

Notes from the field

Improving the quality of test and treat services in Tanzania



A supervisor provides supportive feedback to facility staff after an OTSS assessment of performance.
Photo credit: Dr. Goodluck Tesha

Tanzania is intent on ensuring that all suspected malaria cases are tested using a malaria rapid diagnostic test (mRDT) or microscopy and that all malaria cases are treated appropriately. To make this happen, Tanzania's National Malaria Control Program asked MalariaCare to collaborate on a series of classroom training sessions, followed by rounds of outreach training and supportive supervision (OTSS) by trained supervisors.

Tanzania's first mRDT training sessions to ensure the accuracy and quality of mRDT were organized in May and June 2015. Once trainees returned to their facilities, OTSS teams began visiting them onsite. Each OTSS visit was conducted by a pair of trained supervisors—a clinician and a laboratory expert—who visited each health facility for a day. The OTSS visits sought to build on and reinforce the training and to confirm the quality of mRDT use. This involved more than 1,800 health care providers from public health facilities.

Mr. Anthony Mlangwa, a clinician from a remote part of Busega district, attended one of the training sessions. During the training, he explained that his normal practice was to do what he had been trained to do many years previously—to assess fever patients clinically and, in the vast majority of cases, to prescribe an antimalarial. Sometimes he received mRDTs and would test patients, but even if they tested negative, he typically would prescribe quinine injections. Mr. Mlangwa said that he followed this practice out of fear that if he did not give an antimalarial to a child with fever, the child might die. He also felt that because patients often traveled long distances to see him, they should receive medication to take home. Sometimes patients even demanded antimalarials. His rationale was that the drugs would not do any harm, and might help.

As a result of the training and OTSS provided by MalariaCare, Mr. Mlangwa now has a much clearer understanding of appropriate malaria case management, including the importance of diagnosis followed by appropriate treatment. He ensures that he has enough mRDTs to meet demand, and he uses them with all febrile patients. He only gives antimalarials to those who test positive. In his remarks to the visiting supervisor, Mr. Mlangwa was proud to declare that “MalariaCare helps me save people's lives. The training and supportive supervision increased my confidence treating malaria. And I will strive to teach others that no patient should be given antimalarials before testing, and no patient should be given antimalarials if the result is negative.”

Due to limited resources, not all clinical and laboratory staff have the opportunity to receive training, but even then, OTSS can make a difference.

Mr. Kulwa Bahati, an enrolled nurse at Iyenze Dispensary in Kahama Town Council of Shinyanga region, said “I am not among those who was invited for skills training, but my colleagues who attended the sessions gave me feedback and on-the-job training after they returned. That was very good, but I confess that I still had some doubts, wondering if I had understood them well, or that maybe they forgot something. So when the OTSS team came to my clinic and included me in their observations, assessments, and mRDT mentorship and feedback, I felt more empowered and confident in my knowledge and skills. The knowledge they shared helped me a lot. Now when I find myself alone at our facility, I am able to perform an mRDT on my own and manage patients according to their test results.

“I promise that when you come for the next OTSS visit, our facility will score 100 percent on all mRDT testing accuracy indicators!”

For more information or to request program or technical assistance:

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