

The MalariaCare Toolkit

Tools for maintaining high-quality malaria case management services

Checklist for assessing malaria microscopy skills

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 malaria microscopy skills

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 to 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 malaria microscopy skills

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MalariaCare checklist for assessing malaria microscopy skills

A. Health facility information

Name of Health Facility	<input type="text"/>
Province/Region	<input type="text"/>
District	<input type="text"/>
Name of Head of Laboratory	<input type="text"/>
Signature of Head of Laboratory	<input type="text"/>
Phone Number of Head of Laboratory	<input type="text"/>
Date of Visit (DD/MM/YYYY)	<input type="text"/>
Supervisor's Name	<input type="text"/>
Supervisor's Signature:	<input type="text"/>
Supervisor's Phone Number:	<input type="text"/>

B. Human resources: Laboratory staff

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

Total employed

Laboratory Tech

Laboratory Assistant

Student/Intern

Other medical staff

Total staff in the laboratory today

C. Training overview: Laboratory

Are there any laboratory staff who have been formally trained in RDTs in the last two years? Yes No

Are there any laboratory staff who have been formally trained in microscopy in the last two years? Yes No

If "Yes" to either question above, fill in Section D. If "No", go to Section E.

D. Training detail: Laboratory

- **Note the number of full-time or part-time employees.**
- **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 above trained on RDTs in the last two years Total trained

Name of organization that conducted RDT training

Clinical staff above formally trained in malaria microscopy in the last two years

Name of organization that conducted microscopy training

E. Stockouts for malaria microscopy

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

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| Lancets/needles and syringes | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Methylated spirits | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Glycerol | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Giemsa stain and/or field stain | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Buffer solution/tabs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Microscope slides | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Immersion oil | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| pH paper/meter | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Has this lab experienced a power outage during the last three months that limited the ability to perform malaria microscopy? Yes No

F. Microscopes, spare parts, and maintenance

Is there at least one functional microscope at the health facility? Yes No

If “Yes,” number of functional microscopes at the facility

Number of nonfunctional microscopes at the health facility

Are there standard microscope repair kits? Yes No

If “Yes,” how many?

Are there spare bulbs in stock? Yes No

Are there fuses in stock? Yes No

Does the laboratory staff conduct routine cleaning/maintenance of the microscope(s)? Yes No

Are maintenance engineers or contractors available to complete microscope repair, OR is someone in the facility trained in microscope repair? Yes No

G. Minor laboratory equipment

- Tick the box that best describes items found in the laboratory.

	Present & functional	Present, nonfunctional	Not present
Lab Coats/Aprons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hemoglobin Meter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glucometer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Urine Strips	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staining Racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staining Vessels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glass Staining Dishes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slide Drying Racks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Serological Pipets and Pipet Bulbs or Automated Pippetor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tally Counters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slide Storage Boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduated Cylinder (50 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduated Cylinder (250 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Graduated Cylinder (500 mL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Weighing Scale	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Funnel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Blood Tube Roller/Mixer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

H. Internal quality assurance

Does this facility have a microscopy IQA program?

(A facility must provide at least two negative slides and two weak positive slides for rechecking to be considered to have an IQA program.)

Yes No

Are positive control slides available for testing new batches of stain?

Yes No

Are standards used to calibrate the pH meter?

Yes No

Are stained slides cross-checked by another laboratory staff member?

Yes No

Are results from IQA exercises recorded in a dedicated IQA register?

Yes No

Are slides stored for rereading?

Yes No

Are slides stored in slide boxes?

Yes No

Is malaria species identification routinely performed?

Yes No

Is parasite counting performed?

Yes No

If “Yes”, which method of counting is performed?

Plus System Parasites/ μ L % RBC infected with malaria parasites

I. External quality assurance

Does the laboratory participate in a malaria EQA scheme outside of OTSS?

Yes No

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

Are laboratory registers to record malaria microscopy results available in this facility?

Yes No

Is turnaround time for slide preparation and reading documented in the register?

Yes No

If “Yes”, what is the average turnaround time for the last week?

	minutes
--	---------

K. Laboratory malaria reference material

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

Most recent version of MOH guidelines for microscopy Yes No

SOP: Microscopy Yes No

Bench aid: Microscopy Yes No

SOP: Use of RDTs in the lab Yes No

Bench aid: Use of RDTs in the lab Yes No

L. Malaria microscopy EQA/IQA (slide rechecking)

- Randomly select ten slides to recheck.
The supervisor should recheck the slides first and record findings below; then the laboratory staff person being assessed should recheck the slides.

Slide #	Supervisor			Lab Staff		
		Parasites/ μ L	Species		Parasites/ μ L	Species
1	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
2	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
3	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
4	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
5	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
6	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
7	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
8	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
9	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		
10	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result			<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No Test Result		

M. Instructions for using the checklists

Laboratory supervisors should use the checklists in the following pages to observe three laboratory staff preparing, staining, and reading malaria slides.

- **Wherever possible, observe a different laboratory staff person for each observation.** If the facility has fewer than three laboratory staff, supervisors may observe one of the staff more than once.
- **Wait until after the observation is complete to provide mentoring.** If you are observing a laboratory staff person more than once, wait until after all observations have been done to provide mentoring. This will ensure that the staff's behavior during the second observation is not influenced by your inputs.
- You should only intervene during the observation if whatever the laboratory staff person is doing puts the patient in critical danger and/or serious harm.
- If the patient receives incorrect treatment or referral, but is not in critical danger, wait until the end of the observation. Ask the patient to wait for a few moments outside. Then, in a collegial way, address the incorrect practices with the laboratory staff person. Work with the staff to find the patient and ensure that he or she receives correct treatment/referral prior to departure from the clinic.
- If you are unable to conduct any of the three observations please record the reason why you are unable to conduct the observation.

N. Preparing thick and thin blood films

Type of provider	Observation 1	Observation 2	Observation 3
1. Lab Tech 2. Lab Assistant 3. Other (specify)	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Has this worker received OTSS mentorship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," how many times? (Leave blank if not mentored)			
Patient/slide preparation	Observation 1	Observation 2	Observation 3
Patient identified and ID information recorded in register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
Slide cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide labeled with date and patient's name and/or number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen collection: Finger prick	Observation 1	Observation 2	Observation 3
Was collection via finger prick?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," proceed with this section. If "No," skip to next section "Specimen Collection: Venipuncture."			
Finger cleaned with alcohol and allowed to dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finger pricked, first drop of blood wiped off, and next drop placed on slide without touching finger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen collection: Venipuncture	Observation 1	Observation 2	Observation 3
Was collection via venipuncture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," proceed with this section. If "No," skip to next section "Spreading Thick Films."			
Labeled EDTA collection tube with date and patient's name and/or number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Puncture site cleaned with alcohol and allowed to dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterile needle and syringe or vacutainer assembled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Venous blood sample successfully collected and gently mixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Spreading thick films	Observation 1	Observation 2	Observation 3
Blood from only one patient applied to each slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood sample spread into 1- to 2-cm diameter circle; can read print placed under the slide? (Supervisor should verify to answer this question)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide air-dried before staining?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Spreading thin films (If this lab does not do thin films, mark "N/A" in this section)	Observation 1	Observation 2	Observation 3
Blood from only one patient applied to each slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Thin film spread out in feathered pattern (thins out toward end, dispersed and dome-shaped in appearance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide air-dried before staining?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Feedback	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to lab staff on issues identified during observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason if unable to conduct/complete microscopy preparation observation	Observation 1	Observation 2	Observation 3
If "No," why not? Write the reason number in the box for each observation 1. Lack supplies/equipment 2. Lack of power 3. No malaria microscopy tests ordered 4. No lab staff who conduct malaria microscopy 5. Stopped due to potential patient harm 6. Not enough time during facility visit 7. Other (specify)	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Other:</p>	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Other:</p>	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Other:</p>

O. Staining thick and thin blood films

Type of provider	Observation 1	Observation 2	Observation 3
		<input type="checkbox"/> Same worker from Obs 1 <input type="checkbox"/> A new worker	<input type="checkbox"/> Same worker from Obs 1 <input type="checkbox"/> Same worker from Obs 2 <input type="checkbox"/> A new worker
1. Lab Tech 2. Lab Assistant 3. Other (specify)	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Has this worker received OTSS mentorship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes", how many times? (Leave blank if not mentored)			
Stain technique	Observation 1	Observation 2	Observation 3
Did laboratory staff use a Giemsa stain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did laboratory staff use a field stain?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> • If Giemsa stain, proceed to next section titled "Steps for staining thick and thin blood films (Giemsa stain)." • If field stain, skip to section titled "Steps for staining thick and thin blood films (field stain)" below. 			
Steps for staining thick and thin blood films (Giemsa stain)			
Preparation of Giemsa staining solutions	Observation 1	Observation 2	Observation 3
Is a standard 10% Giemsa solution used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the preparation of fresh Giemsa staining solution done properly or prepared the day of observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: Were you able to check pH with pH paper or a pH meter?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", was pH of the staining solution between 7.2 and 7.4?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Stain filtered prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staining thick films	Observation 1	Observation 2	Observation 3
Slide immersed in 10% Giemsa stain for 10–15 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide rinsed carefully with water (caution with thick smears since not fixed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Staining thin films (If not done in this laboratory, mark "N/A" in this section)	Observation 1	Observation 2	Observation 3
Slide fixed with absolute methanol (2–3 seconds) and allowed to air dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide immersed in 10% Giemsa stain for 10–15 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide rinsed carefully with water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Steps for staining thick and thin blood films (field stain)			
Preparation of field stain solutions	Observation 1	Observation 2	Observation 3
Preparation of fresh Field stain A (methylene blue) done properly or prepared on day of observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Preparation of fresh Field stain B (eosin) done properly or prepared on day of observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stain filtered prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staining thick films	Observation 1	Observation 2	Observation 3
Slide immersed in Field stain A for 3 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide rinsed carefully with water (caution with thick smears since not fixed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide immersed in Field stain B for 5 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide rinsed carefully with water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Staining thin films (If not done in this laboratory, mark "N/A" in this section)	Observation 1	Observation 2	Observation 3
Slide fixed with absolute methanol (2–3 seconds) and allowed to air-dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide immersed in Field stain A for 3 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide rinsed carefully with water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide immersed in Field stain B for 5 seconds?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide rinsed carefully with water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Drying	Observation 1	Observation 2	Observation 3
Slide drained and air-dried (avoid applying external heat)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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Waste management	Observation 1	Observation 2	Observation 3
Sharps waste segregated and safely disposed in a safety box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infectious waste disposed of in appropriate waste containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquid waste appropriately washed off/disinfected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to lab staff on issues identified during observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, why not? Write the reason number in the box for each observation: 1. Lack of supplies/equipment 2. Lack of power 3. No malaria microscopy tests ordered 4. No lab staff who conduct malaria microscopy 5. Stopped due to potential patient harm 6. Not enough time during facility visit 7. Other (explain)	<div style="text-align: center;"> <input style="width: 50px; height: 50px; border: 1px solid black;" type="text"/> Other: </div>	<div style="text-align: center;"> <input style="width: 50px; height: 50px; border: 1px solid black;" type="text"/> Other: </div>	<div style="text-align: center;"> <input style="width: 50px; height: 50px; border: 1px solid black;" type="text"/> Other: </div>

P. Reading thick and thin blood films

Type of provider	Observation 1	Observation 2	Observation 3
		<input type="checkbox"/> Same worker from Obs 1 <input type="checkbox"/> A new worker	<input type="checkbox"/> Same worker from Obs 1 <input type="checkbox"/> Same worker from Obs 2 <input type="checkbox"/> A new worker
1. Lab Tech 2. Lab Assistant 3. Other (specify)	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:	<input type="checkbox"/> Other:
Has this worker received OTSS mentorship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes", how many times? (Leave blank if not mentored)			
What type of slide was prepared?	<input type="checkbox"/> Thick smear <input type="checkbox"/> Thin smear <input type="checkbox"/> Both	<input type="checkbox"/> Thick smear <input type="checkbox"/> Thin smear <input type="checkbox"/> Both	<input type="checkbox"/> Thick smear <input type="checkbox"/> Thin smear <input type="checkbox"/> Both
Reading slides	Observation 1	Observation 2	Observation 3
Thick smear: Reported slide as positive or negative for parasites?	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result
Supervisor: Do you agree with this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thick or thin smear: Was quantification performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," how was quantification supported? 1. Plus System 2. Parasites/µL 3. % of RBC infected with malaria parasites	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Report quantification	_____	_____	_____
Supervisor: Do you agree with this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Thin smear: Was speciation performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (thick smear only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (thick smear only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (thick smear only)
Species of parasites found: 1. <i>Plasmodium falciparum</i> 2. <i>P. malariae</i> 3. <i>P. ovale</i> 4. <i>P. vivax</i> 5. Mixed	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

MalariaCare checklist for assessing malaria microscopy skills

Supervisor: Do you agree with this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the quality of stain adequate? (Adequate=did NOT require filtering due to heavy precipitate and was NOT too pink or too blue due to inappropriate pH)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slides recycled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to lab staff on issues identified during observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If no, why not? Write the reason number in the box for each observation:</p> <ol style="list-style-type: none"> 1. Lack of supplies/equipment 2. Lack of power 3. No malaria microscopy tests ordered 4. No lab staff who conduct malaria microscopy 5. Stopped due to potential patient harm 6. Not enough time during facility visit 7. Other (explain) 	<input style="width: 50px; height: 50px;" type="text"/> Other:	<input style="width: 50px; height: 50px;" type="text"/> Other:	<input style="width: 50px; height: 50px;" type="text"/> Other:

Q. Additional comments on the observations

Observation 1
Observation 2
Observation 3

R. 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: 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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