



**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 KONO
AND TONKOLILI DISTRICTS**

27TH TO 31ST OCTOBER, 2009

SUMBITTED BY

John Seppah – M & E Officer

Solomon T. K. Johnson - ITN Focal Point

INTRODUCTION

Malaria is a major public health problem in Sierra Leone. It's endemic and transmitted throughout the year, thus exposing the whole populace to the risk of contracting the disease. In the frantic strides by the MoHS and partners to reduce the high malaria burden, support to malaria control activities in health has been in the form of free distribution of antimalarial consumables (ITNs, ACTs and SP) to the vulnerable target groups (children under five and pregnant women). IEC/BCC materials have also been distributed to districts.

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

OBJECTIVES OF THE SUPERVISION

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

METHODOLOGY

- Checklist administered to respondents
- Records review
- Focus Group Discussion
- Meeting

1. **A supervisory check list** was used as a guide and to collect information on trainings covering malaria case management, IPT, data collection, malaria microscopy & the use of RDTs, IMNCI, display of IEC/BCC materials, treatment and morbidity charts
2. **Record review:** Various clinic registers and records where the primary data on malaria morbidity, antimalarial drug utilization (ACTs & SP) are collected and recorded for onward reporting to the DHMTs at the end of every month were reviewed.
3. **Meeting:** PHU In-charges /DHMT meetings are held on a monthly basis. These meetings are used to provide feedback to PHU staff. One of these meetings was attended by the team in Kailahun district.

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

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

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

TEAM COMPOSITION:

S/N	NAME OF PERSONNEL	DEASIGNATION	DUTY STATION
1	John Seppah	Data Manager	NMCP
2	Solomon T. K. Johnson	ITN Focal Point	
3	Baba Kanu	Driver	
4	Sr. Betty Tucker	District Malaria Focal Point	Kono
5	David Yorpoi	District Malaria Focal Point	Tonkolili

FINDINGS

KONO DISTRICT

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases Drug utilisation forms, clinic registers and other data collection tools available in all the health facilities visited Availability of antimalarial drugs in the health facilities Provision of antimalarial commodities by UNICEF 	<ul style="list-style-type: none"> Presence of CBPs and CORPs in some communities. 	<ul style="list-style-type: none"> IMCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available 	<ul style="list-style-type: none"> CBPs requesting for payment of incentives.
2	Use of SP for IPT	<ul style="list-style-type: none"> SP available in health facilities visited 	<ul style="list-style-type: none"> Selected TBAs trained to administer SP for IPT_p 		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Dead line for reporting is 3rd of every month 	<ul style="list-style-type: none"> Monthly PHU In-Charges meetings 	<ul style="list-style-type: none"> Data collection and reporting inconsistent in all health facilities visited. Poor documentation in most health facilities visited. 	<ul style="list-style-type: none"> Newly posted Health staff has little knowledge in data collection and reporting.
4	Data analysis	<ul style="list-style-type: none"> Data analysed and displayed on walls in most PHUs visited 		<ul style="list-style-type: none"> Most PHUs do not analysis data 	
5	Feedback	<ul style="list-style-type: none"> DHMT provide feedback to PHUs staff during monthly meetings. PHU to Community during CBPs meeting and health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges/DHMT meetings at district level Monthly PHU In-Charges/Community meetings at community level 	<ul style="list-style-type: none"> Feedback is not provided to lower levels 	

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
6	Training	<ul style="list-style-type: none"> • Training on new treatment policy using ACTs and IPT including the use of RDTs conducted • ACTs Treatment guidelines and chart, case management, IPT, CBPs training manuals available in most health facilities visited 		<ul style="list-style-type: none"> • Training manuals not available 	<ul style="list-style-type: none"> • Low capacity of some staff in some health facilities visited
7	Supervision	<ul style="list-style-type: none"> • Monthly supervision done by DHMT • Quarterly supervision done by National staff to the district. • Supervision done by CHOs at chiefdom level. 	<ul style="list-style-type: none"> • Presence of CHOs in most CHCs • Availability of motor bikes in most PHUs 	<ul style="list-style-type: none"> • Irregular supervision by the DHMT. • Inadequate support from DHMT to enhance chiefdom supervision. 	
8	Support	<ul style="list-style-type: none"> • Support is provided by NMCP/MoHS and UNICEF to the district • Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. 	<ul style="list-style-type: none"> • Presence of IRC sub office in Kono 	<ul style="list-style-type: none"> • Inadequate supply of anti-malarial commodities to the PHUs. 	<ul style="list-style-type: none"> • LLINs distributed during 2006 Measles-malaria campaign may expire this year.
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> • Community awareness on the use of ITNs, SP for IPT_p and ACTs is promoted through health talks during static, outreach sessions and community meetings 	<ul style="list-style-type: none"> • Availability of public and community radio stations • Presence of Town criers 	<ul style="list-style-type: none"> • Irregular radio discussion programmes. • No IEC/BCC jingles aired on all FM radio stations 	

TONKOLILI DISTRICT:

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
1	Malaria cases management	<ul style="list-style-type: none"> Free treatment of malaria cases Drug utilisation forms, clinic registers and other data collection tools available in all the health facilities visited Availability of antimalarial drugs in the health facilities Provision of antimalarial commodities by UNICEF 	<ul style="list-style-type: none"> Presence of CBPs and CORPs in some communities. 	<ul style="list-style-type: none"> IMCI, Malaria treatment guidelines, IPT and malaria case management participants training manuals not available No RDTs available for confirmation of malaria cases Antimalarial commodities provided by UNICEF cannot adequately cover the entire district 	<ul style="list-style-type: none"> CBPs requesting for payment of incentives.
2	Use of SP for IPT	<ul style="list-style-type: none"> SP available in health facilities visited 	<ul style="list-style-type: none"> Selected TBAs trained to administer SP for IPT_p 		
3	Data collection and reporting	<ul style="list-style-type: none"> Data collection tools available Dead line for reporting is 3rd of every month 	<ul style="list-style-type: none"> Monthly PHU In-Charges meetings 	<ul style="list-style-type: none"> Data collection and reporting inconsistent in all health facilities visited. Poor documentation in most health facilities visited. 	<ul style="list-style-type: none"> Newly posted Health staff has little knowledge in data collection and reporting.
4	Data analysis	<ul style="list-style-type: none"> Data analysed and displayed on walls in most PHUs visited 		<ul style="list-style-type: none"> Most PHUs do not analysis data 	

No	ISSUES	STRENGTHS	OPPORTUNITIES	WEAKNESSES	THREATS
5	Feedback	<ul style="list-style-type: none"> DHMT provi feedback to PHUs staff during monthly meetings. PHU to Community during CBPs meeting and health talks 	<ul style="list-style-type: none"> Monthly PHU In-Charges/DHMT meetings at district level Monthly PHU In-Charges/Community meetings at community level 	<ul style="list-style-type: none"> Feedback is not provided to lower levels 	
6	Training	<ul style="list-style-type: none"> Training on the new treatment policy using ACTs and IPT including the use of RDTs conducted ACTs Treatment guidelines and chart, case management, IPT, CBPs training manuals available in most health facilities visited 		<ul style="list-style-type: none"> Training manuals not available 	<ul style="list-style-type: none"> Low capacity of some staff in some health facilities visited
7	Supervision	<ul style="list-style-type: none"> Monthly supervision done by DHMT Quarterly supervision done by National staff to the district. Supervision done by CHOs at chiefdom level. 	<ul style="list-style-type: none"> Presence of CHOs in most CHCs Availability of motor bikes in most PHUs 	<ul style="list-style-type: none"> Irregular supervision by the DHMT. Inadequate support from DHMT to enhance chiefdom supervision. 	
8	Support	<ul style="list-style-type: none"> Support is provided by NMCP/MoHS and UNICEF to the district Support is in the form of ACTs, ITNs, SP, RDTs, Data collection tools, trainings, etc. 	<ul style="list-style-type: none"> Presence of UNICEF sub office in Makeni 	<ul style="list-style-type: none"> Inadequate supply of anti-malarial commodities to the PHUs. 	<ul style="list-style-type: none"> LLINs distributed during 2006 Measles-malaria campaign may expire this year.
9	Social Mobilisation/ IEC/BCC	<ul style="list-style-type: none"> Community awareness on the use of ITNs, SP for IPT_p and ACTs is promoted through health talks during static, outreach sessions and community meetings 	<ul style="list-style-type: none"> Availability of public and community radio stations Presence of Town criers 	<ul style="list-style-type: none"> Irregular radio discussion programmes. No IEC/BCC jingles aired on all FM radio stations 	

ACTIONS TAKEN


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

1. On the job training of Health staff and Community Health Workers (CBPs)
2. Attended PHU In-charges meeting in Kailahun district.
3. Held debriefing meetings with Health staff and DHMT during and after supervisory visit to discuss findings and recommendations.

RECOMMENDATIONS

The following recommendations are made due to general findings and observations from the districts visited:

1. Provision of IEC/BCC to PHUs and communities
2. Intensified community sensitisation on HMM and the use of antimalarial consumables (ITNs, SP for IPT_p, ACTs)
3. Provision of mobility (motor bikes/bicycles) to enhance outreach activities
4. Training of health staff on data collection and reporting
5. Intensify monitoring and supervision of HMM activities at all levels
6. Provision of T-Shirts to CBPs for ease of identification


John Seppel
Nues



HEALTH AND SANITATION
TONKOLILI DISTRICT COUNCIL

REGISTRATION LIST

Description of activity: SUPPORTIVE SUPERVISION

Venue:

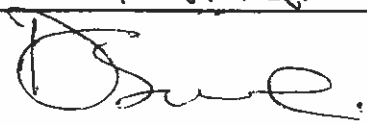



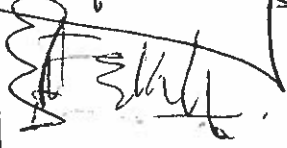
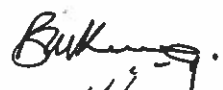



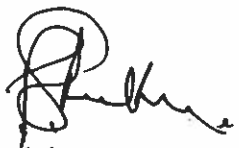


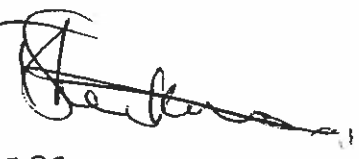


Date: TONKOLILI DISTRICT

No	Name	Address	Designation	Tel. No.	Sign.
1	John S. Sesay	Magburaka	L.T.B.C.A.	076819124	
2	Alpha H. Tallie	"	DHMT	076775583	
3	Marysia Kertli	Madamba	F.D.Cu PH	076947267	
4	Moussa Koyembay	Makeni	CHRE	076949269	
5	Abu Bakarr Shelly	Magburaka	DHMT	076562470	
6	Samuel O. Kamara	Magburaka	DHMT	076-923909	
7	Sumaila Tejan	"	PHO	076433664	
8	DR. SAMUEL KERTAL	"	DMO	076:730540	
9	Mohamed Sauleh	"	DHMT	076-740-227 077-599-319	
10	James M.S. Kalla	"	DHMT	076-686869	
11	Edwin L. Jbrro jr	Matsike CITO	C.I.T.O	076-924578	
12	Juana K. Nabie	Machana CITO	C.I.T.O	077418244	

13	ALBERT NGOMBA	Mama CHC	077360689	Alunga
14	Augustine Johny	makali'CHC	076-770052 077-570376	Johny
15	Beckarie Seay	DHMT	076-719262	Beckarie
16	Theresia Mocio	Training Co-ordinator	033-536138	Mocio
17	Marie F. Con Tak	Matron	076749598	Marie
18	Aiah Sam	SMD	077-458989	Aiah
19	Zai Ingakani	DHMT	076-280183	Zai
20	Mustapha Nassiri	CARE	076-894896	Nassiri
21	John P. Ngajia	DHMT	077-455073	Ngajia
22	James Alfred	DHMT	077-900262	James
23	Moses S. Keba	DHMT	077 432 919	Keba
24	Samuel T. Seay	Namanso	076900084	Seay
25	Emmanuel Benjamin	Misimela CHC	076 889377	Benjamin
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DHMT/PHA / PARTNERS MEETING - KONO

DHMT / PARTNERS REGISTRATION.

NO	NAME	ORGANISATION	SIGNATURES
1.	Dr. David Bame	Amo-Dhmt.	
2.	Sahr Anas Muba	DHMT.	
3.	S. C. Cade	DHMT.	
4.	Mohamed Bosa Koro	DHMT	
5.	Frederick Kulu-Gaye	Motts DHMT.	
6.	Bob. Martin Korone	Birds & Beaths. DHMT.	
7.	Marane Mamb	DHMT	
8.	Aah Biankoo	ETA DHMT.	
9.	Moses Korku	Environmenta	
10.	Philip Shaka	IRC	
11.	Milcent Ramu	WV& - Kono.	
12.	TRONA Turay	Storo	
13.	Tamba Shaka	Solar Technician	
14.	Kemba Momoh.	PHA.	
15.	Misquo Laheri	SLRCS - Kono	
16.	Sahr Ngougour	H/I. Kono.	