



**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 AND BO DISTRICTS**

16TH 22ND OCTOBER, 2009

SUMBITTED BY

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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

FINDINGS

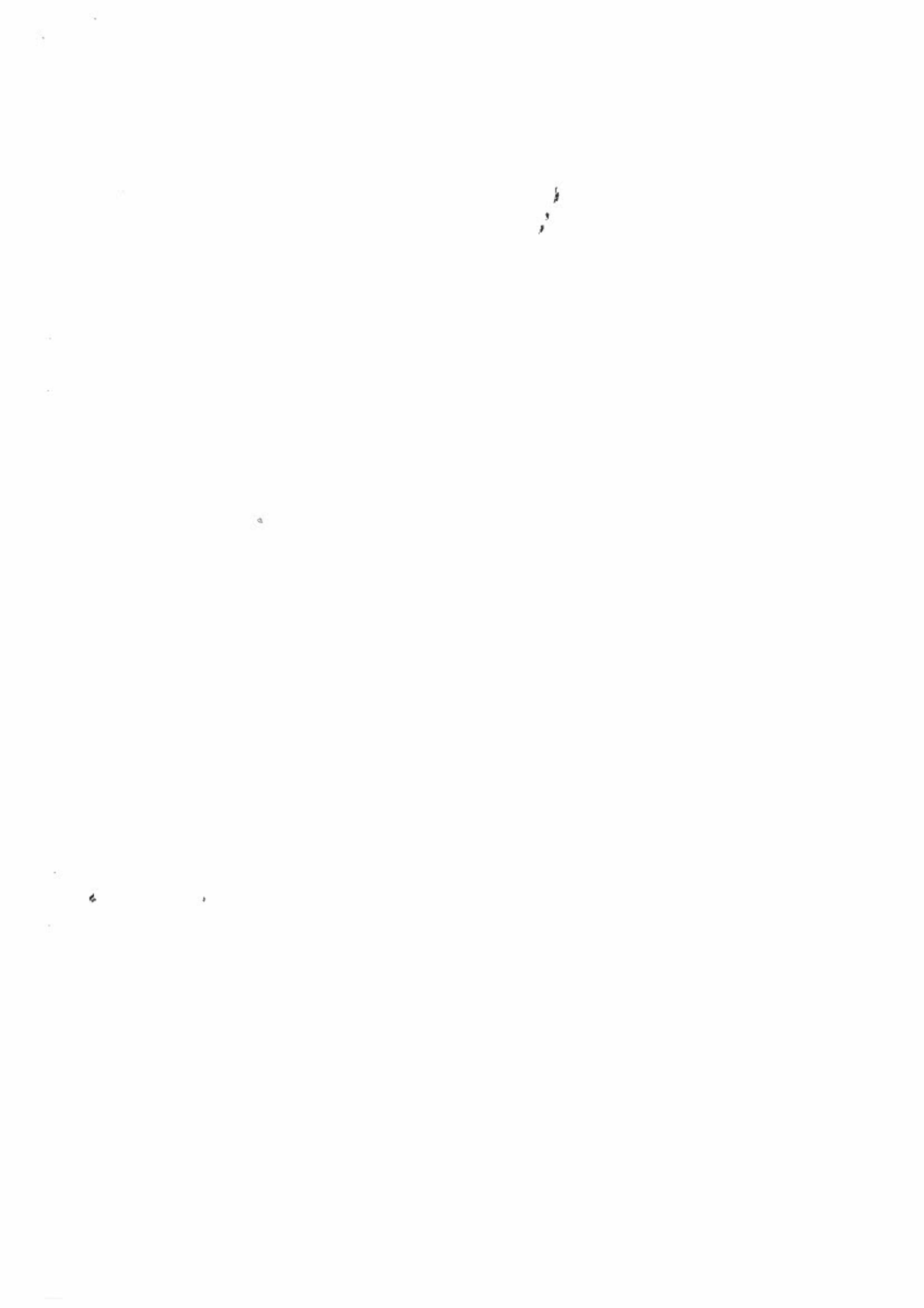
MOYAMBA DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria cases management	<ul style="list-style-type: none"> • Free treatment of malaria cases • RDTs available for presumptive diagnosis of malaria • Drug utilisation forms and clinic registers available • Anti-malaria drugs were available at most PHUs. 	<p>On the job training of PHU staff by Plan</p>	<ul style="list-style-type: none"> • IMCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available 	
2	Use of SP for IPT	<ul style="list-style-type: none"> • SP available in health facilities visited 			
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 	
4	Data analysis	<ul style="list-style-type: none"> • Data analysed and displayed on walls 		<p>Most of PHUs do not analyse data at their level</p>	
5	Feedback	<ul style="list-style-type: none"> • DHMT provide feedback to PHUs during meetings • PHU to Community during health talks 	<ul style="list-style-type: none"> • Monthly PHU In-Charges meeting held 	<p>No feedback to the lower level</p>	
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"> • In most of the PHUs training manuals are not available 	
7	Supervision	<ul style="list-style-type: none"> • Monthly supervision done by DHMT • Supervision done by CHO in charge to other PHUs by chiefdom 	<p>National staff supervise the district and District supervise PHU and community</p>	<p>Irregular supervision by district to PHUs and community.</p>	

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
8	Support	<ul style="list-style-type: none"> Support is provided by MoHS and Plan SL to the district Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. 	<p>Presence of Plan Sierra Leone</p>	<p>In most district there are no NGO to give support to PHUs</p>	
9	Distribution of INTs	<ul style="list-style-type: none"> ITNs available in health facilities and distribution is free 	<p>Availability of ITNs in all PHUs.</p>	<p>ITN records are properly filled.</p>	
10	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 and outreach sessions 	<ul style="list-style-type: none"> Availability of community radio (Radio MODCAR) Presence of Town criers 	<ul style="list-style-type: none"> No IEC/BCC materials displayed on the walls 	

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 	Presence of World Vision Sierra Leone	<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 	Presence of World Vision Sierra Leone	<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 	Presence of World Vision Sierra Leone		
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 done 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, Data collection tools, training and supervision 	<ul style="list-style-type: none"> Presence of World Vision Sierra Leone 		



9	Availability and distribution of ITNs			<ul style="list-style-type: none"> No ITNs available for distribution in the district 	
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No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
10	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 paediatric ACTs • SP available in all clinics 	Availability of malaria case management and IPT training manuals	<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				
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 is 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 			
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 	<ul style="list-style-type: none"> • Availability of malaria case management and IPT training manuals 		

		use of RDIs for malaria diagnosis	
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

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
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, ICE/BCC materials, data collection tools, training and supervision 	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 IEC/BCC materials also displayed in some facilities 	<ul style="list-style-type: none"> Presence of FM radio stations in the district 		

Number Of Health Staff and Community Health Workers Supervised by District

1. Bonthe-12
2. Moyamba-14
3. Bo -14

RECOMMENDATIONS

Moyamba District

1. Provision of adequate ITNs to health facilities
2. Provision of adequate of ACTs (adolescents and adult)
3. Provision of IEC/BCC to PHUs
4. Intensified 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 (motor bikes/bicycles) to enhance outreach activities
7. Training on data collection and reporting

Bonthe 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 on data collection and reporting
5. Motivation of health workers to conduct outreach activities
6. Provision of IEC/BCC materials on the prevention and control of malaria
7. To repair solar refrigerators in Gbangbaia CHP, Mogbwemoh CHC and Gbangbama CHC,

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

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**).



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Prénoms:
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Titre / Fonction:
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27.11.1971
Date de naissance

Nationalité:
Sénégal



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	Muhamad A.S. Kromas	Griema CHP	Alpha
2	Musu Alpha	Gberija Town	Alpha
3	Potis Bangura	Njala CHC	Bangura
4	Margaret Leegah	Sumbui CHC	Leegah
5	Alice Korneh	Sumbui CHC	Korneh
6	Sia Dumbaw	Dumbala CHC	Dumbaw
7	Kadiatu Mansaray	Gbonghama MCHP	K. Mansaray
8	Hannah Jah	Peibar MCHP	Jah
9	Margaret B. Jumba	Makoba MCHP	Jumba
10	Theresa I. Maigual	Mattawonthe rail	Maigual
11	Susan Cornteh	Telu MCHP	Cornteh
12	Veronica Jabba	Gevihun	Jabba
13	Millicent Musa	Jamba CHC	Musa
14	Mildred Kankai	Kassama CHP	Kankai

Moyamba



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LIST OF HEALTH PERSONNEL SUPERVISED/CONTACTED

No.	Name	Health Facility	Signature
1	Sally C. Lavalley	Mosensie Junction	Sally
2	Mabel S. Sella	Moriba Town etc	Sella
3	Fatmata Barrow	Lungi MCHP	Barrow
4	Margaret Ansumana	Yoyema MCHP	Ansumana
5	Lucy Kamara	Kangahun	Kamara
6	Patrick Sam	Moyamba Junction	Sam
7	Marie Fodally		Fodally
8	Annie Ansumana	Tararua etc	Ansumana
9	ESTHER MBAMBA	MCHP I/KAPUIMA	MBamba
10	Patricia M. Bagoie	MCHP I/Kapuma	Bagoie
11	Thomas Kamara	Plantain Island	Kamara
12	John Coufah	Plantain Island	Coufah
13	Mary Koroma	Yorgbore	Koroma
14	John Tommy	Yorgbore	Tommy