

# The MalariaCare Toolkit

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

### Standard operating procedures: Health facility malaria committees

Download all the MalariaCare Tools from: [www.malariacare.org/resources/toolkit](http://www.malariacare.org/resources/toolkit)



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## Overview

A malaria committee is a multi-disciplinary facility-level committee that meets on a regular basis to address issues in facility adherence to national guidelines for malaria case management. The meetings are typically held monthly and include representation from across facility departments. Meeting agendas are developed by facility staff under the leadership of the facility manager or clinical advisor. The table on the following page provides an overview of a malaria committee.

The aim is to facilitate ongoing discussion regarding gaps in clinical and laboratory practice, and broader malaria case management issues at the facility level. The committees provide an opportunity to assess facility compliance with national malaria case management guidelines, recognize staff achievements, and motivate staff. Time is also allocated to review performance data (including outreach training and supportive supervision data), patient charts, and other case management qualitative information with facility decision-makers.

## Specific objectives

- Identify quality of care issues at every level and map out possible solutions.
- Review malaria case fatality rates and causes of mortality among severe malaria cases, and discuss solutions to potential contributing factors (e.g., late referral of patients from lower-level facilities, triage issues, diagnostic delays, treatment options chosen, diagnosis and management of complications, patient monitoring, availability of drugs, etc.).
- Verify adherence to national malaria guidelines by providers in the facility and review the applicability of protocols.
- Assess the quality of malaria case management by reviewing monthly records.
- Evaluate the availability of commodities (diagnostic supplies and malaria drugs) and propose solutions to address bottlenecks.
- Assess factors affecting patient flow in the referral and counter-referral systems linked to the facility and address gaps.

**Table 1. Description of facility malaria committee.**

Composition	Includes the facility head or clinical director/advisor (chair), malaria focal point of the health facility, responsible persons/in-charge of outpatient unit, clinical wards, pharmacy, laboratory, data managers, emergency unit, and other clinicians, and pharmacy and laboratory technicians as needed.
Average number of participants	Ten members.
Purpose	To improve the quality of malaria case management by increasing adherence to national case management guidelines and building sustainability in the quality assurance approach at the facility level.
Meeting frequency	Monthly.
Meeting duration	Two hours.
Typical agenda	<ul style="list-style-type: none"> <li>• Review of previously identified solutions and level of implementation.</li> <li>• Presentation and discussion of the current status of case management in the facility from data.</li> <li>• Review of registers to identify key case management issues.</li> <li>• Brainstorming on possible solutions to issues.</li> <li>• Prioritization of solutions and assignment of principal responsibilities.</li> </ul>
Meeting preparation	Analysis of facility performance data highlighting areas of weakness to be discussed by the committee (clinical director/advisor and data management unit); logistics by facility management; brief reports on implementation of previously identified solutions by responsible facility departments.
Main results	<ul style="list-style-type: none"> <li>• Key issues affecting the quality of case management identified and reviewed.</li> <li>• Feasible solutions identified and prioritized (linking solutions to key indicators).</li> <li>• Persons or departments to implement solutions clearly identified.</li> </ul>
Key opportunities	Provides a forum, with representation across facility departments, to review case management data and discuss malaria case management trends (new malaria cases, severe malaria deaths, provider adherence to diagnostic results, case management practices and adherence to guidelines, and any data management issues) and collaboratively address issues related to case management.

## Potential items for review during monthly meetings

- Number of new malaria cases:
  - Total number of cases identified with rapid diagnostic tests.
  - Total number of cases identified through microscopy.
  - Total number of severe malaria cases admitted.
  - Total number of clinically diagnosed and treated malaria cases, if any.
- Malaria case fatality rates.
- Review of patient chart/diagnostic method:
  - Time lapse between admission and when the patient started drug administration.
  - Vital signs taken before admission (age, weight, temperature, blood pressure, pulse, respiration, etc.).
  - Therapeutic/treatment regimen implemented.
  - Dosage calculation (timing/frequency).
  - Evaluation and management of complications.
  - Patient monitoring (parameters and frequency).
  - Monitoring of parasite density (baseline and control measurement).
  - Transition to oral medication and discharge protocols.
- Number of drugs versus malaria cases:
  - Total artemisinin-based combination therapies dispensed.
  - Total artesunate and quinine dispensed to the wards.
  - Stock-out of drugs.

## Anticipated key outcomes of a functional facility malaria committee

- Strengthened use of national guidelines at the facility level.
- Enhanced facility routines on patient flow, assessment, and management.
- Identification and tackling of poor performance points of care and gaps (from emergency unit to admission).
- Reduced discrepancy between number of cases diagnosed and drugs dispensed.
- Strengthened facility drug management systems.
- Strengthened commitment of facility management to support high-quality interventions at the facility.





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