

Republic of Malawi Ministry of Health National Malaria Control Program Supervision Report for the Monitoring of ACT and IT

August 2008



The supervision activity and this report are made possible by the generous support of the American people through the U.S. Agency for International Development (USAID), under the terms of Cooperative Agreement #GHN-A-00-07-00002-00. The contents are the responsibility of Management Sciences for Health and do not necessarily reflect the views of USAID or the United States Government.

About SPS

The Strengthening Pharmaceutical Systems (SPS) Program strives to build capacity within developing countries to effectively manage all aspects of pharmaceutical systems and services. SPS focuses on improving governance in the pharmaceutical sector, strengthening pharmaceutical management systems and financing mechanisms, containing antimicrobial resistance, and enhancing access to and appropriate use of medicines.

Recommended Citation

This report may be reproduced if credit is given to SPS. Please use the following citation.

2008. Republic of Malawi Ministry of Health National Malaria Control Program Supervision Report for Monitoring ACT and Malaria Control Activities.

Strengthening Pharmaceutical Systems
Center for Pharmaceutical Management
Management Sciences for Health
4301 North Fairfax Drive, Suite 400
Arlington, VA 22203 USA
Telephone: 703.524.6575
Fax: 703.524.7898
E-mail: sps@msh.org
Web: www.msh.org/s

CONTENTS

Acronyms.....	iv
Executive Summary.....	v
Introduction and Methodology.....	1
Key Findings.....	3
Training and Communications.....	3
Malaria Cases from March 2008 to July 2008.....	4
Case Management.....	6
Drug Management.....	7
Insecticide-Treated Nets.....	12
Discussions and Recommendations.....	13
Annex 1. Facilities Visited from 18 August to 3 September, 2008.....	17
Annex 2. Facilities Summaries.....	18

ACRONYMS

ACCESS	Access to Clinical and Community Maternal, Neonatal and Women's Health Services
ACT	artemisinin-based combination therapy
ADR	adverse drug reactions
CHAM	Christian Health Association of Malawi
CMS	Central Medical Stores
DH	District Hospital
DHO	District Health Officer
HC	Health Center
HTSS	Health Technical Support Services
IEC	Information Education and Communication
IPTp	intermittent preventive treatment in pregnancy
ITN	insecticide-treated nets
KCN	Kamuzu College of Nursing
LA	lumefantrine-artemether
MA	medical assistant
MCHS	Malawi College of Health Sciences
MG	Malawi Government
MoH	Ministry of Health
MSH	Management Sciences for Health
NMCP	National Malaria Control Program
RHU	Reproductive Health Unit
RMS	Regional Medical Stores
RMS-C	Regional Medical Stores-Central
RMS-N	Regional Medical Stores-North
RMS-S	Regional Medical Stores-South
SP	sulfadoxine-pyrimethamine
SPS	Strengthening Pharmaceutical Systems
USAID	U. S. Agency for International Development

EXECUTIVE SUMMARY

A second supportive supervision for the implementation of artemisinin-based combination therapy (ACT) in Malawi was carried out between August 18 and September 3, 2008. Fifty government and Christian Health Association of Malawi (CHAM) health facilities were visited in five zones. Supervisory teams comprised the staff from the National Malaria Health Program (NMCP), the Ministry of Health (MoH)/Health Technical Support Services, Regional Medical Store-South (RMS-S), Management Sciences for Health (MSH)/Strengthening Pharmaceutical Systems (SPS), and the districts. The activity was co-funded with ACCESS which focused on the supervision on intermittent preventive treatment in pregnancy (IPTp). During the supervisory visits, information on malaria case management, drug management, and information on insecticide-treated nets (ITNs) was collected. In addition, supervisory teams mentored the staff on key weaknesses during the visits and provided other support after the supervision if necessary.

There were some improvements observed compare to the supervision in March 2008 as follows—

- Increased prescribing of correct doses
- Increased key messages given to the patients by dispensers
- Increased patients' awareness on the use of lumefantrine-artemether (LA)
- Reduced LA stock-outs on the day of visit
- Increased updated stock cards for LA
- Increased timely reporting for LA
- Increased LA supply based on the monthly reports

However, the following challenges were also observed in the facilities—

- Increasing numbers of health workers not trained in managing new malaria treatment policy
- Poor handover during staff changes and poor transferring of skills in the health facilities
- Dispensers were not trained in dispensing and record keeping
- Poor reporting rates in CHAM facilities

- Poor recording in the dispensing registers in busy facilities and low submitting rate
- Misunderstanding or confusion in some facilities on how to make the necessary adjustment when substitution of LA packages is made
- Poor record keeping on other essential drugs and medical supplies used in the management of malaria
- Poor archiving of drug management documents in health centers
- Declined performance in ITN record keeping

The following approaches are proposed to address the challenges—

- Providing in-service training for untrained health workers and dispensers
- Providing pre-service and refresher trainings in reporting, adjustment for substitutions, record keeping for essential health commodities, and archiving
- Providing job aids to health facilities
- Strengthening handover and skill transferring systems and supervision by District Health Management Teams
- Strengthening ITN management by refresher trainings and providing ITN guidelines

INTRODUCTION AND METHODOLOGY

A second supportive supervision for the implementation of artemisinin-based combination therapy (ACT) in Malawi was carried out between August 18 and September 3, 2008. ACT was introduced in Malawi in December 2007 in all government and Christian Health Association of Malawi (CHAM) health facilities. The first supportive supervision was conducted in March 2008. The second supervision was scheduled for June. However, it was postponed to August due to the commitment of NMCP in the mass distribution of insecticide-treated nets (ITNs).

As suggested by National Malaria Control Program (NMCP), the ACT supervision activity in August 2008 was combined with intermittent preventive treatment (IPTp) for pregnant women, which is conducted by Access to Clinical and Community Maternal, Neonatal, and Women's Health Services (ACCESS) program. There were 5 supervisory teams and each team comprised 3 central members, 2 for ACT and 1 for IPTp, and 3 district members. The central members are from NMCP, Ministry of Health (MoH) Health Technical Support Services (HTSS), Regional Medical Stores-South (RMS-S), Management Sciences for Health (MSH) Strengthening Pharmaceutical Systems (SPS) program, ACCESS, and IPT trainers from the Reproductive Health Unit (RHU), Kamuzu College of Nursing (KCN), and Malawi College of Health Sciences (MCHS).

When the central members arrived at the district, one district malaria coordinator, pharmacy technician, and the Safe Motherhood coordinator joined the team. The central member for IPT stayed at District Hospital for supervision. Two facilities were visited in each district in one day. While at the facility, the ACT team divided into two groups—one for case management and the other for drug management. The Safe Motherhood coordinator visited mainly prenatal clinics. Data on case management was collected from health management information system (HMIS) and dispensing registers. Clinic and dispensary observation, and patient interviews were conducted when malaria patients were identified at the time of visit. Data on medicine management was collected from stock cards, delivery notes, dispensing registers, and observations of drug management. Health workers interview on reporting and documentation was also conducted. Feedback was given to the in-charge of the facility and the District Health Officer (DHO) or representative at the end of the visit. Where time was limited, the district malaria coordinators, pharmacy technicians, and Safe Motherhood coordinators were responsible for briefing the DHOs since the visits were usually completed late in the day.

Fifty health facilities were visited in 27 districts between 18 August and 3 September 2008. The facilities visited included 6 government district hospitals, 4 rural hospitals, and 19 health centers, and 12 CHAM hospitals and 9 CHAM health centers.

The facilities visited are listed in Annex 1. The individual facility summaries are presented in Annex 2. The report for IPT will be compiled by ACCESS.

KEY FINDINGS

Training and Communications

In all the facilities visited, 76 percent (662/871) of the health workers were trained in ACT. This is slightly lower than the data in March (84 percent). It was observed that some facilities received new graduates, mainly medical assistants, who have not received ATC training.

Malaria treatment guidelines are useful tool for the health workers who were not trained in ACT. It was observed that 23 percent (11/47) of the facilities that received treatment guidelines had misplaced or lost them. Poor orientation or handover were also observed in most of the facilities which affect case management and drug management.

Patient posters and leaflets were not available in almost half of the facilities. Only 20 percent of the patients/caretakers interviewed saw the posters. Most of them (88 percent) understood the message on the posters. Table 1 shows the availability of information, education, and communication (IEC) materials.

Table 1. Information, Education, and Communication Materials

IEC Materials	Received	Visible
Treatment guidelines	94% (47/50)	77% (36/47)
Patient poster	58% (29/50)	97% (28/29)
Patient leaflets	41% (20/49)	40% (8/20)

Figure 1 compares the availability and use of LA posters in March and August. It highlights the low utilization rate of the posters by patients and care takers. The reasons of not seeing the posters include unavailability of posters, not interested in reading posters, and illiteracy.

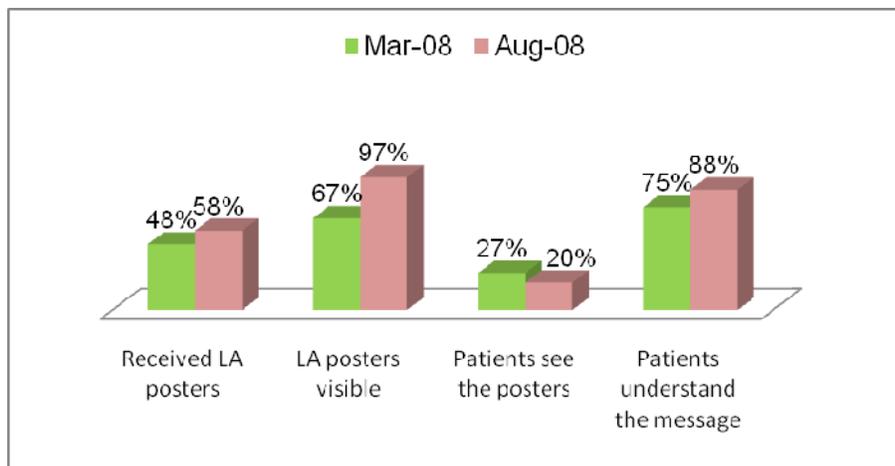


Figure 1. Availability and use of LA posters

Malaria Cases from March 2008 to July 2008

The data of malaria cases were collected from HMIS registers at the facilities. It was available in most (88 percent–96 percent) of the facilities. Higher malaria cases were observed in children under age of five (5 percent) than the age group over five (48 percent) (table 2). The malaria cases in July were much lower which might be due to incomplete data or the cold weather.

Table 2. Malaria Cases in the Facilities by Age Groups between March 2008 and July 2008

	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Total
Under five years of age	29,761 (49%)	30,936 (51%)	29,162 (51%)	27,310 (54%)	17,177 (56%)	134,346 (52%)
Over five years of age	30,794 (51%)	29,203 (49%)	28,235 (49%)	23,108 (46%)	13,,652 (44%)	124,992 (48%)
Total malaria cases (facilities with data)	60,555 (44)	60,139 (47)	57,397 (47)	50,418 (48)	30,829 (44)	259,338 (100%)

When comparing the data of LA dispensing registers against the malaria cases recorded in health management information systems (HMIS), the team observed that the data was incomplete in some of the facilities. Up to July 2008, 70 percent (35/50) of the visited facilities were using dispensing registers (table 3). In those facilities with available data, only 36 percent of the malaria cases were captured in the dispensing registers. However, there was

a significant improvement in July (69 percent). Only 16 facilities had the data for all malaria cases and LA dispensing registers available from March to July 2008, and 5 of them had a ratio of dispensing numbers to malaria cases higher than 90 percent (see following).

- Chilambwe Health Center: 94 percent (CHAM) (Nkhata Bay District)
- Chtimba Health Center: 96 percent (Gov) (Rumphi District)
- David Gordon Memorial Hospital: 90 percent (CHAM) (Rumphi District)
- Chintembwe Health Center: 97 percent (CHAM) (Ntchisi District)
- St Vincent Health Center: 94 percent (CHAM) (Blantyre District)

Table 3. Malaria Cases and LA Treatments, March 2008–July 2008 (total)

	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Total
Total malaria cases	60,555 [44]	60,139 [47]	57,397 [47]	50,418 [47]	30,829 [44]	259,338
LA treatments	15,382 [32]	22,786 [31]	16,399 [31]	17,947 [34]	21,308 [35]	93,822
Ratio of LAA treatments/malaria cases	25%	38%	29%	36%	69%	36%

Note: The figures in [] are number of facilities with data available

Regarding the distribution of malaria cases in 5 zones, high numbers of malaria cases were observed in Central East Zone because 5 District Hospitals were visited and data collected from 4 District Hospitals contributed to 89 percent of the malaria cases collected in the Zone. (table 4)

Table 4. Malaria Cases in 50 Facilities by Zones between March 2008 and July 2008

Zones (No. of facilities provided data)	Northern Zone (10)	Central East Zone (10)	Central West Zone (8)	Southern East Zone (11)	Southern West Zone (11)
Total malaria cases	36,255 (14%)	105,028 (40%)	16,038 (6%)	35,105 (14%)	66,912 (26%)

Case Management

Treatment Failure and Suspect Adverse Reactions of LA

The facilities were interviewed on issues regarding treatment failure and suspected adverse reactions of LA. Following are the results—

- In the 22 facilities that reported LA treatment failure, 42 patients switched to quinine tablets or injections
- Four facilities reported 7 cases of suspected adverse reactions caused by LA. Skin rash was the major reaction (table 5). None of these reactions were reported to NMCP because the facilities did not know how to report and the ADR report form was not available.

Table 5. Suspected ADR Observed in 4 Facilities, March 2008–July 2008

Reactions	Skin rash	Numbness	Total
Number of cases	6	1	7

Case Management at Clinics and Dispensaries

Diagnosis of malaria was mostly based on clinical symptoms. Only 54 percent of the facilities where functional microscopes were available used them for malaria diagnosis based on the availability of reagents and microscopic slides. Regarding prescribing and dispensing of LA and patients/caretakers awareness on the use of LA, it was observed that LA prescribing, communication of the key message to the patients, and patients/caretaker awareness of LA were improved from the supervision results of March 2008 (tables 6, 7, and 8).

In most of the health centers, LA is prescribed and dispensed by prescribers (medical assistants or nurses) who also provided information to the patients. In some facilities where prescribing and dispensing were separate, it was observed that some of the messages given by the prescribers and the dispensers were not consistent and patients were confused. This highlights the need for the orientation and supervision to the dispensers by the facility's in-charge because most of the dispensers are auxiliary staff who have very little or no medical knowledge.

Table 6. Summary of the Observations for Case Management of the Prescribers and Dispensers

Descriptions	Yes	No
Microscopes available for diagnosis	48% (24/50)	52% (26/50)
Microscopes were used for diagnosis	54% (13/24)	46% (11/24)
Weighing scales available	78% (32/41)	22% (9/41)
The patients' body weight were indicated on the prescriptions	78% (25/32)	22% (7/32)
Correct doses were prescribed	97% (37/38)	3% (1/38)
Correct doses were dispensed	93% (39/42)	7% (3/42)
The dispensers* communicated all the key messages when giving LA	86% (35/41)	14% (6/41)

* In most of the health centers, the prescribers also dispense medicines.

Table 7. Awareness on the Use of LA in Caretakers and Adult Patients

	Care takers	Female adults	Male adults	Total
Correctly indicated number of times and tablets taken per day	90% (28/31)	90% (18/20)	84% (16/19)	89% (62/70)
Correctly indicated that 3-day course will be completed	90% (28/31)	90% (18/20)	84% (16/19)	89% (62/70)

Table 8. Comparison of Case Management, March 2008–August 2008

	March 2008	August 2008
Correct doses were prescribed	90% (35/39)	97% (37/38)
Key messages given to the patients	44% (17/39)	86% (35/41)
Patients understanding of the use of LA	80% (60/75)	89% (62/70)

Drug Management

The components for drug management are reporting and supply, availability, and documentation of LA and other essential medicines and supplies for malaria treatment.

Reporting and Supply

Monthly reporting on LA is crucial for replenishment and further quantification for procurement. LA reporting is integrated in the Logistics Information Management System (LMIS). All government facilities should use LMIS forms for monthly reports for essential

drugs and supplies. However, LMIS is not implemented in CHAM facilities. To report LA, CHAM facilities were given LMIS01C form for monthly reporting. District pharmacy technicians are responsible for providing reporting forms to all government and CHAM facilities in their districts. Table 9 shows that almost 30 percent of the CHAM facilities staff did not know how to report, and almost 40 percent of the CHAM facilities did not have reporting forms. Most of these facilities received new medical assistants or nurses who were not trained or oriented, or the trained or oriented staff did not communicate or hand over information or reporting forms to staff who were responsible for reporting.

A dispensing register is a tool that records the patients who are given LA. The registers should be attached to the monthly reports and submitted to RMS. The dispensing data would be compiled at MSH/SPS. The data in table 9 shows that only 24 percent of the facilities submitted their dispensing registers.

Table 9. Facilities' Awareness on Reporting LA

	Have reporting forms	Know how to report	Reported dispensing register
Government facilities	92% (24/26)	93% (26/28)	30% (7/23)
CHAM facilities	61% (11/18)	68% (13/19)	17% (3/18)
Total	80% (35/44)	83% (39/47)	24% (10/41)

In general, there is no difference of LA reporting rate for January and June 2008, according to the data collected from the supervisions in March and August (75 percent versus 76 percent). However, more facilities submitted timely reports in June (41 percent versus 72 percent) and the LA supply rate was also improved for June compared to January 2008 (48 percent versus 67 percent). Nevertheless, LA was not supplied for all requested presentations due to low stock of 1x6, 2x6, and 4x6 packs in central warehouse. The data for June is shown in table 10. CHAM facilities had a lower reporting rate than that of government facilities was observed (57 percent versus 89 percent).

Table 10. Facilities Submitting Monthly Reports for LA, June 2008

	Report submitted	Reported timely	LA been supplied
Government facilities	89%(26/29)	86%(25/29)	65%(17/26)
CHAM facilities	57%(12/21)	57%(12/21)	58%(7/12)
Total	76% (38/50)	72% (36/50)	67% (24/36) ^a

^aTwo facilities were not supplied because they had sufficient stock.

Availability and Documentation

Table 11 presents the availability data on the day of visit and between March and July 2008. The availability of four LA pack sizes was relatively lower between the months of March and July than in the months before March (35 percent versus 52 percent), yet one–three presentations of LA was relatively higher (40 percent versus 20 percent). This may be attributed to the low stock of LA of 1x6, 2x6, and 4x6 in central warehouse between May and July 2008. Central Medicine Stores (CMS) had to ration the supply to responding to the shortage. However, most of the stock-outs were caused by failing to submit monthly reports of the facilities.

Table 11. Availability of LA on the Day of Visit and between March and July 2008

	All 4 pack sizes were available	1-3 pack sizes were available	Experienced stock-out for all pack sizes
On the day of visit	58% (29/50)	40% (20/50)	2% (1/50)
Between March and July 2008	35% (17/49)	45% (22/49)	20% (10/49)*

*The facilities that experienced various periods of stock-out of LA between Mar 08 and Jul 08

Table 12 shows how the different presentation of LA that was a stock-out between March and July 2008. At least 18 percent of the facilities experienced stock-out for more than 30 days intermittently or consecutively for one of the presentations of LA.

In responding to the stock-out of various presentations of LA, facilities should adjust the available presentations to the stock-out ones. The procedures include the adjustments on the stock cards and dispensing registers. The dispensers should make sure that the adjusted presentation will not be confused or wrongly recorded. This is a complex procedure for many facilities as there were facilities that could not complete the whole procedure. Some facilities developed their own coping approach, such as skipped some of the recording procedures or incorrect recording, or use SP to replace the stock-out presentations. During the period April to July 2008, MSH/SPS conducted workshops to re-orient the drug store in-charges on how to document and report LA. In the supervision visits in August, it was observed that many facilities improved their reporting time and record keeping on stock cards, but very few of them were conversant on the adjustments between different presentations of LA.

Table 12. Facilities Experiencing Stock-out for More than 30 Days between March 2008 and July 2008

	1X6	2X6	3X6	4X6
Average LA stock-out days for all facilities	20 ± 35	20 ± 33	13 ± 29	27 ± 39
Percentage of facilities experienced LA stock-out for more than 30 days	24% (12/49)	31% (15/49)	18% (9/49)	41% (20/49)

Despite incomplete data of malaria cases and records provided from the stock cards of the facilities, an attempt was made to compare number of doses of LA issued from drug stores of all facilities to malaria cases between March and July (table 13). It shows that the doses issued from drug stores to the user units or dispensaries were slightly less than malaria cases between March and June 2008. This assumed that if the drug was distributed equitably, most of the malaria cases could be benefited by LA.

Table 13. Comparison of LA Doses Issued from Drug Stores of all Facilities to Malaria Cases

	Mar 08	Apr 08	May 08	Jun 08	Jul 08	Total
1X6 doses	22,217	24,915	21,183	22,008	18,271	108,594
2x6 doses	10,767	9,110	8,532	7,343	8,359	44,111
3x6 doses	6,881	7,817	7,989	6,711	4,940	34,338
4x6 doses	18,307	17,649	14,771	12,166	14,141	77,034
Total doses	58,172	59,491	52,475	48,228	45,711	264,077
Total malaria cases	60,555	60,139	57,397	50,418	30,829	259,338
LA doses/malaria cases	96%	99%	91%	96%	148%	102%

The stock situation of other antimalarial medicines is presented in table 14. According to the category of essential drug list of Malawi, quinine tablets are not entitled to be used in the health centers, therefore some of the facilities, including one government rural hospital and several government health centers, did not stock quinine tablets. However, discrepancies between the day of visit (18 percent) and the months between March and July (49 percent) may indicate that the rule was not followed properly.

SP was out of stock in 12–15 percent of the facilities which implies inequitable distribution. It was found that some facilities received SP donations and were over stocked, while other facilities ran out of the medicine.

Table 14. Availability of Other Antimalarials

	On the day of visit	March–July 2008
Experienced stock-out of quinine tablets	18% (9/50)	49% (23/47) ^a
Experienced stock-out of quinine injectables	2% (1/50)	19% (9/47)
Experienced stock-out of SP tablets	12% (6/50)	15% (7/47)

^aQuinine (tablets) is not on LMIS01A form, i.e., not supposed to be used in health centers

Table 15 shows the documentation situation of LA. The documents for LA include stock cards, delivery notes, and dispensing registers. Ninety-two percent of the facilities opened stock cards. For all presentation of LA, 49 percent of the facilities had updated stock cards which was an improvement compare to 32 percent in March. The improvement was also seen in the unit used for the documentation of LA. By August, 85 percent of the facilities used “tablet” as the unit as compared to 39 percent in March. It was recommended that the unit of LA should be “tablet” because it is easier to adjust different presentations of LA by using “tablet.” Most of the facilities expressed that they became more confident on record keeping on stock cards after the re-orientation and the introduction of job aid for converting LA units. However, 4 CHAM facilities did not open stock cards for LA, and none of their pharmacy staff were qualified pharmacy personnel. Some were not trained in managing LA.

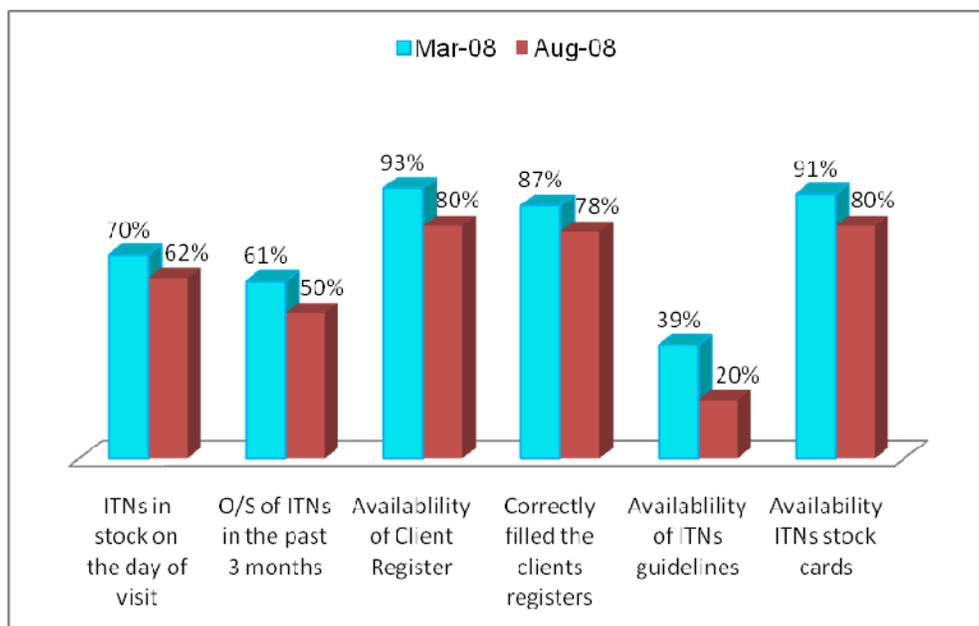


Figure 2. Key indicators for ITN implementation

The documentation of delivery notes was neglected by most of the facilities. The supervision teams could not track all the receipts due to improper archiving of the delivery notes. Filling

the dispensing register was regarded as a tough job in some busy facilities. Forty-two percent of the facilities were able to fill the register accordingly. Nevertheless, those busy facilities could, at least, fill the name of the patients and doses. The unit used in dispensing register was also improved as 87 percent of the facilities used “tablet” in August compare to 33 percent in March.

Table 15. Inventory Documentation for LA

	Yes	No [Remarks]
Facilities that open stock cards for LA	92% (44/48)	8% (4/48) [all CHAM facilities]
The stock cards for LA all correctly updated	49% (22/45)	51% (23/45) [updated for 0-3 pack sizes]
The delivery notes were correctly recorded on the stock cards	42% (20/48)	58% (28/48)
Dispensing registers were properly filled	42% (19/45)	(10% [5/50] of facilities did not use dispensing register)

The availability of other malaria- related medicines was improved compared to that in March (62 percent versus 45 percent). However, there was no improvement on the documentation. Table 16 presents the situation of these medicines and supplies. It implies that the general drug management system should be strengthened. Facilities tend to focus more, i.e., greater supervision, control, and management, on certain program medicines that they donate or supply .

Table 16. Availability and Documentation of Essential Medicines for Malaria Treatment

	All items in stock on the day of visit	Facilities open stock cards for all items	Facilities with all updated stock cards
6 items of malaria related medicines	62% (31/50)	69% (33/48)	29% (14/48)
4 items of IV infusions and supplies	48% (24/50)	31% (15/48)	8% (4/48)

Insecticide-Treated Nets

Compared to the supervision in March, it was observed that performance on most of the key indicators declined slightly in August, including availability of insecticide-treated nets (ITNs) on the day of visit, record keeping on client registers and stock cards, and the availability of ITN guidelines (figure 2). This might be attributed to the high staff turnover rate and the

increasing number of new health care workers who were not trained in the management of ITNs.

Discussions and Recommendations

Comparing to the supervision in March, there were improvements and challenges in the implementation of the new malaria treatment policy. Figure 3 presents the key indicators on improvements and challenges. It indicates that improvements were observed in both case management and drug management despite increasing number of health workers untrained in new malaria treatment policy. The most significant improvements are the key messages given to the patients and timely monthly reporting for LA.

The key improvements on case managements are as follows—

- Correct doses prescribed
- Correct key messages given to the patients by dispensers
- Improved patients' awareness on the use of LA

These improvements imply the positive outcome of case management training conducted by NMCP and DHOs, particularly in the area of giving key messages to the patients. Most of the untrained health workers could use malaria treatment guidelines to update their knowledge. However, of most concern is patients' compliance to treatment despite high awareness on the use of the drug.

The key improvements on drug management are as follows—

- Improved record keeping on stock cards for all presentations of LA
- Increased timely reporting rate
- Increased LA supply by RMS
- Reduced stock-out on the day of visit

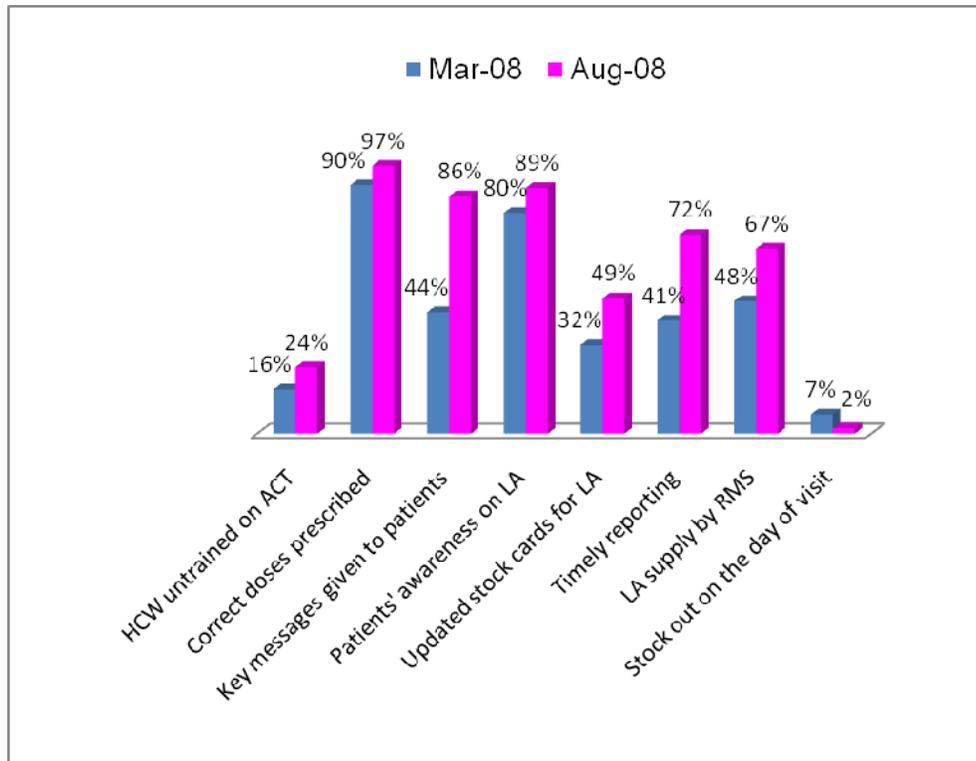


Figure 3. Key indicators on ACT implementation

Figure 3 implies that although there was improvement on updating stock cards for all LA packages, half of the facilities need to make a greater effort. It also raises the concern of the quality of the monthly reports. Documentation and reporting of LA has been a challenge due to its multi-presentations and uneven pack sizes. Most of the medical assistants are able to perform case management but struggle with drug management, partly because of their dominated clinical training, and partly because of the complexity of packages of LA. MSH/SPS conducted reorientation workshops for record keeping and reporting for LA at the time newly recruited medical assistants were just on board. Coordinating the training with the new hires helped deliver drug management knowledge for LA and improved the record keeping and time reporting, which in turn increased the availability of LA. However, LA supply was rationed due to shortage of the fast moving packages (1x6 and 4x6) in central warehouse despite the supply rate being increased.

Several challenges were also observed during the supervision. The challenges associated with training are as follows—

- *Increasing numbers of untrained health workers in the management of the new malaria treatment policy*—Most of the untrained health workers are newly graduated medical assistants who might use malaria treatment guidelines to update their

knowledge on case management. The major impact might be on drug management because of the nature of their clinical training.

- *Dispensers were not trained in dispensing and record keeping*—Because of a shortage of pharmacy technicians, most of the facility dispensers are auxiliary staff who did not receive formal training in dispensing and record keeping. To avoid mistakes made by dispensers, some prescribers physically fill the dispensing registers in consultation rooms according to what was prescribed, instead of training dispensers in filling them based on what was dispensed.
- *Poor handover during staff changes and poor information sharing in the health facilities*—Poor handover during staff changes was observed in the facilities where there was staff turnover or staff on leave. Interruption of record keeping was seen most when a staff was on relief duty. Poor information sharing was observed in most of the facilities where non-drug store workers were sent to attend the reorientation workshop, but did not or failed to properly transfer the knowledge to the workers in charge of the drug store.

The challenges in drug management and documentation include—

- *Poor reporting rate in CHAM facilities*—Factors affecting reporting in CHAM facilities include lack of knowledge on reporting, shortage of reporting forms, and misunderstanding on reporting. Some of those CHAM facilities that failed to report would dispatch emergency orders to DHOs when LA was out of stock. Some of them switched to SP or quinine without placing orders. District pharmacy technicians were urged to provide reporting forms and instructions to those facilities.
- *Poor recording in the dispensing registers in busy facilities and low submitting rate of dispensing registers*—Most of the district hospitals and busy health centers were struggling to capture all receipts and dispensing records. This may be due to shortage of staff and lack of training of dispensers on record keeping. Low submitting rate of dispensing registers were attributed to unawareness of the request, or interruption of recording.
- *Misunderstanding or confusion in some facilities on how to make the necessary adjustment when substitution of LA packages is made*—The adjustment is performed when some presentations of LA are out of stock. It includes the procedures of adjustment on stock cards, labeling on the adjusted packs and instructions to the dispensers, cutting the blister packs into ready for dispensing packs, and recording on

dispensing registers. Almost all drug store in-charges were reoriented on how to adjust LA; however, not all of them were able to perform properly. Miscalculation and misrecording were frequently found in some facilities where adjustments were made.. Not knowing how to make adjustments, some facilities would give SP or quinine instead of giving LA though other presentations were available.

- *Poor record keeping on other essential drugs and medical supplies used in the management of malaria*—Facilities tended to pay more attention on “program medicines” than other essential health commodities. The facilities must be alerted on the importance of managing all essential health commodities.
- *Poor archiving of drug management documents*—Most of the health facilities were not attentive to archiving for important documents. Documents were placed randomly in flat folders, scattered, misplaced, or lost. This could affect the accountability of drug management since records could not be traced for the purpose of auditing.

The following approaches are proposed to address the challenges facing the implementation of the new malaria treatment policy—

- Providing in-service training for untrained health workers and dispensers
- Providing pre-service and refresher trainings in reporting, adjustment for substitutions, record keeping, archiving for LA, essential health commodities, and ITNs
- Participating in revision of malaria treatment curriculum in health education facilities to ensure that the pre-service training is in line with the updated treatment policy; this training for medical assistants and nurses should include the documentation, reporting and inventory management
- Providing job aids for inventory management and ITN guidelines to health facilities; the job aids can be used as handover tools for relief duty or take-over staff
- Strengthening handover and information sharing systems and supervision by District Health Management Teams. The teams should establish orientation or handover procedures for relief duty staff and pay supervisory visits to the facilities that are managed by relief duty or temporary staff. Skill transferring should also be strengthened by writing reports or holding briefing meetings.

ANNEX 1. FACILITIES VISITED FROM 18 AUGUST TO 3 SEPTEMBER, 2008

Zones	Districts	Government Facilities		CHAM Facilities
Northern	Mzimba	Mbalachanda HC		Mzambazi HC
	Nkhata Bay	Chintheche RH		Chilambwe HC
	Rumphi	Chitimba HC		DGM Hospital
	Karonga	Kaporo HC		Atupele RH
	Chitipa	District Hospital		Kaseghe RH
Central East	Dowa	District Hospital		Chezi Com H
	Nchisi	District Hospital		Chintembwe HC
	Kasungu	District Hospital	Bua HC	
	Nkhotakota	District Hospital	Mbamantha HC	
	Salima	District Hospital		Kaphatenga HC
Central West	Mchinji	Kazyozyo HC	Mkanda HC	
	Lilongwe	Mitundu RH		Mlare Com H
	Dedza	Kaphuka HC		Mtendere Com H
	Ntcheu	Katsekera HC		Tsangano HC
Southern East	Mangochi	Mtimba HC		N/A
	Balaka	Kwitanda HC		Utale II HC
	Machinga	Nainunje HC		Msanama Com H
	Phalombe	Phalombe HC		Mwanga HC
	Mulanje	Chonde HC		Mulanje Mission H
	Zomba	Chamba HC		Primiti HC
Southern West	Blantyre	Zingwangwa		St Vincent HC
	Mwanza	Thambani HC		N/A
	Nsanje	N/A		Trinity Com H
	Neno	Nsambe HC		N/A
	Thyolo	Bvumbwe HC		Malamulo Com H
	Chikwawa	Mgabu Rural H		Mgabu SDA HC
	Chiradzulu	Ndunde HC		PIM HC

ANNEX 2. FACILITIES SUMMARIES

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
Mzimba District Mbalachanda Health Centre (Gov)	<ul style="list-style-type: none"> • The nurse has been in-charge of the drug store since August 8, 2008, and opened stock cards for most of the oral medicines and injectables 	<ul style="list-style-type: none"> • Poor internal information sharing and handover: the medical assistant received training on LA but did not follow LA drug management and reporting procedures or briefed the nurse. • Medical assistant who was trained on LA was absent on the day of visit. • The nurse was not trained on LA and could not perform proper case management for LA and drug management—lack of knowledge of prescribing LA, the stock cards were not correctly filled in, no physical inventory was performed, used "box" for the unit of LA, did not use dispensing register, did not know how to manage monthly report 	<ul style="list-style-type: none"> • Mentored the nurse and dispensary attendant on case management, dispensing, and key messages for the patients. • Mentored the nurse and the dispensary attendant on how to perform record keeping on stock cards and LA dispensing register, provided job aid and instructions for record keeping on stock cards and dispensing register. • Provided instructions to the patient interviewed on how to use LA • Started using LA dispensing register on the day of visit 	<ul style="list-style-type: none"> • To invite the untrained nurse for training or orientation • To provide job aid (LA unit conversion sheet for drug store) • To follow up monthly LMIS reports • The DHO should supervise the facility intensively and to monitor the performance

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
		<ul style="list-style-type: none"> • IEC for LA was not displayed. • Poor reporting—some pack sizes of LA (2x6, 3x6) were out of stock since June, Medical assistant did not submit reports for LA, used SP instead • There were no stock cards for drugs and medical supplies from 2004 to 8 June, 2008 		
Mzimba District Mzambazi Community Hospital (CHAM)	<ul style="list-style-type: none"> • The health workers keep up with the new malaria treatment policy via the treatment guidelines and sharing information despite not receiving training. • Records of malaria cases are available • Antimalarials were in stock the past 5 months (March-July 2008) 	<ul style="list-style-type: none"> • No health workers trained in ACT • No aggregation of monthly malaria data • The ratio of malaria case to dispensing cases is low (51%) • Did not use stock cards before 8th January , 2008 • Poor monthly reporting on LA • Poor shelf life management: one essential medicine on the shelf was expired, some essential drugs are expiring in six months 	<ul style="list-style-type: none"> • Mentored the sister-in-charge on the documentation of malaria cases and ITNs • Provided job aid for dispensing register and orientation on how to use the job aid. • Provided a dispensing register 	<ul style="list-style-type: none"> • DHO to look for funding to train health workers on malaria new policy • District pharmacy technician to provide revised LMIS01C from for monthly reporting for LA, and follow up the monthly report for LA • District pharmacy technician to exchange the expiring

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<ul style="list-style-type: none"> • LA dispensing register is used and properly filled in • Good internal information sharing: the MA attended the reorientation workshop for LA and briefed the nurse in-charge of drug store • Improved practice after receiving reorientation • IEC materials for malaria displayed 	<p>before they can be used</p> <ul style="list-style-type: none"> • Do not have ITN guidelines • Poor record keeping for ITNs 		<p>dexamethasone eye drops</p> <ul style="list-style-type: none"> • District malaria coordinator to provide ITN guidelines and stock cards
<p>Nkhata Bay District</p> <p>Chinteche Rural Hsopital (Gov)</p>	<ul style="list-style-type: none"> • 80% of the health workers trained on new drug policy • Correct message given to the patients upon prescribing LA • First expiring, first out (FEFO) principle implemented in drug 	<ul style="list-style-type: none"> • No IEC materials for case management • Not checking patients' body weight for prescribing LA • No information given to the patients upon dispensing LA • Inpatients were given LAAwithout been registered in admission register 	<ul style="list-style-type: none"> • Provide job aids for dispensing register and instructions. 	<ul style="list-style-type: none"> • Pharmacy assistant to provide instructions to patients on the use of medicine • Prescribers to check and record patients' body weight for prescribing LA • DHO to supply IEC materials and ITN

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<p>store</p> <ul style="list-style-type: none"> • Improved practice on LA drug management after receiving reorientation • Had no stock-out of ITNs in the past 3 months and good record keeping on ITNs 	<ul style="list-style-type: none"> • Experienced stock-outs for more than one month of LA (2x6, 3x6) and quinine tablets in past 5 months (March–July 2008) • Frequent mathematical errors on stock cards in drug store • There is no ITN guidelines • Shortage of staff and lack of space in pharmacy 		<p>guidelines</p> <ul style="list-style-type: none"> • Pharmacy assistant to use calculator when recording transactions on stock cards for essential items, and use job aids for LA • The hospital in-charge to select a hospital attendant to assist pharmacy
<p>Nkhata Bay District Chilambwe Health Centre (CHAM)</p>	<ul style="list-style-type: none"> • Medical assistant is a new graduate who did not receive LA training but recently attended the reorientation for drug management and reporting • Records for malaria cases are available. • Reporting on LA regularly • Good record keeping on 	<ul style="list-style-type: none"> • Inadequate knowledge about key messages for LA • LA dispensing and filling register are done separately: MA fills dispensing register but the dispenser dispensing LA • Incorrect unit used for LA • Opening stock cards late in June or August 2008 • Poor record keeping for other essential drugs. 	<ul style="list-style-type: none"> • Provided job aid for dispensing register and instructions. • Mentored on how to fill stock cards for essential drugs • Mentored on how to document LA in correct unit 	<ul style="list-style-type: none"> • Should improve medicines and ITN management, including record keeping, shelf life management, and proper hand-over and information sharing on trainings • DHO to provide IEC materials for LALA and ITN guidelines

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<ul style="list-style-type: none"> • stock cards for LA • Good documentation for delivery notes • ITNs are available for children under age 5 and pregnant women 	<ul style="list-style-type: none"> • Poor store management and poor hand over • ITN guidelines are not available, poor ITN record keeping • IEC materials for LA are not available 		
<p>Rumphi District Chitimba Health Centre (GOV)</p>	<ul style="list-style-type: none"> • Good stock levels of LA and ITN—there was no stock-out of LA during March-July 2008 • IEC materials on LA are available and displayed • Correct diagnosis and prescribing practice on malaria and record keeping on malaria cases 	<ul style="list-style-type: none"> • Inadequate messages on LA given to the patients • Poor hand-over to relief duty staff for drug management • Relief duty staff did not perform proper drug management • FEFO was not implemented 	<ul style="list-style-type: none"> • Mentored health workers on what key messages to be given to the patients • Provide job aid for dispensing register and instructions. 	<ul style="list-style-type: none"> • DHMT to initiate orientation and hand-over system for relief duty
<p>Rumphi District David Gordon Memorial Hospital (CHAM)</p>	<ul style="list-style-type: none"> • Good stock levels of LA and ITN—there was no stock-out of LA during March-July 2008 • IEC materials on LA are available and displayed 	<ul style="list-style-type: none"> • The pharmacy staff do not give adequate messages on LA to the patients • The stock cards are not with the drugs (but well filed) • Did not open stock cards for 	<ul style="list-style-type: none"> • Mentored pharmacy staff on what key messages to be given to the patients • Provide job aid for dispensing register and instructions. 	<ul style="list-style-type: none"> • To open stock cards for medical supplies • To provide a dispensing register in one ward for the register of LA at the off time of pharmacy

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<ul style="list-style-type: none"> • Good record keeping on malaria cases • DOT for LA is implemented • Pharmacy staff improved LA management after receiving reorientation • Good drug management at drug store: record keeping, FEFO, store management 	<p align="center">medical supplies</p>		<ul style="list-style-type: none"> • The hospital in-charge comments that the hospital needs funds to sensitize the elders in the villages to allow pregnant women to attend antenatal clinics
<p>Karonga District Kaporo Rural Hospital (GOV)</p>	<ul style="list-style-type: none"> • The information of malaria cases was available • FEFO was implemented 	<ul style="list-style-type: none"> • Inadequate messages on LA were given to the patients • Poor reporting on LA • LA dispensing register was filled by MA, not the dispenser • Did not perform monthly physical inventory, did not open stock cards for medical supplies. • Poor record keeping on LA dispensing register. 	<ul style="list-style-type: none"> • Mentored the staff on what key messages to be given to the patients • Mentored the staff on how to adjust LA for stock-out pack sizes and change LA unit • Provide job aid and instructions for dispensing register 	<ul style="list-style-type: none"> • Should open stock cards for all drugs and medical supplies and improve drug management • Should report on LA monthly • DHO to supply ITN and IEC posters

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
		<ul style="list-style-type: none"> There were no IEC materials for ACT and IPT 		
Karonga District Atupele Community Hospital (CHAM, officially opened on Jan. 4, 2008)	<ul style="list-style-type: none"> Good record keeping on malaria monthly data Correct prescribing on LA and correct message given to the patients Good availability of essential drugs and medical supplies Expiry dates of drugs were documented on stock cards, FEFO was implemented 	<ul style="list-style-type: none"> All clinicians were not trained on LA Poor stock management—did not open stock cards for LA, delivery notes were not given to pharmacy attendant for verification upon receiving drugs, bulk stock of essential drugs were not documented on stock cards, did not update some of the stock cards timely, data filled on the stock cards incorrectly, did not perform physical inventory Did not know how to report and never reported on LA Poor information sharing and handover—clinical officer attended reorientation for LA, but did not brief the pharmacy attendant, only left the handout 	<ul style="list-style-type: none"> Mentored the pharmacy attendant on how to manage drug store and how to fill stock cards Provided LMIS01C form and instructions on reporting Provided job aid for dispensing register and instructions. 	<ul style="list-style-type: none"> To order emergency orders and government stock cards for LALA from DHO To improve drug management and submit timely LALA report monthly The sister in-charge should give pharmacy the delivery notes while receiving drugs and file the delivery notes properly To improve handover and information sharing on trainings The management should supervise pharmacy DHO to supply IEC

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
		and job aid at the pharmacy <ul style="list-style-type: none"> • Poor record keeping on LA dispensing register • There were no IEC materials for LA 		materials and provide training to the health workers
Chitipa District Chitipa District Hospital (GOV)	<ul style="list-style-type: none"> • Good record keeping on malaria cases • Correct prescribing on LALA 	<ul style="list-style-type: none"> • Not all staff trained on case management for LA and ITN guidelines • ITNs were not available sometime in the past 3 months and on the day of visit • Not enough information given to the patients for LA • LA stock cards were not updated timely 	<ul style="list-style-type: none"> • Provide LA job aid and instructions 	<ul style="list-style-type: none"> • The DHO should liaise with Population Services International for more ITNs and stock cards • The untrained staff should be trained on LA and ITN guidelines • The pharmacy should board off the expired drugs and reorganize the drug store.
Chitipa District Kaseghe Community Hospital (CHAM)	<ul style="list-style-type: none"> • All health workers were trained on LA • Posters for LA were available and displayed • DOT for antimalarial was implemented 	<ul style="list-style-type: none"> • No ITNs available due to distribution problems • Poor record keeping on stock cards, frequent mathematical errors, physical inventory was not carried out 	<ul style="list-style-type: none"> • Mentored pharmacy attendant and the clerk on how to document LA on stock cards • Provide job aids and instructions for 	<ul style="list-style-type: none"> • To liaise with PSI for the supply of ITNs • To liaise with DHO for LMIS01C form for reporting LA

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<ul style="list-style-type: none"> • Correct prescribing and instructions given to the patients on LA by prescribers • Good record keeping on LA dispensing register, reporting on LA regularly • Good availability of antimalarials, FEFO is implemented. 	<ul style="list-style-type: none"> • Poor information sharing—MA attended reorientation, but did not brief the pharmacy attendant • Mismatch on malaria cases and dispensing cases • The hospital did not use LMIS-01C form for reporting on LA (use plain papers) • The clerk who was reporting on LA did not verify the quality of data on the stock cards 	<ul style="list-style-type: none"> • documentation LA on stock cards and dispensing registers • Reminded the clerk to verify the quality of data before reporting 	
Dowa District Dowa District Hospital (Gov)	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Record keeping not done accordingly 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • N/A
Dowa District Chezi Community Hospital (CHAM)	<ul style="list-style-type: none"> • Good in arranging medicines on the shelves 	<ul style="list-style-type: none"> • Poor record keeping 	<ul style="list-style-type: none"> • Encourage the staff to use dispensing register 	<ul style="list-style-type: none"> • Need to improve the record keeping for pharmacy
Ntchisi District Ntchisi District Hospital (Gov)	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Poor record keeping 	<ul style="list-style-type: none"> • N/A 	<ul style="list-style-type: none"> • Should ensure keeping up to date records in the dispensing register

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
Ntchisi District Chintembwe Health Centre (CHAM)	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Poor record keeping on dispensing register and stock cards MA is the only one working at the facility but will be leaving for new job and there is no replacement in the facility 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> To follow up on monthly report
Kasungu District Kasungu District Hospital (Gov)	<ul style="list-style-type: none"> Good record keeping in Main pharmacy 	<ul style="list-style-type: none"> Poor record keeping on dispensing register in dispensary and under 5 clinic 	<ul style="list-style-type: none"> Encourage pharmacy staff on improving record keeping on dispensing register 	<ul style="list-style-type: none"> To follow up the record keeping on dispensing register
Kasungu District Bua Health Centre (Gov)	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Poor documentation Use quinine as first-line drug 	<ul style="list-style-type: none"> Advised to open a file for delivery notes, to maintain records properly, to order SP from DHO Reminded on the new malaria treatment policy and not to use quinine as the first- line drug 	<ul style="list-style-type: none"> Need to improve record keeping and implementation of new malaria treatment policy
Nkhotakota District	<ul style="list-style-type: none"> Good on store management 	<ul style="list-style-type: none"> Poor record keeping on dispensing register 	<ul style="list-style-type: none"> Encourage pharmacy staff on improving record 	<ul style="list-style-type: none"> To follow up on LALA reports from other

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
Nkhotakota District Hospital (Gov)			keeping on dispensing register	organizations such as World Medical Fund, Banja La Msogolo, and Dwangwa cane grower Ltd
Nkhotakota District Mpamantha HC (Gov)		<ul style="list-style-type: none"> Poor record keeping on stock cards and dispensing register 	<ul style="list-style-type: none"> Advised officer in-charge to keep records up to date 	<ul style="list-style-type: none"> Only one person manage the facility, need assistance in record keeping
Salima District Salima District Hospital (Gov)	<ul style="list-style-type: none"> Good record keeping on stock cards and delivery notes 	<ul style="list-style-type: none"> Poor record keeping on dispensing register 	<ul style="list-style-type: none"> Advised pharmacy technicians to improve record keeping on dispensing register, and open a file for LALA documents 	<ul style="list-style-type: none"> Pharmacy is too congested, there are many cartons on the floor, and another room needs to be identified for storage
Salima District Kaphatenga Health Centre (CHAM)	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> Poor information sharing—MA (a new graduate) was not trained in new malaria policy but the nurses were trained Poor record keeping on stock cards and dispensing register; did not open stock cards for 	<ul style="list-style-type: none"> Opened stock cards for LALA and gave instructions on how to complete stock cards and dispensing register 	<ul style="list-style-type: none"> The DHO should invite untrained staff for training The medical assistant should involve in the record keeping

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
		<p>LALA, started using dispensing register late in August 2008</p> <ul style="list-style-type: none"> Poor monthly reporting 		
<p>Mchinji District</p> <p>Mkanda Health Centre (Gov)</p>	<ul style="list-style-type: none"> All staff are trained in ACT Data for malaria is available Good on case management and provide correct message to the patients Good record keeping on stock cards, timely reporting on LA ITNs are available and well managed, good record keeping for ITNs 	<ul style="list-style-type: none"> Mismatch of data in IDSR and malaria report forms, variation of malaria cases against cases given LA Body weight is not recorded in children's health passport Very few posters posted Poor record keeping for dispensing register Poor shelf-life management (FEFO was not implemented) 	<ul style="list-style-type: none"> Advised MA to take correct data and report malaria data from registers and harmonize cases on LA It was discussed that children will be weighted before consultation Mentored on how to adjust LA for stock-out pack sizes on stock cards and dispensing registers. 	<ul style="list-style-type: none"> N/A
<p>Mchinji District</p> <p>Kazyozyo Health Centre (Gov)</p>	<ul style="list-style-type: none"> LA stock information is available, MA was trained in ITNs ITNs available 	<ul style="list-style-type: none"> No register for LA dispensing, no monthly malaria report, no stock cards and register for ITNs Drug store was not organized due to renovation was in 	<ul style="list-style-type: none"> Provided LA dispensing register, job aid, and instructions 	<ul style="list-style-type: none"> DHO to provide malaria reporting forms, and to monitor the progress on record keeping and drug store management

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
		progress		
Lilongwe District Mitundu Community Hospital (Gov)	<ul style="list-style-type: none"> • Most of the staff are trained in case management • Records for ITNs are well managed • LA stock cards are well updated 	<ul style="list-style-type: none"> • There are no records for malaria cases • LA dispensing register is not filled at dispensary but at consultation room by the clinician • LA dispensing register is not correctly filled • The dispensing attendant did not give patients enough information on how to take LA • Poor handover and information sharing • Some stock cards for other essential drugs are misplaced or not updated 	<ul style="list-style-type: none"> • Clinician was advised to document malaria cases and send the data to District malaria coordinator • Clinician was advised that the dispensing register should be filled in at the dispensary • Posters should be posted in strategic areas and to get some from DHO • Mentored pharmacy staff on how to adjust LA on stock cards and how to fill dispensing register 	<ul style="list-style-type: none"> • To collect posters from DHO • To collect revised LMIS form and dispensing register from DHO • District malaria coordinator and pharmacy technician to monitor progress
Lilongwe District Mlare Community Hospital	<ul style="list-style-type: none"> • Most HWs are trained in ACT • Use both clinical signs and lab for diagnosis • Children are weighted before prescribing 	<ul style="list-style-type: none"> • Malaria cases did not tally with cases in LA register • Use of quinine tablets in uncomplicated malaria as first-line drug • Prescribed quinine to all the 	<ul style="list-style-type: none"> • Advised the clinicians to follow malaria treatment guidelines to avoid resistance to quinine • Advised the staff to use LA for uncomplicated malaria 	<ul style="list-style-type: none"> • DHO to provide revised LMIS01C form, dispensing register, and job aid, and the instructions • District malaria

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
(CHAM)	<ul style="list-style-type: none"> • Good shelf-life management, FEFO is implemented, the store is neat and clean • ITN register correctly completed 	<p>confirmed malaria cases and SP to the negative or suspected malaria cases</p> <ul style="list-style-type: none"> • Poor record keeping on stock cards for LA and other essential drugs • Job aid for LALA unit conversion sheet was not visible • Did not open stock cards for IV infusions and medical supplies • Stock card for ITN is not well documented 	<p>and record all the malaria cases who receive LA</p> <ul style="list-style-type: none"> • Mentored on reporting procedures and the use of LMIS01C form, and how to adjust LALA for the stock-out presentations on stock cards and on dispensing register 	<p>coordinator and pharmacy technician to follow up the progress</p>
<p>Dedza District</p> <p>Kaphuka Health Centre (Gov)</p>	<ul style="list-style-type: none"> • All health workers are trained in ACT and ITNs • Good case management on malaria treatment: children are weighed to determine dosage, and correct prescribing, dispensing, and correct information given to the patients 	<ul style="list-style-type: none"> • Malaria report form and IEC materials are not available • Malaria cases are not tally with dispensing data • LA dispensing register is not filled at the dispensary • Not all stock cards are updated properly since June 23, 2008 • Poor documentation: delivery notes are not properly filed or 	<ul style="list-style-type: none"> • Advised the MA that the dispensing register should be filled at the dispensary and should give orientation to the dispensing attendant • Mentored MA on how to fill stock-out days on LMIS01A forms, how to fill stock cards and dispensing register, and 	<ul style="list-style-type: none"> • DHO to provide malaria report forms, IEC materials, stock cards, revised LMIS01A form, and ITN guidelines

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<ul style="list-style-type: none"> • Good record keeping on stock cards for LA since June 23, 2008 • Good on shelf-life management: FEFO is implemented 	<ul style="list-style-type: none"> missing • There is not ITN guidelines 	<ul style="list-style-type: none"> how to use job aid 	
<p>Dedza District</p> <p>Mtendere Community Hospital (CHAM)</p>	<ul style="list-style-type: none"> • Laboratory microscopy is used for diagnosis of malaria • All staff are trained in case management, treatment chart and guidelines are available • Malaria data for last quarter is available • Good on store management: clean and neat, FEFO is implemented 	<ul style="list-style-type: none"> • All presentations of LA have been out of stock for the last three months • Malaria monthly report form and LA dispensing register are not used • Quinine is used for uncomplicated malaria • The dispensary is insecure: keep too many drugs at the dispensary, the wall is open to another room) • Poor record keeping on stock cards and poor reporting 	<ul style="list-style-type: none"> • Advised the pharmacy attendant to raise emergency order for LA from DHO and to be oriented by district pharmacy technician • Advised the management to use stock information for procurement • 	<ul style="list-style-type: none"> • The district malaria coordinator to provide malaria monthly report form and to follow up the monthly reports • The district pharmacy technician to give orientation to the pharmacy attendant, to provide stock cards, LA unit conversion job aid, and dispensing register. • To follow up the performance
<p>Ntcheu District</p> <p>Katsekera</p>	<ul style="list-style-type: none"> • All staff are trained in case management 	<ul style="list-style-type: none"> • Data is not compiled on malaria report form 	<ul style="list-style-type: none"> • Staff have been strongly advised to take malaria 	<ul style="list-style-type: none"> • The health workers should supervise HSAs

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
Health Centre (Gov)	<ul style="list-style-type: none"> • Good on record keeping in drug store except not using red pen for receipts 	<ul style="list-style-type: none"> • Incorrect coding for under five cases • Mismatch of data between HMIS and IDSR • Poor reporting attribute to stock-out of LA for at least 3 months • Filling dispensing register in incorrectly: mixing presentations in 2 columns • ITN stock card was incorrectly filled, some client register for ITN were missing • Poor store management due to lack of space (ARVs occupied most of the space) 	<ul style="list-style-type: none"> • control activities seriously and manage data accordingly • Provide orientation on how to adjust LA for stock-out items, how to fill dispensing register, and how to display drugs following FEFO 	<ul style="list-style-type: none"> • who are the ones fill the registers and records • To follow up the monthly reports •
Ntcheu District Tsangaro Health Centre (CHAM)	<ul style="list-style-type: none"> • Malaria data is available. • ITNs are available and client register is correctly filled. • Timely monthly report on LA 	<ul style="list-style-type: none"> • None of the health workers is trained in ACT • There was no weighing scale at consultation room • Poor record keeping on stock cards for LA (only 5 records from 	<ul style="list-style-type: none"> • The staff was encouraged to register every malaria cases. • Provided orientation on how to fill dispensing register and stock cards 	<ul style="list-style-type: none"> • District malaria coordinator to provide posters, malaria report form and instructions • District pharmacy technician to provide

Program Supervision Report for the Monitoring of ACT and IT

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
	<ul style="list-style-type: none"> • Good record keeping on dispensing registers and good documentation for delivery notes 	<p>October 2007 to July 2008)</p> <ul style="list-style-type: none"> • Pharmacy attendant struggled with calculation, and did not know how to record receipts on stock cards • Data on dispensing register was used for monthly reporting, but calculation errors affected data quality. • Poor internal communication: The pharmacy attendant went for reorientation, but did not brief the colleague who also works for pharmacy • Drugs were dispensed separately (at dispensary) from filling dispensing register (by MA) • Patient posters were not available • There were no stock cards for IV infusions and medical supplies. • Poor shelf life management 	<p>for drugs and ITN.</p> <ul style="list-style-type: none"> • Provided job aids and instructions 	<p>revised LMIS01C form for reporting</p> <ul style="list-style-type: none"> • The staff should be trained in ACT

Annex 2. Facilities Summaries

District and Facility	Strengths/Improvements	Weaknesses/Challenges	Actions Taken on the Day of the Visit	Suggestions/Actions to be Taken
Mangochi District Mtimabii Health Centre (Gov)	<ul style="list-style-type: none"> • MA prescribes, dispenses LA, and fills dispensing register 	<ul style="list-style-type: none"> • Trained staff did not follow correct procedures • Functioning standing weighing scale was available but not in use • Incorrect dosage was prescribed during the supervision visit • Poor record keeping in HMIS and LA dispensing register; not all patients are recorded • Poor record keeping in stock cards: incomplete data and mathematic errors • Poor shelf-life management and store management • Poor handover: The MA on relief duty was not given handover • Poor archiving: ITN documents were scattered, could not find stock card • Security concern on drug store; there is no burglar bars 	<ul style="list-style-type: none"> • Advised to record all malaria cases in HMIS and all cases given LA in dispensing register • Encourage to use weighing scale for correct dosing • Mentored on case management and drug management 	<ul style="list-style-type: none"> • District pharmacy technician to provide job aid for LA unit conversion sheet (calculation tool for LA), stock cards and dispensing registers, and mentor on how to fill stock cards and dispensing register • To order red pens for record keeping on stock cards • To order ITN stock cards and registers from DHO • Invite untrained staff for training when an ACT training is organized • Consider to change the leadership in this facility • DHO to supervise intensively

Program Supervision Report for the Monitoring of ACT and IT

<p>Balaka District</p> <p>Chendausiku Health Centre (Gov)</p>	<ul style="list-style-type: none"> • Good on case management; correct prescribing and dispensing, correct message given to the patients. • Good on record keeping on stock cards, dispensing register, and delivery notes • Timely reporting for LA • Good on store management (can be a role model to other health centers) 	<ul style="list-style-type: none"> • Incomplete procedures on adjusting LA on stock cards and dispensing register • None of the staff was trained in ITN • ITN was stock-out for one month • Did not report stock-out days on the monthly LMIS report • LA was out of stock in July for all presentations because the District requisition was misplaced by RMS 	<ul style="list-style-type: none"> • Mentored on how to adjust LA for substitutions when some presentations are out of stock. 	<ul style="list-style-type: none"> • The District Pharmacy technician to follow up the LMIS monthly report on the o/s days, and the white copies of dispensing register to be attached to the report • To invite untrained staff for training
<p>Balaka District</p> <p>Utale-II Community Hospital (CHAM)</p>	<ul style="list-style-type: none"> • Correct prescribing and dispensing, correct message given by the prescriber • Malaria treatment guidelines and dispensing chart were available 	<ul style="list-style-type: none"> • Incorrect message given by the dispensing attendant to the patients • Incorrect unit (treatment) was used in the stock cards and dispensing register • Dispensing register was filled by the prescriber instead of the 	<ul style="list-style-type: none"> • Mentored on dispensing, key messages to the patients, filling dispensing register, adjusting LA, job aid and instructions, and shelf life management. • Mentored on how to document ITN stock cards 	<ul style="list-style-type: none"> • District pharmacy technician to provide revised LMIS01C form for reporting • District pharmacy technician to follow up monthly reports and white copies of

Annex 2. Facilities Summaries

	<ul style="list-style-type: none"> There was no stock-out of ITNs in the last 3 months 	<p>dispenser</p> <ul style="list-style-type: none"> Did not use LMIS01C form for reporting LA was stock-out in most of the days in April and July. The supply in July was delayed because the district requisition was misplaced by RMS ITN stock cards and client register were not correctly filled 	<p>and client register.</p>	<p>dispensing register</p> <ul style="list-style-type: none"> District malaria coordinator to provide IEC materials, and to invite the untrained staff for training The trained staff should share information to the colleagues The laboratory should be used for the diagnosis of malaria DHO to follow up the progress of improvement
<p>Machinga District</p> <p>Nainaunje Health Centre (Gov)</p>	<ul style="list-style-type: none"> Good on case management Good on record keeping on stock cards; register being filled immediately Environmental staff was very supportive 	<ul style="list-style-type: none"> The facility was run by relief nurses without proper handover, the MA was just posted Some LA documents are missing due to improper archiving and handover. Poor shelf-life management 	<ul style="list-style-type: none"> On spot briefing on the weakness noted 	<ul style="list-style-type: none"> To improve record keeping and archiving. District malaria coordinator and pharmacy technician to follow up the progress
<p>Machinga District</p>	<ul style="list-style-type: none"> Good on case management Data for malaria cases 	<ul style="list-style-type: none"> Poor store management, poor record keeping on stock cards, poor monthly reporting 	<ul style="list-style-type: none"> Advised on end of page summaries in HMIS and LA dispensing register 	<ul style="list-style-type: none"> The MA needs extra training on drug management

Program Supervision Report for the Monitoring of ACT and IT

<p>Msanama Health Centre (CHAM)</p>	<p>and dispensing are available</p>	<ul style="list-style-type: none"> No summaries in HMIS and dispensing register 	<ul style="list-style-type: none"> Advised on the use of weighing scale and communicate key message to the patients Mentored on how to fill stock cards and how to manage drug store 	<ul style="list-style-type: none"> The DHO to provide posters The DHO to supervise and monitor the progress
<p>Phalombe District Phalombe Health Centre (Gov)</p>	<ul style="list-style-type: none"> Good on case management and drug management Good on record keeping 	<ul style="list-style-type: none"> LA dispensing register was not filled by dispenser but the prescribers The drug store is too small. The air conditioner was not functioning. 	<ul style="list-style-type: none"> N/A 	<ul style="list-style-type: none"> To expand the drug store
<p>Phalombe District Mwanga Health Centre (CHAM)</p>	<ul style="list-style-type: none"> Correct prescribing and message given to the patients 	<ul style="list-style-type: none"> The new recruited MA was not trained in LA, poor information sharing within the facility The trained staff did not follow the correct procedures Misplaced dispensing register hence did not use it Poor drug/store management and reporting, confused on LA units 	<ul style="list-style-type: none"> Advised to improve drug management and record keeping 	<ul style="list-style-type: none"> DHO to provide stock cards, dispensing register and instructions DHO to supervise and monitor the progress

Annex 2. Facilities Summaries

<p>Mulanje District Chonde Health Centre (Gov)</p>	<ul style="list-style-type: none"> • Correct dispensing, good on documentation and reporting, good management in main drug store • Médecins sans Frontières donates LA regularly 	<ul style="list-style-type: none"> • IV infusion store room was not well managed 	<ul style="list-style-type: none"> • Advised to improve the management of IV store 	<ul style="list-style-type: none"> • DHO to invite untrained staff for training • DHO to provide stock cards, dispensing registers and make follow up on the performance
<p>Mulanje District Mulanje Mission (CHAM)</p>	<ul style="list-style-type: none"> • Good on case management and drug management 	<ul style="list-style-type: none"> • Poor archiving for delivery notes and other documents 	<ul style="list-style-type: none"> • Advised to start DOT, display posters, and improve archiving 	<ul style="list-style-type: none"> • N/A
<p>Zomba District Chamba Health Centre (Gov)</p>	<ul style="list-style-type: none"> • A busy health center with a dedicated medical assistant • Good on case management, drug management, and documentation 	<ul style="list-style-type: none"> • Shortage of health workers: only one MA working at the facility 	<ul style="list-style-type: none"> • Advised to reorganize the drug store when time allows 	<ul style="list-style-type: none"> • Need more health workers
<p>Zomba District Primiti Health Centre (CHAM)</p>	<ul style="list-style-type: none"> • Good store management 	<ul style="list-style-type: none"> • Poor record keeping, reporting, and shelf-life management • Few patients posters visible • Frequent LA stock-out 	<ul style="list-style-type: none"> • Mentored the pharmacy assistant on drug management and advised to send reports timely 	<ul style="list-style-type: none"> • DHO to provide stock cards and dispensing register, invite pharmacy assistant for training • DHO to supervise and monitor progress

Program Supervision Report for the Monitoring of ACT and IT

<p>Blantyre District Zingwangwa Health Centre (Gov)</p>	<ul style="list-style-type: none"> • Correct message given to the patients regarding dosing schedule • LA adjustments are done well 	<ul style="list-style-type: none"> • Inadequate message of LA given to the patients • Incomplete record keeping in LA dispensing register 	<ul style="list-style-type: none"> • Advised to improve case management and record keeping 	<ul style="list-style-type: none"> • N/A
<p>Blantyre District St Vincent Health Centre (CHAM)</p>	<ul style="list-style-type: none"> • No stock-out of LA 	<ul style="list-style-type: none"> • Poor reporting on LA • Incorrect LA unit was used • No distribution of nets to target groups 	<ul style="list-style-type: none"> • Discussed with District team to consult PSI to start delivering ITNs to the facility 	<ul style="list-style-type: none"> • DHO to supervise frequently
<p>Neno District Nsambe Health Centre (Gov)</p>	<ul style="list-style-type: none"> • Good in store management, drug arranged according to FEFO • Correct prescribing 	<ul style="list-style-type: none"> • Poor record keeping on stock cards • Erratic supply of LA 4X6 	<ul style="list-style-type: none"> • Discussed with District team to supply quinine tablets 	<ul style="list-style-type: none"> • District malaria coordinator to provide IEC materials
<p>Mwanza District Thambani Health Centre (CHAM)</p>	<ul style="list-style-type: none"> • Good record keeping on stock cards 	<ul style="list-style-type: none"> • Poor documentation: dispensing register was missing from Mar to May, poor record keeping on ITN register • Storage area is small 	<p>Advised to improve documentation</p>	<ul style="list-style-type: none"> • DHO to consider moving the pharmacy to a bigger room or extending the room to accommodate all drugs
<p>Chikwawa District Ngabu Rural Hospital (Gov)</p>	<ul style="list-style-type: none"> • Drug-storage is well organized • Good on recording keeping on stock cards and ITN register 	<ul style="list-style-type: none"> • Mismatch of malaria cases and LA dispensing cases in July • Lack of air conditioner in the drug store, which would affect shelf life of drugs 	<p>Advised to document adverse reactions of LA</p>	<ul style="list-style-type: none"> • Malaria coordinator to provide IEC materials • Invite untrained staff for the training of LA and ITN • There is need to review

Annex 2. Facilities Summaries

	<ul style="list-style-type: none"> Better staffing level of clinicians 	<ul style="list-style-type: none"> No weighing scale at OPD, no IEC materials Few health workers were trained in ITN, leaving responsibility of distributing ITN to HSAs 		<p>HMIS and LA registration to improve data quality</p> <ul style="list-style-type: none"> There is need to put more shelves and pallets in the drug store to avoid cartoons lying on the floor
<p>Chikwawa District</p> <p>Ngabu SDA Health Centre (CHAM)</p>	<ul style="list-style-type: none"> Good on record keeping on stock cards 	<ul style="list-style-type: none"> Did not submit LA report in time Delayed supply of quinine and SP from Malamulo hospital 	<p>Advised to use LA register and send white copies to DHO</p>	<ul style="list-style-type: none"> District pharmacy technician to provide LMIS01C form for LA reporting The Officer In charge to ensure that reports are sent to the district on time
<p>Chiradzulu District</p> <p>Ndunde Health Centre (Gov)</p>	<ul style="list-style-type: none"> Good on case management and record keeping on stock cards Drug store is well organized. 	<ul style="list-style-type: none"> Late submission of reports to district Drug store not secure Poor record keeping on ITN register 	<p>Provided job aid and instructions for LA</p>	<ul style="list-style-type: none"> To invite the untrained staff for training Pharmacy technician to ensure the reports are getting the district on time Reinforce the proper measures of security in the drug store Malaria coordinator to

Program Supervision Report for the Monitoring of ACT and IT

				provide arch files for archiving
Chiradzulu District PIM Health Centre (CHAM)	<ul style="list-style-type: none"> • Drug store neat and organised 	<ul style="list-style-type: none"> • Poor record keeping on stock cards and dispensing register 	Provide job aid and instructions for conversion LA units	<ul style="list-style-type: none"> • To train HW on record keeping • To provide posters
Thyolo District Bvumbwe Health Centre (Gov)	<ul style="list-style-type: none"> • Rapid diagnostic test is used for malaria diagnostic • Good on store management 	<ul style="list-style-type: none"> • Mismatch of malaria cases and LA dispensing cases • Poor record keeping on stock cards and dispensing register • Drug store is not secured • There is no posters for LA 	Mentored on how to fill stock cards and dispensing register	<ul style="list-style-type: none"> • Should improve record keeping for drugs and ITN stock cards, registers and ADR • The health workers need more orientation on the use of RDT • Malaria coordinator to provide posters for LA • DHO to ensure there is security of the drug store by putting burglar bars
Thyolo District Malamulo Mission Hospital (CHAM)	<ul style="list-style-type: none"> • Good on record keeping on stock cards • Physical inventory done every month 	<ul style="list-style-type: none"> • The drug store is also used for storing non medical items • Pharmacy staff was not trained in drug management 	Advised to separate non-medical items from drug store and deploy a pharmacy personnel	<ul style="list-style-type: none"> • Officer In-charge to secure another room for storing non medical items

Annex 2. Facilities Summaries

Nsanje District Trinity Hospital (CHAM)	<ul style="list-style-type: none">• Good record keeping on stock cards, delivery notes, and ITN client registers• Drug store was well stocked, good store management	<ul style="list-style-type: none">• Inadequate message of LA given to the patients• The pharmacy in-charge was confused on LA unit adjustments	Advised to document LA treatment failure and ADR	<ul style="list-style-type: none">• N/A
------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------	-------------------------------------------------------