

# The MalariaCare Toolkit

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

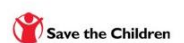
# Outreach Training and Supportive Supervision (OTSS) Consolidated Checklist

*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).



**MalariaCare**  
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U.S. President's Malaria Initiative

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MalariaCare checklist for assessing health facility readiness

**A. Health facility information**

Name of Health Facility

Province/Region

District

Name of Head of Health Facility

Signature of Head of Health Facility

Phone Number of Head of Health Facility

Date of Visit (DD/MM/YYYY)

Supervisor's Name

Supervisor's Cadre

Clinical  Lab  Other

Supervisor's Signature

Supervisor's Phone Number

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**B. Human resources: OPD staff**

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

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

**C. Training overview: OPD staff**

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

Are there any OPD staff who have been formally trained in malaria case management in the last two years? Yes No

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

**D. Training detail: OPD staff**

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

	Response
Clinical staff trained in RDTs in the last two years	
Name of organization that conducted RDT training	
Clinical staff formally trained in case management in the last two years	
Name of organization that conducted case management training	

**E. Inpatient services and referral systems**

- Does this health facility have overnight/inpatient beds? Yes No
- Does this health facility generally refer patients with severe malaria to a higher-level facility? Yes No

**If yes: answer the following questions in this section.**

- What is the level of the health facility?
- Health center       District hospital       Regional hospital       Other
- Do you have a phone number for the referral facility? Yes No
- Do you normally give a verbal report or travel with a severely ill patient to the referral facility? Yes No
- Do you give a written report to the referral facility? Yes No
- Is there a readily available transport system (ambulance) for severely ill patients? Yes No
- Do you usually get feedback about patients transported to a higher-level facility? Yes No

**F. Waste management**

- How does this facility *finally* dispose of medical waste?
- Burning (incinerator or protected environment)       Dump without burning (protected environment)
- Disposal in unprotected environment       Other: \_\_\_\_\_
- Does this facility have any guidelines or standard precautions for infection prevention? Yes No  
 (Only mark "Yes" if observed.)

MalariaCare checklist for assessing health facility readiness

**G. Malaria reference material**

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

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

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

**H. Malaria reporting**

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

Have malaria monthly reports been available at this facility for the last three months? Yes No

Where are malaria monthly reports kept at this facility?

Are there outpatient registers available in this facility? Yes No

Where are outpatient registers kept at this facility?

Are there AL pharmacy registers available in this facility? Yes No

**I. Stockouts of antimalarials**

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

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

## J. Stockouts of other essential drugs

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

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

## K. Clinical equipment

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

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

## L. Malaria diagnostics

Does this facility perform malaria microscopy?  Yes  No

Does this facility perform malaria RDTs?  Yes  No

If yes, answer sections M-P.

## M. Stockouts of malaria RDTs



MalariaCare checklist for assessing health facility readiness

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

**N. Malaria reference material: RDTs**

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

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

**O. External quality assurance**

Does this facility conduct RDT validation exercises?  Yes  No  
 If yes, date of last validation (MM/YYYY)

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

Are there registers for recording RDT test results?  Yes  No  
 Is turnaround time for preparation and recording documented in the register?  Yes  No  
 If yes, turnaround time for preparation and recording of the test result (in minutes):

**Q. Pharmacy/clinical register**

Are pharmacy or clinical registers available?  Yes  No

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

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

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

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

## R. Laboratory register

Are laboratory registers available at this facility?

Yes  No

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

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

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

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

**Use the forms in the next two pages.**

MalariaCare checklist for assessing health facility readiness

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

## **S. Instructions for using the RDT 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.**

MalariaCare checklist for assessing health facility readiness

**T. Preparing and reading RDTs**

Type of provider		Observation 1	Observation 2	Observation 3
1. <b>Medical Officer</b> 2. <b>Medical Assistant</b> 3. <b>Clinical Officer</b> 4. <b>Medical Intern</b>	5. <b>Nurse</b> 6. <b>Lab Tech</b> 7. <b>Lab Assistant</b> 8. <b>Other (specify)</b>	<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)				
RDT preparation				
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
Patient preparation				
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
Blood collection and application to RDT				
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

MalariaCare checklist for assessing health facility readiness

<b>RDT procedure</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
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>Reason if unable to conduct/ complete RDT observation:</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Write the reason number in the box for each observation.  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:

MalariaCare checklist for assessing health facility readiness

**U. Additional comments on the observations**

**Observation 1:**

**Observation 2:**

**Observation 3:**

**V. Human resources: Laboratory staff**

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

	Total employed
Laboratory Tech	<input type="text"/>
Laboratory Assistant	<input type="text"/>
Student/Intern	<input type="text"/>
Other medical staff	<input type="text"/>
Total staff in the laboratory today	<input type="text"/>

**W. Training overview: Laboratory**

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

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

**If “Yes” to either question above, fill in Section X. If "No", go to Section Y.**



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**X. Training detail: Laboratory**

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

Clinical staff above trained on RDTs in the last two years

Name of organization that conducted RDT training

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

Name of organization that conducted microscopy training

Response


MalariaCare checklist for assessing health facility readiness

**Y. Stockouts for malaria microscopy**

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

- Lancets/needles and syringes Yes No
- Methylated spirits Yes No
- Glycerol Yes No
- Giemsa stain and/or field stain Yes No
- Buffer solution/tabs Yes No
- Microscope slides Yes No
- Immersion oil Yes No
- pH paper/meter Yes No
- Has this lab experienced a power outage during the last three months that limited the ability to perform malaria microscopy? Yes No

**Z. Microscopes, spare parts, and maintenance**

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

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


Number of nonfunctional microscopes at the health facility

Are there standard microscope repair kits? Yes No

If “Yes,” how many?

--

Are there spare bulbs in stock? Yes No

Are there fuses in stock? Yes No

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

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

## MalariaCare checklist for assessing health facility readiness

### AA. Minor laboratory equipment

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

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

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**BB. Internal quality assurance**

Does this facility have a microscopy IQA program?

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

Yes  No

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

Yes  No

Are standards used to calibrate the pH meter?

Yes  No

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

Yes  No

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

Yes  No

Are slides stored for rereading?

Yes  No

Are slides stored in slide boxes?

Yes  No

Is malaria species identification routinely performed?

Yes  No

Is parasite counting performed?

Yes  No

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

Plus System

Parasites/ $\mu$ L

% RBC infected with malaria parasites

**CC. External quality assurance**

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

Yes  No

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

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

Yes  No

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

Yes  No

If “Yes”, what is the average turnaround time for the last week (in minutes)?

**EE. Laboratory malaria reference material**

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

SOP: Microscopy

Yes  No

Bench aid: Microscopy

Yes  No

SOP: Use of RDTs in the lab

Yes  No

Bench aid: Use of RDTs in the lab

Yes  No

**FF.Malaria microscopy EQA/IQA (slide rechecking)**

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

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

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Slide #	Supervisor		Lab Staff	
	Parasites/ $\mu$ L	Species	Parasites/ $\mu$ L	Species
	<input type="checkbox"/> Unknown/ No Test Result		<input type="checkbox"/> Unknown/ No Test Result	

## **GG. Instructions for using the microscopy observation checklist**

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

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

MalariaCare checklist for assessing health facility readiness

**HH. Preparing thick and thin blood films**

Type of provider	Observation 1	Observation 2	Observation 3
1. Lab Tech 2. Lab Assistant 3. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Other: _____	Other: _____	Other: _____
Has this worker received OTSS mentorship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>If “Yes,”</b> how many times? (Leave blank if not mentored)	_____	_____	_____
Patient/slide preparation	Observation 1	Observation 2	Observation 3
Patient identified and ID information recorded in register?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Gloves worn?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not available
Slide cleaned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide labeled with date and patient’s name and/or number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Specimen collection: Finger prick	Observation 1	Observation 2	Observation 3
Was collection via finger prick?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If “Yes,” proceed with this section. If “No,” skip to next section “Specimen Collection: Venipuncture.”</b>			
Finger cleaned with alcohol and allowed to dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finger pricked, first drop of blood wiped off, and next drop placed on slide without touching finger?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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<b>Specimen collection: Venipuncture</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Was collection via venipuncture?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If “Yes,” proceed with this section. If “No,” skip to next section “Spreading Thick Films.”</b>			
Labeled EDTA collection tube with date and patient’s name and/or number?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Puncture site cleaned with alcohol and allowed to dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sterile needle and syringe or vacutainer assembled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Venous blood sample successfully collected and gently mixed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Spreading thick films</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Blood from only one patient applied to each slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blood sample spread into 1- to 2-cm diameter circle; can read print placed under the slide? (Supervisor should verify to answer this question)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide air-dried before staining?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Spreading thin films (If this lab does not do thin films, mark “N/A” in this section)</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Blood from only one patient applied to each slide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Thin film spread out in feathered pattern (thins out toward end, dispersed and dome-shaped in appearance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide air-dried before staining?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>Feedback</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Supervisor: Did you provide feedback to lab staff on issues identified during observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason if unable to conduct/complete microscopy preparation observation:</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>

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<p>Write the reason number in the box for each observation</p> <ol style="list-style-type: none"><li>1. Lack supplies/equipment</li><li>2. Lack of power</li><li>3. No malaria microscopy tests ordered</li><li>4. No lab staff who conduct malaria microscopy</li><li>5. Stopped due to potential patient harm</li><li>6. Not enough time during facility visit</li><li>7. Other (specify)</li></ol>	<div data-bbox="760 195 868 302" style="border: 1px solid black; width: 67px; height: 51px; margin: 0 auto;"></div> <p data-bbox="699 436 786 464">Other:</p>	<div data-bbox="1044 195 1153 302" style="border: 1px solid black; width: 67px; height: 51px; margin: 0 auto;"></div> <p data-bbox="980 457 1066 485">Other:</p>	<div data-bbox="1331 195 1440 302" style="border: 1px solid black; width: 67px; height: 51px; margin: 0 auto;"></div> <p data-bbox="1265 457 1351 485">Other:</p>
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MalariaCare checklist for assessing health facility readiness

**II. Staining thick and thin blood films**

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

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Stain filtered prior to use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staining thick films</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Slide immersed in 10% Giemsa stain for 10–15 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slide rinsed carefully with water (caution with thick smears since not fixed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Staining thin films</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
(If not done in this laboratory, mark “N/A” in this section)			
Slide fixed with absolute methanol (2–3 seconds) and allowed to air dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide immersed in 10% Giemsa stain for 10–15 minutes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Slide rinsed carefully with water?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

MalariaCare checklist for assessing health facility readiness

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

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<b>Waste management</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Sharps waste segregated and safely disposed in a safety box?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Infectious waste disposed of in appropriate waste containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Liquid waste appropriately washed off/disinfected?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Feedback</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Supervisor: Did you provide feedback to lab staff on issues identified during observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Reason if unable to conduct/complete microscopy staining observation:</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
<p>Write the reason number in the box for each observation</p> <ol style="list-style-type: none"> <li>1. Lack supplies/equipment</li> <li>2. Lack of power</li> <li>3. No malaria microscopy tests ordered</li> <li>4. No lab staff who conduct malaria microscopy</li> <li>5. Stopped due to potential patient harm</li> <li>6. Not enough time during facility visit</li> <li>7. Other (specify)</li> </ol>	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Other:</p>	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Other:</p>	<div style="border: 1px solid black; width: 60px; height: 60px; margin: 0 auto;"></div> <p>Other:</p>

MalariaCare checklist for assessing health facility readiness

**JJ. Reading thick and thin blood films**

Type of provider	Observation 1	Observation 2	Observation 3
		<input type="checkbox"/> Same worker from Obs 1 <input type="checkbox"/> A new worker	<input type="checkbox"/> Same worker from Obs 1 <input type="checkbox"/> Same worker from Obs 2 <input type="checkbox"/> A new worker
1. <b>Lab Tech</b> 2. <b>Lab Assistant</b> 3. <b>Other (specify)</b>	<div style="text-align: center;">□</div> Other:	<div style="text-align: center;">□</div> Other:	<div style="text-align: center;">□</div> Other:
Has this worker received OTSS mentorship before?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes", how many times? (Leave blank if not mentored)			
What type of slide was prepared?	<input type="checkbox"/> Thick smear <input type="checkbox"/> Thin smear <input type="checkbox"/> Both	<input type="checkbox"/> Thick smear <input type="checkbox"/> Thin smear <input type="checkbox"/> Both	<input type="checkbox"/> Thick smear <input type="checkbox"/> Thin smear <input type="checkbox"/> Both
Reading slides	Observation 1	Observation 2	Observation 3
<b>Thick smear:</b> Reported slide as positive or negative for parasites?	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result
Supervisor: Do you agree with this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Thick or thin smear:</b> Was quantification performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," how was quantification supported? 1. <b>Plus System</b> 2. <b>Parasites/μL</b> 3. <b>% of RBC infected with malaria parasites</b>	<div style="text-align: center;">□</div>	<div style="text-align: center;">□</div>	<div style="text-align: center;">□</div>
Report quantification	_____	_____	_____

MalariaCare checklist for assessing health facility readiness

Reading slides	Observation 1	Observation 2	Observation 3
Supervisor: Do you agree with this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Thin smear:</b> Was speciation performed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (thick smear only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (thick smear only)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (thick smear only)
Species of parasites found: 1. <i>Plasmodium falciparum</i> 2. <i>P. malariae</i> 3. <i>P. ovale</i> 4. <i>P. vivax</i> 5. Mixed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Supervisor: Do you agree with this assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was the quality of stain adequate? (Adequate=did NOT require filtering due to heavy precipitate and was NOT too pink or too blue due to inappropriate pH)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Slides recycled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Feedback	Observation 1	Observation 2	Observation 3
Supervisor: Did you provide feedback to lab staff on issues identified during observation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reason if unable to conduct/ complete microscopy reading observation:	Observation 1	Observation 2	Observation 3
Write the reason number in the box for each observation  1. Lack supplies/equipment 2. Lack of power 3. No malaria microscopy tests ordered 4. No lab staff who conduct malaria microscopy 5. Stopped due to potential patient harm 6. Not enough time during facility visit 7. Other (specify)	<input type="text"/>  Other:	<input type="text"/>  Other:	<input type="text"/>  Other:



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**KK. Additional comments on the observations**

**Observation 1**

**Observation 2**

**Observation 3**

## **LL. Instructions for using the clinical observation checklist**

**Clinical supervisors should use the checklist in the following pages to observe three clinicians treating febrile patients.**

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

MalariaCare checklist for assessing health facility readiness

**MM. Examination of febrile patients**

Type of provider		Observation 1	Observation 2	Observation 3
1. Medical Officer 2. Medical Assistant 3. Clinical Officer 4. Medical Intern	5. Nurse 6. Student on Attachment 7. Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Other:	Other:	Other:
Has the health worker been formally trained in malaria case management?		<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 outreach training and supportive supervision 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)				
Clinical history: General		Observation 1	Observation 2	Observation 3
Does the health worker ask/check for:				
Age of patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Weight of patient?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Whether the patient is pregnant? (If female is aged 15-49 years)		<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
Current fever or fever in last 24 hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diarrhea?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did clinician ask if diarrhea was bloody? (Choose "N/A" if no diarrhea)		<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
Vomiting?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cough?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did clinician ask about duration of cough? (Choose "N/A" if no cough)		<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
Other symptoms (discharge from ear, rash, etc.)?		<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 treatment given before coming to this health facility (either at home or another health facility)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," did the health worker ask about the type of treatment? (Choose "N/A" if no treatment given)		<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
Similar illness in the last few weeks?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral from another facility?		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MalariaCare checklist for assessing health facility readiness

<b>Clinical history:</b>						
<b>Signs of severe malaria</b>						
	<b>Observation 1</b>		<b>Observation 2</b>		<b>Observation 3</b>	
Does the health worker ask/check for signs of severe disease?	<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 “Yes,”</b> does the health worker ask/check for:						
Change in behavior, altered consciousness, or coma?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Convulsions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reduced urinary output or dark urine?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Spontaneous bleeding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Prostration/generalized weakness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Inability to drink?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Deep breathing/respiratory distress?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Jaundice (yellow eyes or skin)?	<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>Physical examination</b>						
	<b>Observation 1</b>		<b>Observation 2</b>		<b>Observation 3</b>	
Does the health worker ask/check for:						
Evidence of anemia (palmar/conjunctival pallor)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fast breathing or chest in-drawing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart rate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the health worker conduct a general physical exam, including:						
Temperature taking?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Eye, ear, nose, and throat exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Neck exam (stiffness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lung exam?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Abdominal exam (tenderness)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skin exam (rash/dehydration)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Altered consciousness?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

MalariaCare checklist for assessing health facility readiness

**NN. Diagnosis of febrile patients**

<b>Diagnosis</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Does the health worker order/conduct a malaria test?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervisor: Do you agree with the health worker's decision to order or not order a malaria test?	<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>Diagnostic test results</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
What type of malaria test was done?	<input type="checkbox"/> RDT <input type="checkbox"/> Microscopy <input type="checkbox"/> Test not available <input type="checkbox"/> Test not ordered	<input type="checkbox"/> RDT <input type="checkbox"/> Microscopy <input type="checkbox"/> Test not available <input type="checkbox"/> Test not ordered	<input type="checkbox"/> RDT <input type="checkbox"/> Microscopy <input type="checkbox"/> Test not available <input type="checkbox"/> Test not ordered
Malaria test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result	<input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Unknown/ No test result
Hemoglobin/hematocrit result(s)	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered
Blood glucose results	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered
Urinalysis	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered	<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not ordered
<b>Final diagnosis</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
What is the health worker's final diagnosis? (Write the diagnosis number in the box for each observation.)			
1. Malaria 2. Acute respiratory infection (ARI)/ pneumonia 3. Other febrile illness	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>	<input style="width: 50px; height: 30px;" type="text"/>
Does the health worker assess the patient as having severe or nonsevere disease?	<input type="checkbox"/> Severe disease <input type="checkbox"/> Nonsevere disease	<input type="checkbox"/> Severe disease <input type="checkbox"/> Nonsevere disease	<input type="checkbox"/> Severe disease <input type="checkbox"/> Nonsevere disease
Did the health worker appropriately classify the illness according to disease diagnosis and severity?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MalariaCare checklist for assessing health facility readiness

**OO. Treatment of febrile patients**

Treatment	Observation 1	Observation 2	Observation 3
Was an antimalarial drug treatment given?	<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 "Yes",</b> indicate first antimalarial given in the boxes below. (Write the drug number in the box for each observation.)			
1. LA 2. ASAQ 3. Injectable Artesunate 4. Injectable Quinine 5. Rectal Artesunate 6. Quinine (oral) 7. Quinine (oral) + Clindamycin 8. SP 9. Chloroquine 10. Other (specify)	<input type="text"/>  Other:	<input type="text"/>  Other:	<input type="text"/>  Other:
Was antimalarial given according to national guidelines (correct dosage and duration for case)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Antimalarial not prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Antimalarial not prescribed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Antimalarial not prescribed
Supervisor: Do you agree with the health worker's decision to provide or not provide an antimalarial?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were antibiotics prescribed?	<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 "Yes",</b> indicate prescribed antibiotic below. (Write the drug number in the box for each observation.)			
1. Trimethoprim-sulfamethoxazole or cotrimoxazole 2. Amoxicillin 3. Other IM/IV antibiotics (specify) 4. Other oral antibiotics (specify)	<input type="text"/>  Other:	<input type="text"/>  Other:	<input type="text"/>  Other:

MalariaCare checklist for assessing health facility readiness

**PP. Communication with patients**

<b>Communication about uncomplicated disease</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Supervisor: Should this patient be treated as an outpatient?	<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 "Yes":</b>			
Was caregiver/patient informed about what is wrong with the patient?	<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 advice given on how to take the prescribed medications?	<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 advice given on when to return for follow-up evaluation?	<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 advice given on malaria prevention?	<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 caregiver/patient asked if they had any questions?	<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>Communication about severe disease</b>	<b>Observation 1</b>	<b>Observation 2</b>	<b>Observation 3</b>
Should this patient be referred or admitted for treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Was</u> the patient referred or admitted for treatment?	<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 "Yes,"</b> was the patient <b>Referred</b> to a higher-level facility or <b>Admitted</b> to an inpatient unit in the current facility?	<input type="checkbox"/> Referred <input type="checkbox"/> Admitted	<input type="checkbox"/> Referred <input type="checkbox"/> Admitted	<input type="checkbox"/> Referred <input type="checkbox"/> Admitted
Was the caregiver/patient informed about what is wrong with the patient?	<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 caregiver/patient informed about the referral or admission?	<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 caregiver /patient given reasons for referral or admission?	<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 caregiver /patient informed about what will be done?	<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 caregiver /patient asked if she or he had questions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

MalariaCare checklist for assessing health facility readiness

**QQ. Giving feedback to staff**

	Observation 1	Observation 2	Observation 3
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
Reason if unable to conduct/ complete clinical observation:	Observation 1	Observation 2	Observation 3
Write the reason number in the box for each observation.  1. No febrile patient available 2. No clinician available 3. Patient referred out 4. Stopped consultation due to potential patient harm 5. Not enough time during facility visit 6. Other (explain)	<input style="width: 50px; height: 50px;" type="text"/>  Other:	<input style="width: 50px; height: 50px;" type="text"/>  Other:	<input style="width: 50px; height: 50px;" type="text"/>  Other:
Based on your overall observations, how would you rate this facility in terms of its general examination for malaria?	<input type="checkbox"/> Unsatisfactory <input type="checkbox"/> Fair <input type="checkbox"/> Satisfactory <input type="checkbox"/> Excellent		

**RR. Additional comments on the observations**

<b>Observation 1</b>
<b>Observation 2</b>
<b>Observation 3</b>



## SS. 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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