

Notes from the field

A quality assurance approach: improving malaria case management at Mocuba Rural Hospital in Mozambique



MalariaCare's Program Coordinator providing supportive supervision to health facility staff during round three of outreach training and supportive supervision in Zambezia, Sept. 2015. Photo credit: Arune Estavela.

The burden of malaria is substantial in Mozambique, accounting for 29 percent of all deaths and 42 percent of deaths in children under five.¹ MalariaCare supports the Mozambique National Malaria Control Program's efforts to improve the quality of malaria case management in provinces with the highest malaria burden: Nampula, Zambezia, Tete, and Cabo Delgado.² These four provinces are home to more than half (57 percent) of Mozambique's population.³

National malaria treatment guidelines call for all patients suspected of having malaria to be given a confirmatory diagnostic test prior to receiving treatment. While much progress has been made toward this goal, lack of resources to implement quality assurance (QA) measures—such as a continuous cycle of targeted training, onsite supervision, mentorship, development of follow-up action plans, and sharing of data for decision-making—has contributed to substandard diagnosis and treatment of malaria in many health facilities. This case study describes how Mocuba Rural Hospital, in Zambezia, benefited from this comprehensive QA approach.

To strengthen QA systems, MalariaCare trains selected clinical and laboratory supervisors from both provincial and district levels to provide supervision and mentorship to staff of health facilities like the Mocuba Rural Hospital. Dr. Yanina Munira, Clinical Director of the hospital, and members of her team were among recent training participants. She explains, “The MalariaCare-supported joint clinical and laboratory training of trainers strengthened our malaria case management diagnosis and treatment skills. Prior to the training, our clinicians were not fully aware of the links between their work as clinicians and the diagnostic activities of the lab. They had difficulty interpreting parasite density, for example. Now, most are able to order and request parasite density readings when monitoring severe malaria treatment.”

But as Arune Estavela, Program Coordinator and Technical Advisor for MalariaCare in Mozambique cautions, “A one-time training is not enough. Those working in busy health facilities, like Mocuba, require follow-up support to maintain quality malaria case management standards.”

¹ Mozambique Malaria Operational Plan 2015

² Mozambique Malaria Operational Plan 2015

³ City Population Index 2016. <http://www.citypopulation.de/Mocambique.html>.

MalariaCare uses onsite supervision and mentorship as keys to ensuring strong health facility performance on malaria case management indicators. For example, over a one-year period, facilities in Zambia that received a project-supported supervision visit demonstrated strong adherence to case management standards (defined as at least 90 percent adherence to malaria test results).

Mocuba Rural Hospital met performance standards for several key treatment adherence indicators. Estavella elaborates, “The strong performance of Mocuba Rural Hospital is due in part to the comprehensive quality assurance approach that MalariaCare supports in this facility. In addition to training and supervision visits, the project has facilitated the establishment of facility-led malaria committee meetings to regularly review data and address trouble spots. The purpose of this is to help the hospital go beyond individual supervision, and to provide a forum for both clinical and laboratory providers to come together on a regular basis to address challenges.”

Dr. Munira continues, “Establishing this multidisciplinary committee has been a huge part of achieving high quality standards at facility level. The meetings are attended by pharmacy, laboratory, clinical, and data management focal points. During the meetings, clinicians review the timing of treatment doses and treatment monitoring. For some this was the first time that they were made aware of the importance of diagnostic components like parasite density and how it is applied in treating patients with severe malaria. Now our clinicians are providing the correct treatment more often, and they’re better able to identify severe malaria cases and monitor treatment. The forum really helps enable the different parts of our health system to work together effectively.

I knew there were problems to address and the training was a good place to start. We showed that even a challenge like poor malaria case management can be overcome. It was a good experience not just for me, but for the clinicians who thought they knew everything and then realized it wasn’t true! We are instituting quality measures from training to supervision and mentorship to data sharing—this helps provide information needed to support our facilities as they seek the best standard possible.”

Ensuring that health facilities have the support, resources, and data needed to maintain high-quality services is critical to defeating malaria, and MalariaCare will continue to support health facilities like Mocuba in this fight.

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