



**GOVERNMENT OF SIERRA LEONE**  
**MINISTRY OF HEALTH AND SANITATION**

**NATIONAL MALARIA CONTROL  
PROGRAMME  
(NMCP)**

**HEALTH FACILITY QUARTERLY SUPERVISION  
REPORT**

**(March-April 2010)**

**Report prepared by:**  
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**Introduction:**

The National Malaria Control Programme is responsible for the planning, coordination, monitoring and supervision of all malaria control activities in the country. The Government of Sierra Leone, Non- Governmental Organizations (National and International) and other partners have been actively involved in malaria prevention and control. Free anti malarial commodities; ITNs, ACTs, RDT and SP are delivered to communities to reduce the disease morbidity and mortality.

In the bid of ensuring the successful implementation of the various activities the monitoring and supervision is a continuous exercise from National to Districts, PHUs and down to the communities. Ninety (90) health workers were however supervised in the districts below.

**GENERAL OBJECTIVE:**

To improve the quality of health care delivery at Peripheral Health Unit level throughout the country.

**OBJECTIVES:**

1. To assess the utilization of malaria prevention and control commodities (ACTs, ITNs, SP for IPT and RDTs supplied to the districts and communities.
2. To monitor the stock level of antimalarial commodities at district and PHUs.
3. To map the strengths, weakness, opportunities and threats.
4. To assess the implementation status of all malaria prevention and control activities.
5. To carry out on site data verification to ascertain the quality of data at health facility level.
6. To determine the way forward for improved services.

**DISTRICTS:**

- Kambia
- Port Loko
- Bombali
- Koinadugu
- Western Area

**Methodology:**

The National Malaria Control Programme (NMCP) conducted a country-wide monitoring and supervision exercise from the 8<sup>th</sup> -25<sup>th</sup> April, 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 total of one hundred and eleven (111) Health Workers were supervised in the five districts in 74 PHUs during the exercise. See attached as annex 2.

The team used three (3) strategies in carrying out the supportive supervision in the above districts:

**1. Consultative approach:** On arrival at districts, entrance meetings were held with DHMT members to explain the purposes of the visits and listened to their views about the implementation of the programme activities. Usually one DHMT member is assigned to work with the team during their period of stay in the district. This is to strength team spirit and capacity building on methods and techniques in providing supportive supervision, monitoring and on site verification at health facility level.

**2. Extractive approach:** 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

**3. Interactive approach: (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. Sometimes key informant interviews are conducted to establish facts about programme implementation and constraints/challenges in accessing prompt and appropriate treatment.

#### **FINDINGS:**

- Most PHU staff have been trained on malaria case management & IPT
- Improved data collection and reporting
- IEC/BCC materials on malaria prevention and control displayed on walls of the PHUs visited.
- PHUs have stocks of antimalarial commodities (ACTs, SP & and ITNs
- Complaints of side effects of ACTs among the adult age group are now less frequent.
- Limited feed back to other staff members after training/ workshop.
- Irregular monitoring and supportive supervision from DHMTs due to resource constraints.
- More cases of malaria are now reported due to the introduction of home-based management by CBPs.

- Increased burden on health staff having to fill many forms capturing almost the same information to satisfy different donors.

**DISCUSSION:**

During the supervisory visits conducted in the various districts, it was observed that there is marked improvement in data collection and collation.

A very good number of PHUs visited had at least one member of staff trained on malaria case management, IPT or data collection. But what came out strongly was the limited feedback given to those that did not attend trainings/workshops. This contributes to some data issues like compilation and reporting.

IEC/ BCC materials on malaria prevention and control were properly displayed on the walls of PHUs and other important structures in the communities like market places and schools. A good number of mothers/caregivers, pregnant mothers were able to interpret them correctly.

Antimalarial drugs were widely available in the health facilities. Irregular monitoring and supportive supervision from the districts came out clearly during the visits in most PHUs visited and was evident in the visitors books kept at the PHUs. DHMTs were more focused on the monthly meetings held at the beginning of every month. Initially, these meetings were meant to discuss management issues at the community level but the whole idea has been misused. Now, DHMTs wait for the In-charges to come with their monthly returns during the meetings and fail to realise that, their work should be closely monitored and supervised.

Delivery of antimalarial commodities to the intended beneficiaries was found to be free in all the areas visited and is appreciated by mothers/caregivers.

**Recommendations:**

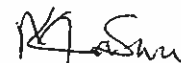
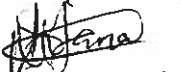
- Intensified supportive supervision and regular monitoring should be strengthened from districts to PHUs.
- Increased community sensitisation meetings on ITN use, environmental sanitation, the new treatment policy using ACTs and Home Management of Malaria.
- Capacity building:
  1. Training/Refresher training of health staff on the newly introduced integrated data collection tools and the importance of recording keeping.
  2. Refresher of CBPs and TBAs
- More adult ACT doses
- Late reports to be submitted.

**Constraints:**

1. Frequent breakdowns due to old vehicles and bad terrain

**Submitted by :**

Musa Sillah-Kanu  
Nelson S. Fofana

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## ANNEX 1.

## TABULATION OF FINDINGS MADE DURING THE SUPERVISORY VISITS AT THE VARIOUS DISTRICTS.

| KAMBIA DISTRICT |                               |   |   |  |  |
|-----------------|-------------------------------|---|---|--|--|
| No              | ISSUES                        | STRENGTHS   | OPPORTUNITIES   | WEAKNESSES   | THREATS  |
| 1               | Malaria case management       | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTS available for confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of ACTs (eg. Unicef)</li> </ul>                     | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul> |  |
| 2               | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in 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 monthly basis</li> <li>Improved data quality</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> <li>Support from JICA</li> </ul>                       |  | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 4               | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>   |   |  | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 5               | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during meetings</li> <li>PHU to Community during health talks</li> <li>Food and transportation provided for monthly In-</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> <li>Support from District Council and JICA.</li> </ul> |  | <ul style="list-style-type: none"> <li>Heavy rains may interrupt monthly In-Charges meetings.</li> </ul>         |

|    |                              |  |  |  |   |
|----|------------------------------|--|--|--|---|
|    |                              | Charges meetings.  |  |  |   |
| 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> </ul>  | <ul style="list-style-type: none"> <li>• Support from JICA for trainings.</li> <li>• Integrated management of New born and Childhood Illness (IMNCI).</li> </ul>                             |  |   |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>• Monthly supervision done by DHMT</li> <li>• District zonalized to intensify supervision.</li> <li>• CHO In-Charges also supervise CHPs and MCHPs.</li> </ul>              |  |  |   |
| 8  | Support                      | <ul style="list-style-type: none"> <li>• Support is provided by MoHS and District Council.</li> </ul>  | Support from JICA to strength supervision  |  |   |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>• ITNs available in all health facilities and distribution is free</li> </ul>   | <ul style="list-style-type: none"> <li>• Integrated Mother and Child Health Week campaign</li> </ul>   | <ul style="list-style-type: none"> <li>• Proper use of ITNs</li> </ul> | <ul style="list-style-type: none"> <li>• Leakage into neighbouring Guinea.</li> </ul> |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>• Community sensitization meetings on key malaria interventions</li> <li>• IEC materials available</li> <li>• Health talks during clinics and outreach services.</li> </ul> | <ul style="list-style-type: none"> <li>• Availability of community radios.</li> <li>• Presence of Town criers</li> <li>• Presence of NERICA project carrying out sensitization of</li> </ul> |  |   |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  | farmers on malaria prevention and control. |  |  |
|--|--|--|--|--|

PORT LOKO DISTRICT

| No | ISSUES                        | STRENGTHS   | OPPORTUNITIES  | WEAKNESSES   | THREATS  |
|----|-------------------------------|---|--|--|--|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTS available for confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of ACTs (eg. Unicef, Plan/EC Malaria Project)</li> </ul> | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul> |  |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in health facilities visited</li> </ul>   | <ul style="list-style-type: none"> <li>Partner contribution (Eg. Unicef, Plan/EC malaria Project)</li> </ul>                           |  |  |
| 3  | Data collection and reporting | <ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on monthly basis</li> <li>Improved data quality</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>   |  | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 4  | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 5  | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during meetings</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges</li> </ul>   |  | <ul style="list-style-type: none"> <li>Heavy rains may interrupt</li> </ul>                                      |

|    |                              |   |  |  |                              |
|----|------------------------------|---|--|--|------------------------------|
|    |                              | <ul style="list-style-type: none"> <li>• PHU to Community during health talks</li> <li>• Food and transportation provided for monthly In-Charges meetings.</li> </ul>   | meeting  |  | monthly In-Charges meetings. |
| 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>• Support from Plan/EC Malaria Project</li> <li>• Integrated management of New born and Childhood Illness (IMNCI).</li> </ul> |  |                              |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>• Monthly supervision done by DHMT</li> <li>• Supervision done by CHO in charge to other PHUs by chiefdom</li> </ul>   | <ul style="list-style-type: none"> <li>• Plan/EC Malaria Project support for supervision.</li> </ul>   |  |                              |
| 8  | Support                      | <ul style="list-style-type: none"> <li>• MoHS, NMCP/GF</li> <li>• Plan/EC Malaria Project providing ACTs, ITNs, SP, , , trainings, etc.</li> </ul>  | Presence of Plan Sierra Leone  |  |                              |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>• ITNs available in health facilities and distribution is free</li> </ul>  | <ul style="list-style-type: none"> <li>• Integrated Mother and Child Health Week campaign</li> </ul>   | <ul style="list-style-type: none"> <li>• Proper use of ITNs</li> </ul> |                              |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>• Community sensitization meetings on key malaria interventions</li> <li>• IEC materials available and displayed</li> <li>• Health talks during clinics and</li> </ul> | <ul style="list-style-type: none"> <li>• Availability of community radios.</li> <li>• Presence of Town criers</li> <li>• Presence of</li> </ul>                      |  |                              |

|  |                    |   |  |  |
|--|--------------------|---|--|--|
|  | outreach services. | NERICA project carrying out sensitization of farmers on malaria prevention and control. |  |  |
|--|--------------------|---|--|--|

**BOMBALI DISTRICT**

| No | ISSUES                        | STRENGTHHS  | OPPORTUNITIES   | WEAKNESSES  | THREATS  |
|----|-------------------------------|---|---|---|--|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTS available for confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of ACTs (eg. Unicef)</li> </ul> | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul>        |  |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in all clinics</li> </ul>   | Partners contribution in the provision of SP (Eg. Unicef)   |   |  |
| 3  | Data collection and reporting | <ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on monthly basis</li> <li>Much improvement on data quality</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                              | <ul style="list-style-type: none"> <li>Few late and incomplete reports from PHUs</li> </ul> | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 4  | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>   |   |   | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 5  | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-</li> </ul>   |   | <ul style="list-style-type: none"> <li>Heavy rains</li> </ul>  |

|    |                              |  |  |   |  |
|----|------------------------------|--|--|---|--|
|    |                              | <ul style="list-style-type: none"> <li>PHUs during meetings</li> <li>PHU to Community during health talks</li> <li>Food and transportation provided for monthly In-Charges meetings.</li> </ul>                            | Charges meeting  |   | may interrupt monthly In-Charges meetings. |
| 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>Refresher training of CBPs</li> </ul>  | <ul style="list-style-type: none"> <li>Integrated management of New born and Childhood illness (IMNCI).</li> </ul>   |   |  |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>Supervision done by CHO in charge to other PHUs by chiefdom</li> </ul>  | <ul style="list-style-type: none"> <li>Plan/EC Malaria Project support for supervision.</li> </ul>                   | <ul style="list-style-type: none"> <li>Minimal supervision from district to PHUs</li> </ul> |  |
| 8  | Support                      | <ul style="list-style-type: none"> <li>MoHS, NMCP/GF</li> </ul>  |  |   |  |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>ITNs available in health facilities and distribution is free</li> </ul>   | <ul style="list-style-type: none"> <li>Integrated Mother and Child Health Week campaign</li> </ul>                   | <ul style="list-style-type: none"> <li>Proper use of ITNs</li> </ul>                        |  |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>Community sensitization meetings on key malaria interventions</li> <li>IEC materials available and displayed</li> <li>Health talks during clinics and outreach services.</li> </ul> | <ul style="list-style-type: none"> <li>Availability of community radios.</li> <li>Presence of Town criers</li> </ul> |   |  |

KOINADUGU DISTRICT

| No | ISSUES                  | STRENGTHS   | OPPORTUNITIES   | WEAKNESSES   | THREATS |
|----|-------------------------|---|---|--|---------|
| 1  | Malaria case management | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTs available for</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of</li> </ul> | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul> |         |

|   |                               |  |  |   |  |
|---|-------------------------------|--|--|---|--|
|   |                               | <ul style="list-style-type: none"> <li>confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul>                          | ACTs (eg. Unicef)  |   |  |
| 2 | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in all clinics</li> </ul>  | Partners contribution in the provision of SP (Eg. Unicef)  |   |  |
| 3 | Data collection and reporting | <ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on monthly basis</li> <li>Much improvement on data quality</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                                   | <ul style="list-style-type: none"> <li>Few late and incomplete reports from PHUs</li> </ul> | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 4 | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>  |  |   | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 5 | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during meetings</li> <li>PHU to Community during health talks</li> <li>Food and transportation provided for monthly In-Charges meetings.</li> </ul> | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                                   |   | <ul style="list-style-type: none"> <li>Heavy rains may interrupt monthly In-Charges meetings.</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>Refresher training of CBPs</li> </ul>  | <ul style="list-style-type: none"> <li>Integrated management of New born and Childhood illness (IMNCI).</li> </ul> |   |  |
| 7 | Supervision                   | <ul style="list-style-type: none"> <li>Supervision done by CHO in</li> </ul>   | <ul style="list-style-type: none"> <li>Plan/EC Malaria</li> </ul>  |   |  |

|    |                              |  |  |  |  |
|----|------------------------------|--|--|--|--|
|    |                              | charge to other PHUs by chiefdom   | Project support for supervision.   |  |  |
| 8  | Support                      | <ul style="list-style-type: none"> <li>MoHS, NMCP/GF</li> </ul>  |  |  |  |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>ITNs available in health facilities and distribution is free</li> </ul>   | <ul style="list-style-type: none"> <li>Integrated Mother and Child Health Week campaign</li> </ul>                   |  |  |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>Community sensitization meetings on key malaria interventions</li> <li>IEC materials available and displayed</li> <li>Health talks during clinics and outreach services.</li> </ul> | <ul style="list-style-type: none"> <li>Availability of community radios.</li> <li>Presence of Town criers</li> </ul> |  |  |

WESTERN AREA DISTRICT

| No | ISSUES                        | STRENGTHS   | OPPORTUNITIES | WEAKNESSES   | THREATS |
|----|-------------------------------|---|---------------|--|---------|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>RDTs available to facilitate malaria diagnosis</li> <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> <li>No stock out paediatric ACTs</li> </ul> |               |  |         |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in all clinics</li> </ul>   |               |  |         |
| 3  | Data collection and reporting | <ul style="list-style-type: none"> <li>Tools for data collection and reporting available</li> </ul>   |               | <ul style="list-style-type: none"> <li>Some PHUs did not submit their reports</li> </ul> |         |

|   |                      |   |  |         |  |
|---|----------------------|---|--|---------|--|
|   |                      | <ul style="list-style-type: none"> <li>• Reports are sent to DHMT on 4<sup>th</sup> of every month during DHMT/PHU In-Charges meetings</li> </ul>   |  | on time |  |
| 4 | Data analysis        | <ul style="list-style-type: none"> <li>• Data is collected, analysed and displayed on walls in some PHUs</li> </ul>   |  |         |  |
| 5 | Feedback             | <ul style="list-style-type: none"> <li>• Feedback from DHMT to PHU is done at DHMT/PHU In-Charges meetings</li> </ul>   |  |         |  |
| 6 | Training             | <ul style="list-style-type: none"> <li>• Training on the new ACTs drug protocol conducted including the use of SP for IPT</li> <li>• Training also conducted on use of RDTs for malaria diagnosis</li> </ul>                                  | <ul style="list-style-type: none"> <li>• Availability of malaria case management and IPT training manuals</li> </ul> |         |  |
| 7 | Supervision          | <ul style="list-style-type: none"> <li>• Monthly supervision is done by DHMT to PHUs</li> <li>• Two weekly supervision done by PHU staff to communities within their catchment areas</li> </ul>   |  |         |  |
| 8 | Support              | <ul style="list-style-type: none"> <li>• MoHS, MRC, MSF-Belgium 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> |  |         |  |
| 9 | Distribution of INTs | <ul style="list-style-type: none"> <li>• ITNs available in health facilities and distribution is free</li> </ul>  |  |         |  |

|    |                              |  |  |  |  |  |
|----|------------------------------|--|--|--|--|--|
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"><li>• Community sensitization meetings on key malaria interventions</li><li>• IEC materials available and displayed</li><li>• Health talks during clinics and outreach services.</li></ul> |  |  |  |  |
|----|------------------------------|--|--|--|--|--|

| No | ISSUES                        | STRENGTHS   | OPPORTUNITIES  | WEAKNESSES   | THREATS  |
|----|-------------------------------|---|--|--|--|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTs available for confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of ACTs (eg. Unicef, Plan/EC Malaria Project)</li> </ul> | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul> |  |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in health facilities visited</li> </ul>   | <ul style="list-style-type: none"> <li>Partner contribution (Eg. Unicef, Plan/EC malaria Project)</li> </ul>                           |  | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 3  | Data collection and reporting | <ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on monthly basis</li> <li>Improved data quality</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>   |  | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 4  | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Heavy rains may interrupt monthly In-Charges meetings.</li> </ul>         |
| 5  | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during meetings</li> <li>PHU to Community during health talks</li> <li>Food and transportation provided for monthly In-Charges meetings.</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>   |  | <ul style="list-style-type: none"> <li>Heavy rains may interrupt monthly In-Charges meetings.</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</li> </ul>   | <ul style="list-style-type: none"> <li>Support from Plan/EC Malaria Project</li> </ul>   |  |  |

|    |                              |  |   |  |  |
|----|------------------------------|--|---|--|--|
|    |                              | <ul style="list-style-type: none"> <li>conducted</li> <li>ACTs Treatment chart available</li> </ul>  | <ul style="list-style-type: none"> <li>Integrated management of New born and Childhood Illness (IMNCI).</li> </ul>  |  |  |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>Monthly supervision done by DHMT</li> <li>Supervision done by CHO in charge to other PHUs by chiefdom</li> </ul>  | <ul style="list-style-type: none"> <li>Plan/EC Malaria Project support for supervision.</li> </ul>  |  |  |
| 8  | Support                      | <ul style="list-style-type: none"> <li>MoHS, NMCP/GF</li> <li>Plan/EC Malaria Project providing ACTs, ITNs, SP, , , trainings, etc.</li> </ul>   | <ul style="list-style-type: none"> <li>Presence of Plan Sierra Leone</li> </ul>   |  |  |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>ITNs available in health facilities and distribution is free</li> </ul>   | <ul style="list-style-type: none"> <li>Integrated Mother and Child Health Week campaign</li> </ul>  | <ul style="list-style-type: none"> <li>Proper use of ITNs</li> </ul> |  |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>Community sensitization meetings on key malaria interventions</li> <li>IEC materials available and displayed</li> <li>Health talks during clinics and outreach services.</li> </ul> | <ul style="list-style-type: none"> <li>Availability of community radios.</li> <li>Presence of Town criers</li> <li>Presence of NERICA project carrying out sensitization of farmers on malaria prevention and control.</li> </ul> |  |  |

| No | ISSUES                        | STRENGTHS   | OPPORTUNITIES   | WEAKNESSES  | THREATS  |
|----|-------------------------------|---|---|---|--|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTs available for confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of ACTs (eg. Unicef)</li> </ul> | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul>        |  |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in all clinics</li> </ul>   | Partners contribution in the provision of SP (Eg. Unicef)   |   |  |
| 3  | Data collection and reporting | <ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on monthly basis</li> <li>Much improvement on data quality</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                              | <ul style="list-style-type: none"> <li>Few late and incomplete reports from PHUs</li> </ul> | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 4  | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>   |   |   | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 5  | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during meetings</li> <li>PHU to Community during health talks</li> <li>Food and transportation provided for monthly In-Charges meetings.</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                              |   | <ul style="list-style-type: none"> <li>Heavy rains may interrupt monthly In-Charges meetings.</li> </ul>         |
| 6  | Training                      | <ul style="list-style-type: none"> <li>Training on the new treatment policy using ACTs and IPT</li> </ul>   | <ul style="list-style-type: none"> <li>Integrated management of</li> </ul>                                    |   |  |

|    |                              |  |  |   |  |
|----|------------------------------|--|--|---|--|
|    |                              | including the use of RDTs conducted  | New born and Childhood illness (IMNCI).  |   |  |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>• Refresher training of CBPs</li> <li>• Supervision done by CHO in charge to other PHUs by chiefdom</li> </ul>  | <ul style="list-style-type: none"> <li>• Plan/EC Malaria Project support for supervision.</li> </ul>                     | <ul style="list-style-type: none"> <li>• Minimal supervision from district to PHUs</li> </ul> |  |
| 8  | Support                      | <ul style="list-style-type: none"> <li>• MoHS, NMCP/GF</li> </ul>  |  |   |  |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>• ITNs available in health facilities and distribution is free</li> </ul>   | <ul style="list-style-type: none"> <li>• Integrated Mother and Child Health Week campaign</li> </ul>                     | <ul style="list-style-type: none"> <li>• Proper use of ITNs</li> </ul>                        |  |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>• Community sensitization meetings on key malaria interventions</li> <li>• IEC materials available and displayed</li> <li>• Health talks during clinics and outreach services.</li> </ul> | <ul style="list-style-type: none"> <li>• Availability of community radios.</li> <li>• Presence of Town criers</li> </ul> |   |  |

| No | ISSUES                        | STRENGTHS   | OPPORTUNITIES   | WEAKNESSES  | THREATS  |
|----|-------------------------------|---|---|---|--|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>Free treatment of malaria cases for all age categories.</li> <li>RDTs available for confirmatory diagnosis of malaria</li> <li>ACTs Treatment chart available</li> <li>Preparation for the launch of Free Health Care Initiative.</li> </ul> | <ul style="list-style-type: none"> <li>Partners contribution in the provision of ACTs (eg. Unicef)</li> </ul> | <ul style="list-style-type: none"> <li>Few supply of adult doses of ACTs.</li> </ul>        |  |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in all clinics</li> </ul>   | Partners contribution in the provision of SP (Eg. Unicef)   |   |  |
| 3  | Data collection and reporting | <ul style="list-style-type: none"> <li>Data collection tools available</li> <li>Reports sent DHMT on monthly basis</li> <li>Much improvement on data quality</li> </ul>   | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                              | <ul style="list-style-type: none"> <li>Few late and incomplete reports from PHUs</li> </ul> | <ul style="list-style-type: none"> <li>Introduction of ICS forms</li> </ul>                                      |
| 4  | Data analysis                 | <ul style="list-style-type: none"> <li>Data analysed and displayed on walls of PHUs in more than half of facilities visited.</li> </ul>   |   |   | <ul style="list-style-type: none"> <li>High humidity during the rainy season, wall display falls off.</li> </ul> |
| 5  | Feedback                      | <ul style="list-style-type: none"> <li>DHMT provide feedback to PHUs during meetings</li> <li>PHU to Community during health talks</li> <li>Food and transportation provided for monthly In-Charges meetings.</li> </ul>  | <ul style="list-style-type: none"> <li>Monthly PHU In-Charges meeting</li> </ul>                              |   | <ul style="list-style-type: none"> <li>Heavy rains may interrupt monthly In-Charges meetings.</li> </ul>         |
| 6  | Training                      | <ul style="list-style-type: none"> <li>Training on the new treatment policy using ACTs and IPT</li> </ul>   | <ul style="list-style-type: none"> <li>Integrated management of</li> </ul>                                    |   |  |

|    |                              |  |  |  |  |
|----|------------------------------|--|--|--|--|
|    |                              | <ul style="list-style-type: none"> <li>including the use of RDTs conducted</li> <li>Refresher training of CBPs</li> </ul>  | <ul style="list-style-type: none"> <li>New born and Childhood Illness (IMNCI).</li> </ul>                            |  |  |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>Supervision done by CHO in charge to other PHUs by chieftom</li> </ul>  | <ul style="list-style-type: none"> <li>Plan/EC Malaria Project support for supervision.</li> </ul>                   |  |  |
| 8  | Support                      | <ul style="list-style-type: none"> <li>MoHS, NMCP/GF</li> </ul>  |  |  |  |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>ITNs available in health facilities and distribution is free</li> </ul>   | <ul style="list-style-type: none"> <li>Integrated Mother and Child Health Week campaign</li> </ul>                   |  |  |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>Community sensitization meetings on key malaria interventions</li> <li>IEC materials available and displayed</li> <li>Health talks during clinics and outreach services.</li> </ul> | <ul style="list-style-type: none"> <li>Availability of community radios.</li> <li>Presence of Town criers</li> </ul> |  |  |

| No | ISSUES                        | STRENGTHS  | OPPORTUNITIES  | WEAKNESSES   | THREATS |
|----|-------------------------------|--|--|--|---------|
| 1  | Malaria case management       | <ul style="list-style-type: none"> <li>RDTs available to facilitate malaria diagnosis</li> <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> <li>No stock out paediatric ACTs</li> <li>SP available in all clinics</li> </ul> |  |  |         |
| 2  | Use of SP for IPT             | <ul style="list-style-type: none"> <li>SP available in all clinics</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 4<sup>th</sup> of every month during DHMT/PHU In-Charges meetings</li> </ul>   |  | <ul style="list-style-type: none"> <li>Some PHUs did not submit their reports on time</li> </ul> |         |
| 4  | Data analysis                 | <ul style="list-style-type: none"> <li>Data is collected, analysed and displayed on walls in some PHUs</li> </ul>  |  |  |         |
| 5  | Feedback                      | <ul style="list-style-type: none"> <li>Feedback from DHMT to PHU is done at DHMT/PHU In-Charges meetings</li> </ul>  |  |  |         |
| 6  | Training                      | <ul style="list-style-type: none"> <li>Training on the new ACTs drug protocol conducted including the use of SP for IPT</li> <li>Training also conducted on use of RDTs for malaria</li> </ul>   | <ul style="list-style-type: none"> <li>Availability of malaria case management and IPT training manuals</li> </ul> |  |         |

|    |                              |   |  |  |  |
|----|------------------------------|---|--|--|--|
|    |                              | diagnosis   |  |  |  |
| 7  | Supervision                  | <ul style="list-style-type: none"> <li>Monthly supervision is done by DHMT to PHUs</li> <li>Two weekly supervision done by PHU staff to communities within their catchment areas</li> </ul>   |  |  |  |
| 8  | Support                      | <ul style="list-style-type: none"> <li>MoHS, MRC, MSF-Belgium 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> |  |  |  |
| 9  | Distribution of INTs         | <ul style="list-style-type: none"> <li>ITNs available in health facilities and distribution is free</li> </ul>  |  |  |  |
| 10 | Social Mobilisation/ IEC/BCC | <ul style="list-style-type: none"> <li>Community sensitization meetings on key malaria interventions</li> <li>IEC materials available and displayed</li> <li>Health talks during clinics and outreach services.</li> </ul>                |  |  |  |

# Western Area

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

| NO. | NAME HEALTH WORKER  | NAME OF PHU                     | DESIGNATION    | SIGNATURE      |
|-----|---------------------|---------------------------------|----------------|----------------|
| 01  | Margaret Anthony    | Sussex MCHP                     | MCH Aide       | Anthony        |
| 02  | Huwantfu Conch      | Sussex MCHP                     | MCH Aide       | Conch          |
| 03  | Isata Coomber       | Sussex MCHP                     | MCH Aide       | Comber         |
| 04  | Marie S. Kamara     | Tokel M.C.H.P                   | M.C.H Aide     | Kamara         |
| 05  | FATMA S. KAMARA     | TOKEL MCHP                      | M.C.H Aide     | <del>Box</del> |
| 06  | Margaret B. Pratt   | Hamilton C.H.P                  | S.E.C.H.N      | Pratt          |
| 07  | Victoria R. Bengura | Hamilton C.H.P                  | MCH Aide       | Bengura        |
| 08  | Augusta S. Kamara   | Hamilton C.H.P                  | MCH Aide       | Di             |
| 09  | Diana Tarawally     | Malama MCHP                     | MCH Aide       | Tarawally      |
| 10  | Elizabeth Coker     | malama H.P.H                    | - - -          | Coker          |
| 11  | Martha B. Kamara    | Stella Maris                    | M.C.H. Aide    | Kamara         |
| 12  | Rebecca T. Swaray   | Stella Maris                    | M.C.H Aide     | Swaray         |
| 18  | Isatu K. Bellay     | Matural Faith                   | MCH Aide       | Bellay         |
| 19  | Isatu Daboh         | York C.H.P                      | MCH Aide       | Daboh          |
| 20  | Kadiatu Kamara      | York C.H.P                      | MCH Aide       | Kamara         |
| 21  | Kadiatu Kamara      | Kent C.H.P                      | M.C.H Aide     | Kamara         |
| 22  | Hauwa Michael       | Kent C.H.P                      | SECHN          | Michael        |
| 23  | M Balu Sangari      | Kent C.H.P                      | M.C.H. Aide    | Sangari        |
| 24  | Marie Turay         | Lion for Lion                   | M.C.H. Aide    | Turay          |
| 25  | Tity M. Solomon     | Lion for Lion                   | SECHN          | Solomon        |
| 26  | JOAN B. BASTIE      | Lion for <sup>Health</sup> Post | SECHN          | Bastie         |
| 27  | Musukwa O. Barley   | Tombo C.H.C                     | MCH Aide       | Barley         |
| 28  | Adama Mansaray      | Macdonald                       |                | Mansaray       |
| 29  | Julius Kallon       | Waterloo C.H.C                  | Lab Technician | Kallon         |
| 30  | Janel Jim-Jayne     | W/Lou C.H.C                     | CHU            | Jim-Jayne      |
| 31  | Mathe J. Coker      | KISSITOWN                       | C.H.P          | Coker          |





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

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Koina 6/9/14

LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

| No. | Name               | Health Facility  | Signature |
|-----|--------------------|------------------|-----------|
| 1   | Rafnata s. Kankara | Gboni CHP        |           |
| 2   | Zainab Manga       | Falaba CHC       |           |
| 3   | Mariam Samura      | Falaba CHC       |           |
| 4   | Jeneba Samura      | SONKENYA MCHP    |           |
| 5   | Theo Nabuy         | SINKENYA CHC     |           |
| 6   | Adama Dumbuya      | SINKENYA CHC     |           |
| 7   | Bamba Jawara       | Manna MCHP       |           |
| 8   | Sia M. Turao       | MUSAIA MCHC      |           |
| 9   | Julliet. K. Jerron | MUSAIA CHC       |           |
| 10  | Jenny Sura         | Dogelaja CHP     |           |
| 11  | Melanie Ntany      | MCH Anti-Kabubi  |           |
| 12  | Isatu Sesay        | MCH P. Senekedye |           |
| 13  | Babay Saffa        | MCH Stetic       |           |
| 14  | Aminata Koroma     | Yataya CHP       |           |
| 15  | Mary Theronka      | Gbenikoro MCHP   |           |
| 16  | Agnes Sais Math    | Gbenikoro        |           |
| 17  | Ramatu Marah       | Heremakoro       |           |



**GOVERNMENT OF SIERRA LEONE  
MINISTRY OF HEALTH AND SANITATION - p/leko  
NATIONAL MALARIA CONTROL PROGRAMME**

**LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED**

| No. | Name                | Health Facility    | Signature          |
|-----|---------------------|--------------------|--------------------|
| 1   | Hassan A. Kamara    | Mamfe CHC          | <i>[Signature]</i> |
| 2   | Adama Sesay         | Mamfe CHC          | <i>[Signature]</i> |
| 3   | Agness C. Kamara    | Mamfe CHC          | <i>[Signature]</i> |
| 4   | Resina Mahmood      | Malal. MCHP        | <i>[Signature]</i> |
| 5   | Seadatu Nurie       | Rogballan CHP      | <i>[Signature]</i> |
| 6   | Salamatu Turay      | Celemba CHC        | <i>[Signature]</i> |
| 7   | Amberley Conteh     | Celemba CHC        | <i>[Signature]</i> |
| 8   | Aminatu C. Salama   | Barama CHP         | <i>[Signature]</i> |
| 9   | Salamatu Sesay      | Krangba uttama CHP | <i>[Signature]</i> |
| 10  | Elizabeth Koinu     | Romeni mchp        | <i>[Signature]</i> |
| 11  | Adamu Jaym. Bangura | Malal MCHP         | <i>[Signature]</i> |
| 12  | Aminata Katta       | Foredafa MCHP      | <i>[Signature]</i> |
| 13  | Emata KAMARA        | Foredafa MCHP      | <i>[Signature]</i> |
| 14  | Isatu H. Kamara     | Gibon Samba MCHP   | <i>[Signature]</i> |
| 15  | Bestina Kamara      | Gibon Samba MCHP   | <i>[Signature]</i> |
| 16  | Shella H. Koroma    | Kamsa CHC          | <i>[Signature]</i> |
| 17  | Agnes Bangura       | Lensa CHC          | <i>[Signature]</i> |
| 18  | Agnes B. Kinsman    | Masiaka CHC        | <i>[Signature]</i> |

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**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   | Veronica J. Mansaray | Moribuya MCH Post    | <i>Veronica Mansaray</i> |
| 2   | Amie Samuels         | Rosmer CHP           | <i>Amie Samuels</i>      |
| 3   | Elizabeth Courtel    | Rosmer CHP           | <i>Elizabeth Courtel</i> |
| 4   | Francis Hallowell    | Koya MCHP            | <i>Francis Hallowell</i> |
| 5   | Mariatu Turay        | Koya MCHP            | <i>Mariatu Turay</i>     |
| 6   | Kadiatu Kamara       | Mouge Bissau         | <i>Kadiatu Kamara</i>    |
| 7   | Fatmata M. Sillah    | Bopaya MCHP          | <i>Fatmata M. Sillah</i> |
| 8   | Marie J. Kamara      | Kyehon CHP           | <i>Marie J. Kamara</i>   |
| 9   | Isabel Y. Bangura    | Kassinie CHP         | <i>Isabel Y. Bangura</i> |
| 10  | Fatmata A. Kamara    | Kassinie CHP         | <i>Fatmata A. Kamara</i> |
| 11  | Adamsay Yillah       | Senthai MCHP         | <i>Adamsay Yillah</i>    |
| 12  | Maratu K. Keesee     | Dibia MCHP           | <i>Maratu K. Keesee</i>  |
| 13  | Kumber Kamara        | Kambaga MCHP POST    | <i>Kumber Kamara</i>     |
| 14  | Yessie M. Kamara     | Port Kurre MCHP Post | <i>Yessie M. Kamara</i>  |
| 15  | Sankoh Bai S         | Kamasasa CHC         | <i>Sankoh Bai S</i>      |
| 16  | Amirata Borty        | Shakara MCHP         | <i>Amirata Borty</i>     |
| 17  | Judith S. Lamin      | Samaia               | <i>Judith S. Lamin</i>   |



Sierra Leone

**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 ni Fullah    | Makama MCHP          | Fullah    |
| 2   | Alice Bangura      | Binkolo C.H.C        | Bangura   |
| 3   | Josephine Manu     | Binkolo C.H.C        | Manu      |
| 4   | Binta Lamin F.M.N. | Kanikoy MCHP         | F.M.N.    |
| 5   | Fatmata J. Lamin   | Mabundura C.H.C      | Lamin     |
| 6   | Fatmatus Sesay     | Kuebera MCHP         | Sesay     |
| 7   | Margaret N. John   | Kathaba Yimber C.H.C | John      |
| 8   | Rugiatu P. Kargbo  | MalSaita MCHP        | Kargbo    |
| 9   | Mamma Kargbo       | Blanta C.H.C.        | Kargbo    |
| 10  | Zanab Deen Conteh  | Madina Fullah MCHP   | Conteh    |
| 11  | Kai Koroma         | PHC clinic Stoco     | Koroma    |
| 12  | Louetta Kargbo     | Red cross pltu       | Kargbo    |
| 13  | Frances H. Conteh  | Kapeltie MCHP        | Conteh    |
| 14  | Hannah e. charni   | Robin MCHP           | Hannah    |
| 15  | Mama S. Koroma     | Kortuhun MCHP        | Koroma    |
| 16  | Sinnah Dumbya      | Lainya C.H.P         | Dumbya    |
| 17  | Fatmatus K...      | M... C.H.C           | K...      |



