materials also displayed in some facilities</li> </ul>	<ul style="list-style-type: none"> <li>Presence of FM radio stations in the district</li> </ul>	

## RECOMMENDATIONS:

### ***Bombali District***

1. Provision of adequate ITNs to health facilities
2. Provision of adequate ACTs (adolescents and adult)
3. Provision of adequate IEC/BCC to PHUs
4. To intensify community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
5. Provision of rain gears for use during the rains to enhance outreach activities
6. Provision of mobility to enhance outreach activities
7. Training on data collection and reporting
8. Regular monitoring and supportive supervision should be strengthened from districts to PHUs
9. Staff at health facilities to be rotated for the trainings to avoid same personnel been repeatedly giving the same training at the expense of other members of staff
10. Provision of integrated data collection tools to ease the burden of health workers having to fill a lot of forms which is usually wearisome and sometimes confusing

### ***Koinadugu District***

1. Provision of ITNs to PHUs
2. Provision of rain gears
3. Intensified community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
4. Training of health staff on data collection, reporting and the importance of record keeping
5. Motivation of health workers to conduct outreach activities
6. Provision of IEC/BCC materials on the prevention and control of malaria
7. Regular monitoring and supportive supervision should be strengthened from districts to PHUs
8. Staff at health facilities to be rotated for the same trainings
9. Provision of integrated data collection tools to ease the burden of health workers having to fill a lot of forms which is usually tired-some and confusing

**Tonkolili District**

1. Training on data collection and reporting
2. Provision of adequate ITNs to health facilities
3. To intensify community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
4. Provision of mobility (motorbikes or bicycles) to conduct outreaches
5. Regular monitoring and supportive supervision should be strengthened from districts to PHUs
6. Staff at health facilities to be rotated for the same trainings
7. Provision of integrated data collection tools to ease the burden of health workers having to fill a lot of forms which is usually tired-some and confusing

**GENERAL RECOMMENDATIONS:**

- Rotation of members of staff in PHUs to get trainings on malaria case management
- Training/Refresher trainings on record keeping ,data collection, analysis and reporting for staff that have not got and those that have had trainings respectively
- Inventory taking of all malaria consumables and documents to prevent personnel been transferred to another PHU taking along those things with her/him

**PERSONS CONTACTED/SUPERVISED**

<b>BOMBALI DISTRICT</b>			
<b>Health Facility</b>	<b>NO.</b>	<b>Persons Contacted</b>	<b>Designation</b>
<b>Binkolo CHC</b>	1	Joseph S. Bangura	Pharmacist Technician
	2	Alice Bangura	MCHA
	3	Angela M. Conteh	SECHN
	4	Musa M. Tarawalie	Vaccinator/Birth & Death Registrar
	5	Sinah Conteh	TBA
	6	Foday O. Conteh	Volunteer/Health Motivator
<b>Bumban MCHP</b>	7	Rosaline Fullah	MCHA
	8	Abdulai Kalawa	Vaccinator
<b>Kagbaneh MCHP</b>	10	Thomas Tholley	CHO

	11	Susan Bendu	MCHA
<b>Kayassie MCHP</b>	13	Fatu R.Conteh	MCHA
	14	Joseph T.Kalokoh	Vaccinator
	15	Samah Mansaray	TBA
	16	Wutay Bangura	TBA
	17	Dusuba Kallon	MCHA
	18	Maxwell Tholley	Vaccinator
	19	Marie Conteh	TBA
	20	Ya Iye Sesay	TBA
<b>TONKOLILI DISTRICT</b>			
<b>Health Facility</b>	<b>NO.</b>	<b>Persons Contacted</b>	<b>Designation</b>
<b>Makonie MCHP</b>	1	Dusuba Kallon	MCHA
	2	Maxwell Tholley	Vaccinator
	3	Marie Conteh	TBA
	4	Ya Iye Sesay	TBA
<b>Mayepoh CHP</b>	5	Musu Kargbo	MCHA
	6	Mohamed Foday	Vaccinator
	7	Abu Williams	Lab. Technician
	8	Mohamed Kanu	Health Motivator
<b>Petifu Mayepoh MCHP</b>	9	Mariatu M.Kamara	MCHA
	10	Mohamed Conteh	Vaccinator
	11	Ya Adama Bangura	TBA
	12	Ya Amie Koroma	TBA
<b>Yele CHC</b>	13	Peter Konneh	CHO

	14	Doris M.Koroma	SECHN
	15	Adama Sesay	MCHA
	16	Osman Kamara	Vaccinator
	17	Abdul Kargbo,	Vaccinator
	18	Helen Mathew	TBA
	19	Janet Koroma	TBA
	20	Isatu Kanu	TBA
<b>Matotoka CHC</b>	21	Edwin L.Gibao	CHO
	22	Martha E. Kamara	MCHA
	23	Umaru Jalloh	Vaccinator
	24	Joseph Gbla	Health Motivator
	25	Augustine Lahai	Health Motivator
<b>KOINADUGU DISTRICT</b>			
<b>Health Facility</b>	<b>NO.</b>	<b>Persons Contacted</b>	<b>Designation</b>
<b>Fadugu CHC</b>	1	Senesie Rogers	CHO
	2	Francess Mansaray	MCHA
	3	Fatmata Mansaray	Nursing Aide
	4	Kaday Kamara	Nursing Aide
	5	Musa Kamara	Vaccinator
	6	Foday K.Mansaray	Vaccinator
	7	Malador Bantama	TBA
	8	Nanah Koroma	TBA

	9	Abie Kamara	Health Motivator
<b>Mannan MCHP</b>	10	Bamba Jawara	MCHA
	11	Hawa Turay	TBA
<b>Dogoloya CHC</b>	12	Mathew Yamba	CHO
	13	Jenefar Suma	MCHA
	14	Mohamed Jalloh	Vaccinator
<b>Senekudu MCHP</b>	15	Isatu Sesay	EDUCA
	16	Mary Lumeh	MCHA
	17	Lansana Marrah	Vaccinator
	18	Foday Conteh	Health Motivator

**Submitted by:**

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