

Notes from the field

Supporting national roll-out of malaria case management training in Malawi



Participants at case management training, Malawi. Photo credit: Luis Benavente

The Malawi Ministry of Health estimates that malaria accounts for more than one third of all outpatient visits in the country, with approximately five million suspected cases treated each year. Malaria remains the number one cause of hospital admissions among children younger than five, responsible for about 40 percent of all hospitalizations in this age group.

In 2012, Malawi's National Malaria Control Program (NMCP) modified how health workers should manage cases of malaria, including providing updated guidance on the use of injectable artesunate for the management of severe malaria. As Dubulao Moyo, Malaria Officer at the NMCP comments, "introducing injectable artesunate has saved so many lives, especially children with severe malaria." In response to this policy shift, the NMCP has been working to ensure that health providers at all levels of the health system are properly trained on the new guidelines and that they follow these standards in their daily work. Mercy Kulanga, Senior Nursing Officer, at the Mangochi District Health Office Maternity Unity shares, "I find injectable artesunate a very fast acting and convenient drug compared to quinine for the treatment of severe malaria. Using it will help us reduce hospitalization and death from severe malaria."

To assist the NMCP's efforts to rapidly train all health providers nationwide, MalariaCare supported training of 3,036 health providers in malaria case management, including management of severe malaria. The training took place across more than 300 health facilities in 14 districts, representing nearly half of the country. As one technical advisor for the project explains, "We are supporting the NMCP to ensure that nurses, clinical officers, medical officers, medical assistants, laboratory technicians, and pharmacy technicians are able to correctly diagnose patients with malaria, including severe malaria, and can provide appropriate treatment. Following the training, participant test scores increased by an average of 35 percent, from a mean of 41 percent at pre-test to 76 percent at post-test. The goal is to equip our providers with broad knowledge of malaria case management and to help them acquire the skills and tools they need to provide high-quality services to patients—this can mean the difference between life and death for a child with severe malaria."

In addition to increasing their knowledge, participants also performed well on key case management competencies following the training. On average, participants met the 80 percent target for all six case management competencies, except for calculating the correct dose of injectable artesunate (average post-test score of 53 percent, 19 percent meeting threshold) and identification of the correct drug to treat patients with artesunate-lumefantrine (AL) failure (average post-test score of 76 percent, 62 percent meeting threshold). See figure 1. Lower performance on calculating the correct dose of injectable artesunate may be because the injectable



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form is new in Malawi. Lower performance on identification of the correct drug to treat AL failure could be because the second line drug has been used primarily only in health facilities with microscopy capabilities.

Figure 1. Competency indicators: by average and proportion meeting threshold, Malawi, 2014-2015 (n=2,433).



Despite these gains, one training facilitator cautions, “Scores measured after training may not always predict good performance on the job.” To help the trainees maintain their new skills and develop further competence in the field following the training, MalariaCare will continue to support supervision and mentorship of those trained, as well as other quality assurance activities, to provide ongoing support to help providers implement what they have learned. As one clinical officer from the Ntcheu district explains, “This is the first time that I received training on malaria case management. I learned a lot and with support, this training will help me in my future work.” In addition, evaluation of this large-scale effort has generated valuable data relevant to future training efforts. Lessons learned are being used to improve training curricula and to provide refresher training for university instructors responsible for training Malawi’s healthcare workforce.

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