

Notes from the field

Improving case management of severe malaria in Mozambique

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 Over the past three years, MalariaCare—with support from the President’s Malaria Initiative—has supported the Mozambique National Malaria Control Program’s efforts to improve the quality of malaria case management in four provinces with the highest malaria burden (Nampula, Zambezia, Tete, and Cabo Delgado). The provinces are home to 57 percent of Mozambique’s population.

MalariaCare began collecting data on the management of severe malaria in reference facilities with in-patient units. Data were collected during outreach training and supportive supervision (OTSS) visits conducted by trained diagnostic and clinical supervisors. A MalariaCare technical advisor notes, “At each facility, we review around 20 in-patient charts to assess how the facility performed in terms of adherence to national standards for quality management of severe malaria. We check for behaviors such as recording patients’ weight, dosing and timing of malaria treatment, the type of diagnostic test used and whether microscopy diagnostic test results included parasite density. This helps us assess how well the facility can manage severe malaria in line with national standards, and allows us to mentor the staff on any deficient areas.”

Looking more closely at our work in one province: MalariaCare has supported five rounds of OTSS visits in Zambezia and the onsite support has contributed to improved health facility performance. For example, at the first visit, patient weight (an important metric to ensure correct treatment) was correctly recorded in only about 38 percent of patient charts. By the fifth and final visit, correct recording of patient weight increased to 82 percent.

We found a similar increase over time in the quality of case management of severe malaria. According to Mozambique’s National Malaria Treatment Guidelines, the first-line treatment for severe malaria is intravenous artesunate. Despite this guidance, many patients were still receiving quinine because health providers are often not trained on administering artesunate.

During the first OTSS visit, an average of only 60 percent of patients with severe malaria were treated with artesunate. But by the last OTSS visit the average increased to 96 percent across seven facilities in the province (see figure next page).

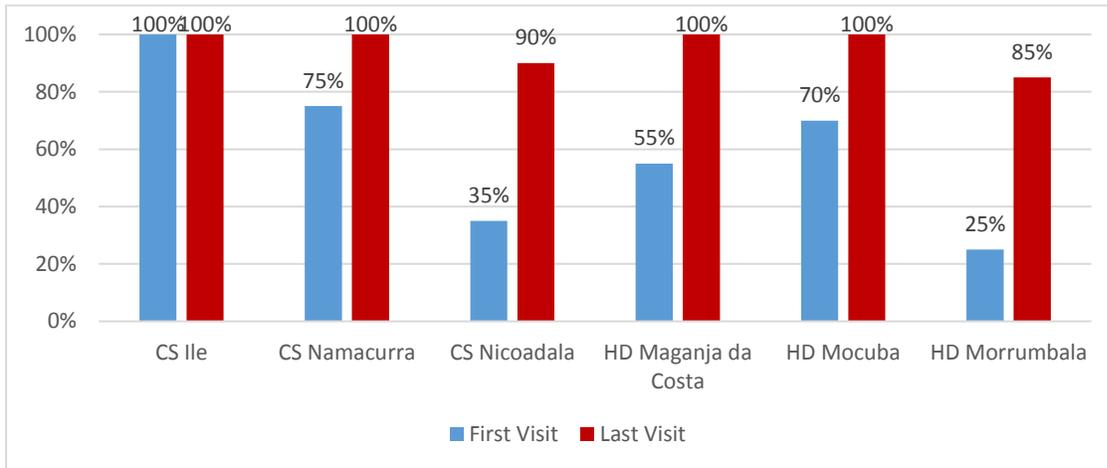


Supervisors meeting with health facility staff in Zambezia.
Photo: MalariaCare,

¹ Mozambique Malaria Operational Plan, 2015



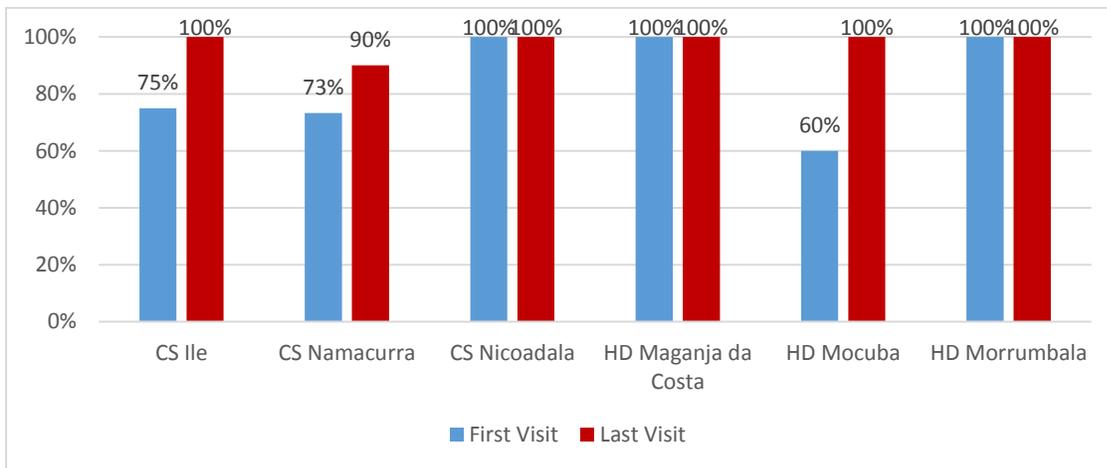
Percentage of patients receiving artesunate at first and last OTSS visits, Zambia



**HD: District Hospital, HP: Provincial Hospital, and CS: Health Center*

The figure below shows the percentage of patient charts that indicated the correct dose and timing of artesunate treatment at the first and last OTSS visits. On average, 85 percent of patients who were treated with artesunate received the correct dosage at the correct time during the first visit. By the last visit, 98 percent of patients who received artesunate received the correct dose at the correct time.

Percentage of patients who received artesunate based on weight assessment and at the correct treatment timing during the first and last OTSS visits, Zambia



As one provincial coordinator on the project enthuses, “We are seeing real change at the health facility level. The combination of training, onsite supervision, mentoring, and feedback has helped busy hospital staff identify gap areas and work with supervisors to address them. All of this helps us improve the quality of care for patients with severe malaria.”

For more information, or to request program or technical assistance:

Phone: 202.822.0033

Email: MalariaCare@path.org



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