



**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
MOYAMBA, BONTHE, BO, PUJEHNU, AND KENEMA DISTRICTS**

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SUMBITTED BY

**Thomas K. Ansumana – M & E Officer
Philip Brewa- 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 their frantic strides to reduce the high malaria burden, support to malaria control activities by the MoHS and partners in health has been in the form of free distribution of antimalarial consumables (ITNs, ACTs and SP) to the vulnerable target groups (Under children and pregnant women). IEC/BCC materials have also been distributed to districts.

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 map out strengths, opportunities, weaknesses and threats
5. To determine the way forward for improved quality service.

METHODOLOGY

- Checklist administered to respondents
- Records review
- Interviews with PHU staff and community members
- Meeting
- Focus Group Discussion

1. **Record review:** The team had the opportunity to look at the various registers and records were the primary data on malaria morbidity, ITN distribution, antimalarial drug utilization (ACTs & SP) were collected and recorded for onward reporting to the DHMTs at the end of every month.
2. **A supervisory check list** was also used to gather information on things like trainings (malaria case management, IPT, data collection, malaria microscopy & the use of RDTs, IMNCI), wall display on IEC/BCC materials, treatment and morbidity charts.
3. **Interview:** DHMT members were given the opportunity to participate by being consulted by NMCP team members who listened to their views. This was done in the form of a meeting between the team members and the DHMT members. The findings from the field were discussed with the team.
4. **Focus Group Discussion):** The team members, mothers/caretakers, pregnant women and other community members participated in a discussion provoked by the team for joint analysis of the findings.

FINDINGS

MOYAMBA DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases RDTs available in all PHUs for presumptive diagnosis of malaria Drug utilisation forms and clinic registers available in all the health facilities Availability of antimalarial drugs in the health facilities 	Treatment of malaria in the community.	<ul style="list-style-type: none"> IMCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available 	Low level of anti-malarial commodities at both District and PHU levels
2	Use of SP for IPT	<ul style="list-style-type: none"> SP available in health facilities visited 	TBAs administering IPT to pregnant women		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Reports sent DHMT on the 4th of every month 	<ul style="list-style-type: none"> Monthly PHU In-Charges meeting held 	<ul style="list-style-type: none"> Data collection tools not available in Mosanda MCHP Undre reporting Inconsistency in data 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 	
5	Feedback	<ul style="list-style-type: none"> DHMT provide feedback to PHUs during monthly meetings PHU to Community during health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges meeting held 	<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 chart available 		<ul style="list-style-type: none"> Training manuals not available 	
7	Supervision	<ul style="list-style-type: none"> Monthly supervision done by 		<ul style="list-style-type: none"> Irregular supervision 	

BONTHE DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria case management	<ul style="list-style-type: none"> Health facilities provide free treatment of malaria cases RDTs available to facilitate malaria diagnosis at PHU level ACTs treatment chart available in health facilities 	Availability of microscope in most CHCs	<ul style="list-style-type: none"> IMCI guidelines not available IPT and malaria case management training manuals not available 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP is available in all the Health facilities visited 		SP is used to treat malaria cases in some PHUs.	
3	Data collection and reporting	<ul style="list-style-type: none"> Availability of data collection tools Staff trained on data collection tools Regular monthly reporting of routine data. 		<ul style="list-style-type: none"> Registers not filled correctly Incorrect reporting for SP and antimalaria drugs. 	
4	Data analysis	<ul style="list-style-type: none"> Data collected are analysed and displayed on walls 		<ul style="list-style-type: none"> Inappropriate variables used 	
5	Feedback	<ul style="list-style-type: none"> Monthly feedback during DHMT/PHU In-Charges meetings PHU staff provide feedback during community meetings 			
6	Training	<ul style="list-style-type: none"> Training on the new drug protocol using ACTs and SP for IPT conducted Trained on the use of RDTs. 		Unavailability of training manuals	
7	Supervision	<ul style="list-style-type: none"> Supervision is done by DHMT Supervision of communities and outreach sessions done by PHU staff 	<ul style="list-style-type: none"> Availability of vehicle/motorbikes to DHMT 	<ul style="list-style-type: none"> Irregular monthly done from district to PHU 	
8	Support	<ul style="list-style-type: none"> Support given in the form of ACTs, SP for IPT, RDTs, 	<ul style="list-style-type: none"> Presence of World Vision 		

		Quini... Data collection tools, training and supervision		
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> The use of ITNs, ACTs and SP for IPT is promoted in the district through health talks during clinic sessions IEC/BCC materials are displayed in some health facilities visited 		

BO DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria case management	<ul style="list-style-type: none"> RDTs available to facilitate malaria diagnosis Provision of free malaria treatment ACT treatment chart displayed in some health facilities Malaria case management and IPT (participants) training manuals available No stock out of ACTs Home Management of Malaria is now conducted in some communities in the district by MSF-Belguin 		<ul style="list-style-type: none"> No malaria case management, IMCI, guideline available Stock out of adult and adolescent in some clinics 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP available in all health facilities. 			
3	Data collection and reporting	<ul style="list-style-type: none"> Tools for data collection and reporting available Reports are sent to DHMT on 4th of every month during DHMT/PHU In-Charges meetings 		<ul style="list-style-type: none"> Incorrect reporting for SP 	

4	Data analysis	<ul style="list-style-type: none"> Data ... collected, analysed and displayed on walls in some PHUs 			
5	Feedback	<ul style="list-style-type: none"> Feedback from DHMT to PHU is done at DHMT/PHU In-Charges meetings Feedback from National to district. 			
6	Training	<ul style="list-style-type: none"> Training on the new ACTs drug protocol conducted including the use of SP for IPT Training also conducted on use of RDTs for malaria diagnosis Training done on HMM for some health staff. 	<ul style="list-style-type: none"> Availability of malaria case management and IPT training manuals 		
7	Supervision	<ul style="list-style-type: none"> Monthly supervision is done by DHMT to PHUs Two weekly supervision done by PHU staff to communities within their catchment areas 	<ul style="list-style-type: none"> Presence of MRC, MSF-Belgium and SLRCS 		
8	Support	<ul style="list-style-type: none"> MoHS, MRC, MSF-Belgium and SLRCS to the district Support is in the form of ACTs, ITNs, SP for IPT, Quinine, ICE/BCC materials, data collection tools, training and supervision 	<ul style="list-style-type: none"> Presence of MRC, MSF-Belgium and SLRCS 		
9	Availability and distribution of ITNs			Unavailability of ITNs in health facilities visited	
10	Social mobilisation/IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of SP, ITNs and ACTs is promoted through health talks during clinic sessions and the media 	<ul style="list-style-type: none"> Presence of FM radio stations in the district 		

		• IEC/BC materials also displayed in some facilities		
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PUJEHUN DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria case management	<ul style="list-style-type: none"> Health facilities provide free treatment of malaria cases RDTs available to facilitate malaria diagnosis at PHU level ACTs treatment chart available in health facilities Free malaria drugs are distributed in some communities through HMM 		<ul style="list-style-type: none"> IMCI guidelines not available IPT and malaria case management training manuals not available 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP for IPT is available in all the Health facilities visited 			
3	Data collection and reporting	<ul style="list-style-type: none"> Availability of data collection tools 		<ul style="list-style-type: none"> Registers not filled correctly Incorrect reporting for SP 	
4	Data analysis	<ul style="list-style-type: none"> Data collected are analysed and displayed on walls 		<ul style="list-style-type: none"> Inappropriate variables used 	
5	Feedback	<ul style="list-style-type: none"> Monthly feedback during DHMT/PHU In-Charges meetings PHU staff provide feedback during community meetings 			
6	Training	<ul style="list-style-type: none"> Training on the new drug protocol using ACTs and SP for IPT conducted 		Unavailability of training manuals	
7	Supervision	<ul style="list-style-type: none"> Supervision is done by DHMT Supervision of communities 	<ul style="list-style-type: none"> Availability of vehicles/motorbikes to DHMT 	<ul style="list-style-type: none"> Irregular monthly done from district to PHU 	

		and conduct each sessions done by PHU staff			
8	Support	<ul style="list-style-type: none"> Support given in the form of ACTs, SP for IPT, RDTs, Quinine, Data collection tools, training and supervision 	<ul style="list-style-type: none"> Presence of Goal and Merlin 		
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> The use of ITNs, ACTs and SP for IPT is promoted in the district through health talks during clinic sessions IEC/BCC materials are displayed in some health facilities visited 			

KENEMA DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria case management	<ul style="list-style-type: none"> Health facilities provide free treatment of malaria cases RDTs available to facilitate malaria diagnosis at PHU level ACTs treatment chart available in health facilities 		<ul style="list-style-type: none"> IMCI guidelines not available IPT and malaria case management training manuals not available 	
2	Use of SP for IPT	<ul style="list-style-type: none"> SP for IPT is available in all the Health facilities visited 			
3	Data collection and reporting	<ul style="list-style-type: none"> Availability of data collection tools 		<ul style="list-style-type: none"> Registers not filled correctly Incorrect reporting for SP 	
4	Data analysis	<ul style="list-style-type: none"> Data collected are analysed and displayed on walls 		<ul style="list-style-type: none"> Inappropriate variables used 	
5	Feedback	<ul style="list-style-type: none"> Monthly feedback during DHMT/PHU In-Charges meetings 			

		<ul style="list-style-type: none"> • PHU staff provide feedback during community meetings 			
6	Training	<ul style="list-style-type: none"> • Training on the new drug protocol using ACTs and SP for IPT conducted 		Unavailability of training manuals	
7	Supervision	<ul style="list-style-type: none"> • Supervision is done by DHMT • Supervision of communities and outreach sessions done by PHU staff 	<ul style="list-style-type: none"> • Availability of vehicle/motorbikes to DHMT 	<ul style="list-style-type: none"> • Irregular monthly done from district to PHU 	
8	Support	<ul style="list-style-type: none"> • Support given in the form of ACTs, SP for IPT, RDTs, Quinine, Data collection tools, training and supervision 	<ul style="list-style-type: none"> • Presence of Goal and Merlin 		
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> • The use of ITNs, ACTs and SP for IPT is promoted in the district through health talks during clinic sessions • IEC/BCC materials are displayed in some health facilities visited 			

RECOMMENDATIONS

Moyamba District

1. Provision of adequate of ACTs (adolescents and adult)
2. Provision of IEC/BCC to PHUs
3. Intensified community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
4. Provision of rain gears for use during the rains to enhance outreach activities
5. Provision of mobility (motor bikes/bicycles) to enhance outreach activities
6. Training on data collection and reporting

Bonthe District

1. Provision of rain gears
2. Intensified community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
3. Training on data collection and reporting
4. Motivation of health workers to conduct outreach activities
5. Provision of IEC/BCC materials on the prevention and control of malaria

Bo District

1. Training on data collection and reporting
2. Provision of ITNs to health facilities
3. Intensified community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
4. Provision of mobility (motorbike/bicycle) to conduct outreach sessions

Pujehun District

1. Regular monitoring and supportive supervision should be strengthened from districts to PHUs.
2. Community sensitisation should be intensified on ITN use, environmental sanitation, the new treatment policy using ACTs and HMM.
3. Capacity building:
 - a) Training of health staff on data collection and the importance of recording keeping.
 - b) 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.

Kenema

- Provision of ITNs to PHUs
- Provision of rain gears
- Intensified community sensitisation on the use of antimalarial consumables (ITNs, SP for IPT, ACTs)
- Training on data collection and reporting
- Motivation of health workers to conduct outreach activities
- Provision of IEC/BCC materials on the prevention and control of malaria

General recommendation

To review utilisation register/form to ascertain the reporting manner for IPT using SP (whether to report in doses or in tablets under the columns that are asking for **TOTAL STOCK** of SP and **BALANCE STOCK**).

Numbers of Health staff supervised/ contacted by district is as follows:

Moyamba District-	17
Bonthe District -	37
Bo District -	32
Pujehun District -	34
Kenema -	15

TOTAL	135
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BO DISTRICT

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

NO.	NAME HEALTH WORKER	NAME OF PHU	DESIGNATION	SIGNATURE
1	VANDI SKRIFALA	CHC Tikonko	Dispile	Vandika
2	PAUL K. HARDING	✓ ✓	Vaccinator/RS	Paul K. Harding
3	Zainab J. Carabo	CHC Tikonko	M.C.H Aide	Zainab J. Carabo
4	Isha M. Saguai	CHC Tikonko	M.C.H Aide	Isha M. Saguai
5	LAMAI MOYMO	✓	PORTER	Lamai Moymo
6	Binta J. Silla	Bumpe CHC	M.C.H aide	Binta J. Silla
7	Suzan Sacco	Bumpe CHC	M.C.H. Aide	Suzan Sacco
8	Ishmael O.S. Lume	Bumpe CHC	P/A/CHC	Ishmael O.S. Lume
9	Bridget M. Lebbie	Kaniya MCH	MCH Aide	Bridget M. Lebbie
10	Irene Moseray	Mokobama	MCH Aide	Irene Moseray
11	Borina Baryon	Damballa CHC	C-H-O	Borina Baryon
12	Edward Ngqina	Damballa CHC	Goalie	Edward Ngqina
13	Juliana Nong	Nengbena CHP	M.C.H Aide	Juliana Nong
14	Princess B. Semei	Nengbena	MCH Training	Princess B. Semei
15	Edmond Massagui	Nengbena CHP	Vaccinator	Edmond Massagui
16	Hawa H. Williams	Grima - CHP	M.C.H aid	Hawa H. Williams
17	Lansana Kamara	Grima CHC	Vaccinator	Lansana Kamara
18	Irene Lans-Bagaley	Monghere	M.C.H aid	Irene Lans-Bagaley
19	Jane B. K...	M...	M.C.H. Aid	Jane B. K...
20	Kamin Jofara	Bond...	CHC	Kamin Jofara
21	Saidafu s Beng	Mamboni	MCH Aide	Saidafu s Beng
22	Agnes-K. Bahai	Cibaoma	MCH Aide	Agnes-K. Bahai
23	Suzan Conteh	Talo CHC	MCH Aide	Suzan Conteh
24	Aliyatu Abdulai	Sembekun-12	MCH Aide	Aliyatu Abdulai
25	Princess S. Suaka	Sembekun-12	M.C.H Training	Princess S. Suaka
26	Keckura Mansaray	Sembekun-12	C/H/P?	Keckura Mansaray

PUEHUN DISTRICT

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

NO.	NAME HEALTH WORKER	NAME OF PHU	DESIGNATION	SIGNATURE
1	Charles Leiwah	Gondoh CHe	CHO	[Signature]
2	Christiane Burch	Sahn CHe	M.L.H. Aide	[Signature]
3	Musa Sheriff	Sahn CHe	CHO	[Signature]
4	Bockasiz Mergain	CHP Tamincha	Vaccinator	[Signature]
5	Kadiatu Brima	CHP Tamincha	M.L.H. Aide	[Signature]
6	Esther K. Saccas	MICH Piliyanda	MICH Aide	[Signature]
7	Jitta M. Kamara	MCH	MCH Aide	[Signature]
8	Abu Febulleh	✓	Vaccinator	[Signature]
9	Edward Sahn	Sahn CHe	EDC-DISPER	[Signature]
10	Pamella Lahai	Sengema	M. CH Aide	[Signature]
11	Sonahan Kenta Sei	Sengema	Vaccinator	[Signature]
12	Bintu Massagui	Sengema	M. CH Aide	[Signature]
13	Esie K. Massagui	Massam	MCH Aide	[Signature]
14	Imma Sowakulay	Massam	MCH Aide	[Signature]
15	Francis G. Limel	Blama	Technical	[Signature]
16	Mary Luneh	Blama	M. CH. Aide	[Signature]
17	Francis M. Managui	Blama	Vaccinator	[Signature]
18	Margaret S. Kameira	Bomu	MCH Aide	[Signature]
19	Mariana Lahai	Bomu	MCH Aide	[Signature]
20	Menna J. Konoh	Dandabu	MCH Aide	[Signature]
21	David K. Lahai	Dandabu	D/C	[Signature]
22	Joseph Samba	Dandabu CHe	D/IC	[Signature]
23	Annie T. Jones	Sengema	MCH in training	[Signature]
24	Lucienne K. Mergain	Sengema	MCH Aide	[Signature]
25	Neneh M. Coulich	Jutta CHP	M. CH Aide	[Signature]
26	Catherine K. Suway	CHC Potony	MCH Aide training	[Signature]

