

The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Checklist for assessing health facility readiness

*This checklist was developed by the MalariaCare project for use in project countries.
It can be adapted for use in specific national settings.*

Download all the MalariaCare tools from: www.malariacare.org/resources/toolkit.



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MalariaCare checklist for assessing health facility readiness

Introduction

Checklists are used during outreach training and supportive supervision (OTSS) visits by supervisors to guide them in their role as mentors. Checklists help supervisors focus on key steps in diagnosis, treatment, and overall management of patients with malaria. The checklists also serve as tools for collection of performance monitoring and facility readiness data to help stakeholders make decisions and effectively target resources.

The five MalariaCare checklists focus on:

- Assessing health facility readiness (including register review).
- Assessing clinical management of patients suspected of having malaria.
- Assessing management of severe malaria.
- Assessing malaria microscopy skills.
- Assessing rapid diagnostic test use.

All five checklists and more information about OTSS can be found in the Toolkit section of the MalariaCare website (www.malariacare.org/resources/toolkit).

MalariaCare checklist for assessing health facility readiness

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A. Health facility information

Name of Health Facility

Province/Region

District

Name of Head of Health Facility

Signature of Head of Health Facility

Phone Number of Head of Health Facility

Date of Visit (DD/MM/YYYY)

Supervisor's Name

Supervisor's Cadre

Clinical Lab Other

Supervisor's Signature

Supervisor's Phone Number

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B. Human resources: OPD staff

- **Note the number of full-time or part-time employees. Record "0" if staff is never present.**
- **At health-facility level, include all health care workers.**
- **At district-hospital level and above, include only workers in the OPD who are being assessed.**

	Total Employed
Medical Officer	<input type="text"/>
Clinical Officer	<input type="text"/>
Nurse	<input type="text"/>
Medical Assistant	<input type="text"/>
Medical Intern	<input type="text"/>
Students on attachment	<input type="text"/>
Other medical staff	<input type="text"/>
Total clinicians in health facility today	<input type="text"/>

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C. Training overview: OPD staff

Are there any OPD staff who have been formally trained in RDTs in the last two years?

Yes

No

Are there any OPD staff who have been formally trained in malaria case management in the last two years?

Yes

No

- **If “Yes” to either question above, complete Section D. If “No” to both, go to Section E.**

D. Training detail: OPD staff

- **Note the number of full-time or part-time employees who received training.**
- **At health-facility level, include all health care workers.**
- **At district-hospital level and above, include only workers in the OPD who are being assessed.**

Clinical staff trained in RDTs in the last two years

Total trained

Name of organization that conducted RDT training

Clinical staff formally trained in case management in the last two years

Name of organization that conducted case management training

E. Inpatient services and referral systems

Does this health facility have overnight/inpatient beds? Yes No

Does this health facility generally refer patients with severe malaria to a higher-level facility? Yes No

If “Yes,” what is the level of the health facility?

Health center District hospital Regional hospital Other

Do you have a phone number for the referral facility? Yes No

Do you normally give a verbal report or travel with a severely ill patient to the referral facility? Yes No

Do you give a written report to the referral facility? Yes No

Is there a readily available transport system (ambulance) for severely ill patients? Yes No

Do you usually get feedback about patients transported to a higher-level facility? Yes No

F. Waste management

How does this facility *finally* dispose of medical waste?

- Burning (incinerator or protected environment)
- Dump without burning (protected environment)
- Disposal in unprotected environment
- Other: _____

Does this facility have any guidelines on standard precautions for infection prevention?
(Only mark “Yes” if observed.)

Yes No

G. Malaria reference material

- Only tick “Yes” if you can verify that the following materials are physically available:

The most recent versions of Ministry of Health guidelines for case management (diagnosis and treatment) were present in the facility. Yes No

The most recent versions of algorithms for case management were present in the OPD. Yes No

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H. Malaria reporting

- **Gather the source documents for malaria reporting, including all registers, tally sheets, and monthly reporting forms.**

Have malaria monthly reports been available at this facility for the last three months?

Yes

No

Where are malaria monthly reports kept at this facility?

Are there outpatient registers available in this facility?

Yes

No

Where are outpatient registers kept at this facility?

Are there AL pharmacy registers available in this facility?

Yes

No

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I. Stockouts of antimalarials

Was there a stockout of any of the following for seven consecutive days in the last three months?

Artemether-Lumefantrine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Artesunate-Amodiaquine	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Artesunate (injectable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Artesunate (rectal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Artemether (injectable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Artemisinin (rectal)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Quinine (injectable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Quinine (oral)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

J. Stockouts of other essential drugs

Was there a stockout of any of the following for seven consecutive days in the last three months?

Clindamycin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Doxycycline	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Paracetamol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ibuprofen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Cotrimoxazole	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Amoxicillin	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ceftriaxone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5% Glucose Solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10% Glucose Solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
50% Glucose Solution	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Injectable Diazepam	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

K. Clinical equipment

- Tick the box that most accurately describes the items found in the clinic:

Respiratory timers	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Stethoscopes	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Otoscopes	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Ophthalmoscopes	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Thermometers	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Torches	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Adult weighing scales	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Child weighing scales	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present
Infant weighing scales	<input type="checkbox"/> Present & functional	<input type="checkbox"/> Present, nonfunctional	<input type="checkbox"/> Not present

L. Malaria diagnostics

Does this facility perform malaria microscopy? Yes No

Does this facility perform malaria RDTs? Yes No

M. Stockouts of malaria RDTs

Did this facility experience a stockout of malaria RDTs lasting seven or more consecutive days during the past three months? Yes No Unknown

N. Malaria reference material: RDTs

- Only tick “Yes” if you can verify that the following materials are physically available:

SOP: Use of RDTs in the OPD Yes No
Bench aid: Use of RDTs in the OPD Yes No

O. External quality assurance

Does this facility conduct RDT validation exercises? Yes No

If "Yes":

Date of last validation (MM/YYYY)

P. Use of malaria diagnostic tests and turnaround time for test results

Are there registers for recording RDT test results? Yes No

Is turnaround time for preparation and recording documented in the register?

Yes No RDTs not done

If "Yes", turnaround time for preparation and recording of the test result (in minutes):

Register review begins on the following page.

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Q. Pharmacy/clinical register

Are pharmacy or clinical registers available? Yes No

- If “No,” skip this section and proceed to Section R.
If “Yes,” use pharmacy/clinical records of ACTs dispensed to complete Section Q Steps 1 and 2.

Step 1: From the Pharmacy or Clinical Register, record the patient ID numbers of ten randomly selected patients who were prescribed ACTs.

Step 2: Locate the patient IDs from Step 1 in the Laboratory and/or Clinical Registers and record their test result in the appropriate column.

	Patient Identification Information				ACT Prescribed	Test Results				
	Date of Record	Patient ID/Name	Age (if available)	Gender (if available)		RDT		Microscopy		Not Found
						Pos	Neg	Pos	Neg	
1					Yes					
2					Yes					
3					Yes					
4					Yes					
5					Yes					
6					Yes					
7					Yes					
8					Yes					
9					Yes					
10					Yes					

R. Laboratory register

Are laboratory registers available at this facility? Yes No

- **If “Yes,” please use pharmacy or clinical records of ACTs dispensed to complete Section R Steps 1 and 2, using the forms in the next two pages.**
If “No,” skip this section and proceed to Section S. Supervisor Feedback and Action Plan.

Step 1: In the Laboratory Register, randomly select patient ID numbers as follows:

- Five patients who received a positive RDT test result.
- Five patients who received a negative RDT test result.
- Five patients who received a positive malaria microscopy result.
- Five patients who received a negative malaria microscopy result.

Step 2: Locate the patient IDs from Step 1 in the Laboratory Register and record whether they received ACTs in the “ACT Prescribed” column by ticking either “Y” or “N.” For health facilities without microscopy, tick the “N/A” box.

Use the forms in the next two pages.

Date of Record	Patient ID/Name	Age (If available)	Gender (If available)	ACT Prescribed	RDT		Microscopy		Not Found
					Pos	Neg	Pos	Neg	
RDT diagnosis									
1				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Yes				
2				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Yes				
3				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Yes				
4				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Yes				
5				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A	Yes				
6				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Yes			
7				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Yes			
8				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Yes			
9				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Yes			
10				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A		Yes			
Microscopy diagnosis									
11				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			Yes		
12				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			Yes		
13				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			Yes		
14				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			Yes		
15				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A			Yes		
16				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Yes	
17				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Yes	
18				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Yes	
19				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Yes	
20				<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				Yes	

S. Supervisor feedback and action plan

- If you found more than one gap during the last facility visit, or if you have identified more than one during the current visit, make a copy of this page for each gap.
- Leave a copy of the supervisor feedback and action plan at the health facility.

Date of facility visit: _____

Number of staff mentored on malaria case management: Male _____ Female _____

1. What were the biggest gap(s) identified during the *last* facility visit?

Briefly describe gap(s):

Briefly describe the action plan laid out in the previous visit:

Were these gaps addressed?

Not addressed

Partially addressed

Completely addressed

If addressed, explain action taken. If partially or not addressed, what is the new action plan to address the gap(s)?

2. What were the biggest gap(s) identified today?

Briefly describe gap(s):

Was immediate feedback provided? No Yes

If yes, how was the feedback provided?

Guideline review

Demonstration

SOP review

Lecture

Clinical mentoring

Other, specify: _____

What is the action plan for assessing whether these gap(s) have been addressed?

3. Supervisor comments



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