

# The MalariaCare Toolkit

## Tools for maintaining high-quality malaria case management services

### Checklist for assessing rapid diagnostic test use

*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](http://www.malariacare.org/resources/toolkit).



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U.S. President's Malaria Initiative

# MalariaCare checklist for assessing RDT use

## 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](http://www.malariacare.org/resources/toolkit)).

## MalariaCare checklist for assessing RDT use

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MalariaCare checklist for assessing RDT use

**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 Signature

Supervisor's Phone Number

## **B. Instructions for using the checklist**

**Supervisors should use the following checklist to observe health care workers preparing and reading RDTs during OTSS visits.**

- **Wherever possible, observe a different health care worker for each observation.** If the facility has fewer than three health care workers who administer RDTs, supervisors may observe one of the health care workers more than once.
- **Wait until after the observation is complete to provide mentoring.** If you are observing a health care worker more than once, wait until after all observations have been done to provide mentoring. This will ensure that the health care worker's behavior during the second observation is not influenced by your inputs.
- You should only intervene during the observation if whatever the health care worker is doing puts the patient in critical danger and/or serious harm.
- If the health care worker makes an incorrect diagnosis, but the patient 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 health care worker. Work with the health care worker to find the patient and ensure that he or she receives correct diagnosis 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.

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**C. Preparing and reading RDTs**

Type of provider		Observation 1	Observation 2	Observation 3
1. Medical Officer 2. Medical Assistant 3. Clinical Officer 4. Medical Intern	5. Nurse 6. Lab Tech 7. Lab Assistant 8. Other (specify)	<input type="checkbox"/>  Other:	<input type="checkbox"/>  Other:	<input type="checkbox"/>  Other:
Has the health worker been formally trained to use RDTs?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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)				
<b>RDT preparation</b>				
Expiry date checked?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cassette is labeled with patient's name/ID 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
<b>Patient preparation</b>				
Patient is identified and identification 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"/> Not Available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Available
Puncture site cleaned with alcohol and allowed to air-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
<b>Blood collection and application to RDT</b>				
An adequate volume of blood collected?		<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 is dispensed in correct well of RDT device?		<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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RDT procedure	Observation 1	Observation 2	Observation 3
Buffer applied to correct well of RDT device?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appropriate amount of buffer dispensed into well?	<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 test result positive or negative?	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/No test	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/No test	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/No test
<b>If "Negative",</b> did worker wait for correct incubation time according to manufacturer's instruction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Control line visible?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reads test result correctly? (Supervisor verifies results)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Records results correctly 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
<b>RDT waste disposal</b>			
Used tests, transfer devices, and other blood-contaminated material disposed of appropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Used lancet disposed of in sharps container?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Feedback</b>			
Supervisor: Did you provide feedback to 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
<b>If "No," why not?</b> <b>Write the reason number in the box for each observation.</b>  1. No RDT test ordered 2. No HCWs who use RDTs 3. No RDTs available 4. Stopped due to potential patient harm 5. Not enough time during facility visit 6. Other (explain)	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> Other:	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> Other:	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> Other:

**D. Additional comments on the observations**

**Observation 1:**

**Observation 2:**

**Observation 3:**

**E. 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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