

987 Using outreach training and supportive supervision (OTSS) to monitor adherence to updated malaria case management guidelines in the eastern region of Ghana

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Introduction

In Ghana, malaria contributes to 38 percent of all hospital visits and 7 percent of deaths.¹ In 2014, Ghana revised its national malaria case management guidelines in line with the World Health Organization's (WHO) 2010 recommendation to ensure parasitological confirmation of all suspected malaria cases before treatment with Artemisinin-based combination therapy (ACT). To facilitate uptake of the updated national guidelines at health facility level and enhance the quality of malaria case management, MalariaCare, funded by the US President's Malaria Initiative, supported Ghana's National Malaria Control Program (NMCP) to conduct onsite training and supportive supervision (OTSS) visits to 26 districts in Ghana's Eastern region.

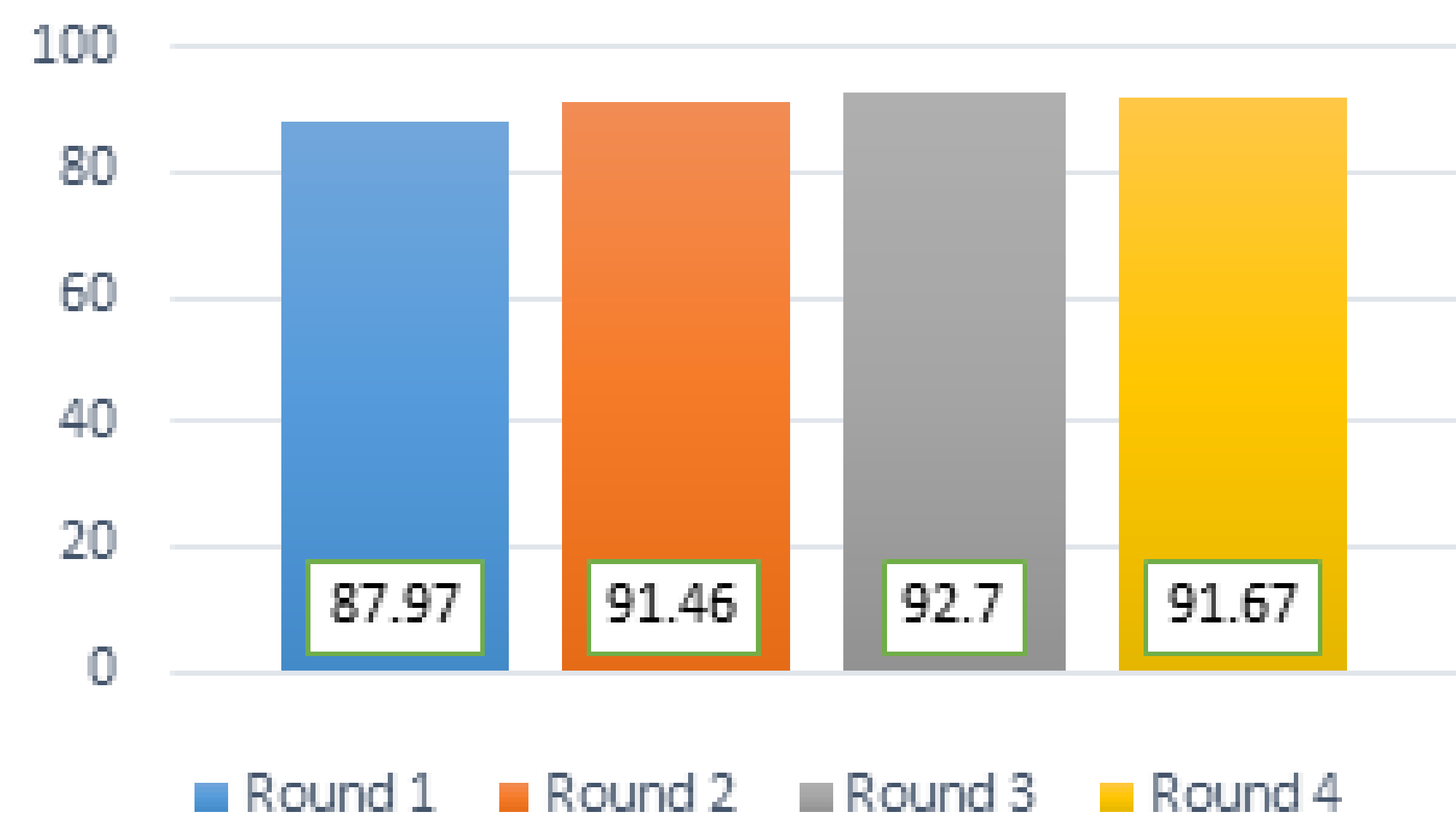
Methods

Regional and district supervisors from Ghana's NMCP received refresher training on the updated malaria case management guidelines, proper use of malaria rapid diagnostic tests (RDTs), mentoring skills and data management. The trained supervisors were then supported to conduct OTSS visits to health facilities in their respective districts. Four rounds of OTSS were conducted between November 2013 and June 2015, reaching a total of 435, 182, 426, and 528 health facilities in rounds 1, 2, 3, 4 respectively. Overall, 1,571 health facility visits were made during the period. Observations, practical demonstrations, on-the-job training and patient record reviews were conducted by supervisors using a standardized checklist developed by MalariaCare. Data captured from these checklists was then entered into Epi-info 7, exported to Excel, and analyzed in SPSS 20. Results were then compared to assess performance overtime.

Results

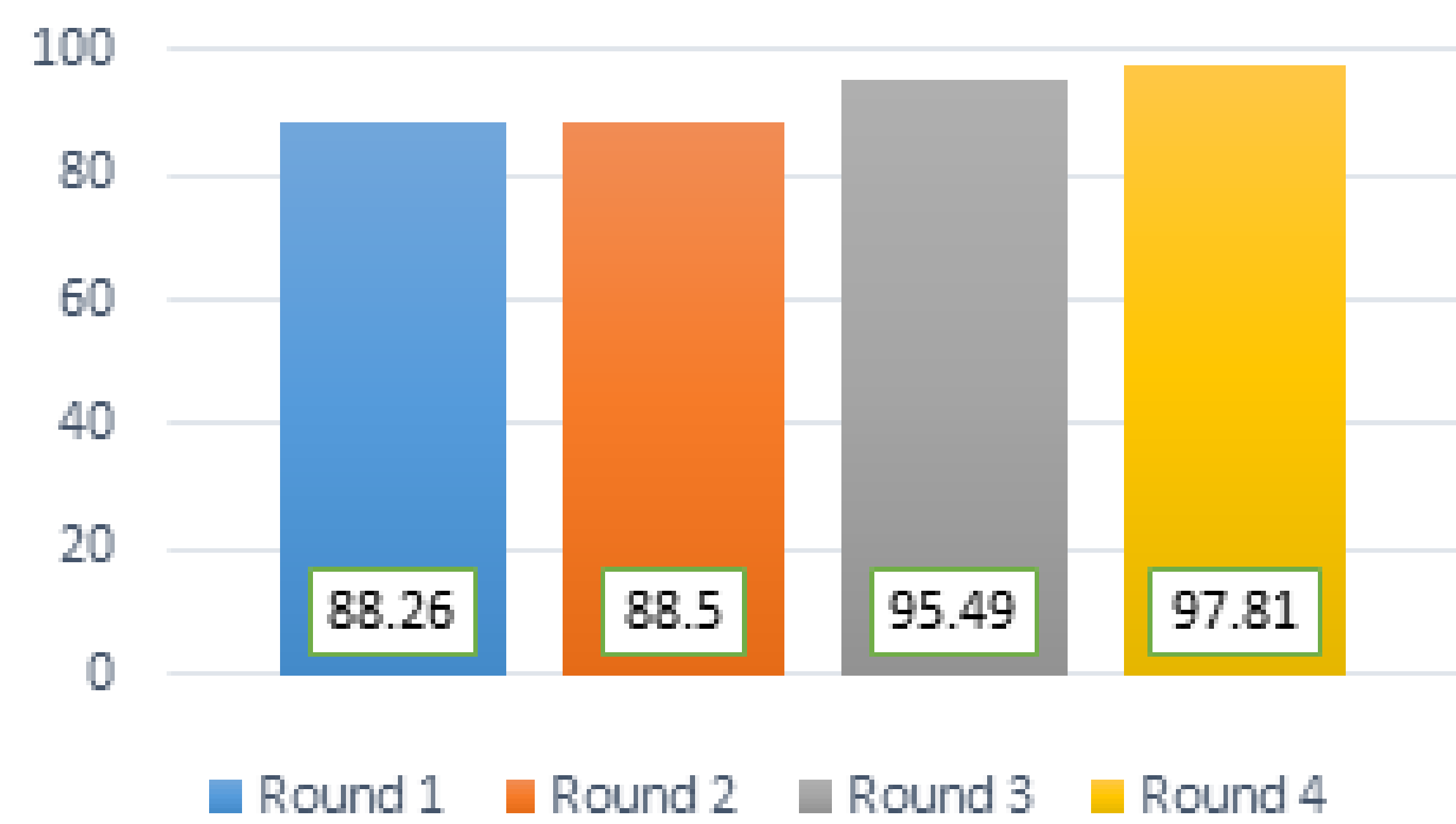
On average, across all four OTSS rounds, 84 percent of health facility staff interviewed said that they had benefited from a formal training on malaria case management.

Figure 1: Composite scores for clinical fever evaluation classification across four OTSS rounds, Ghana



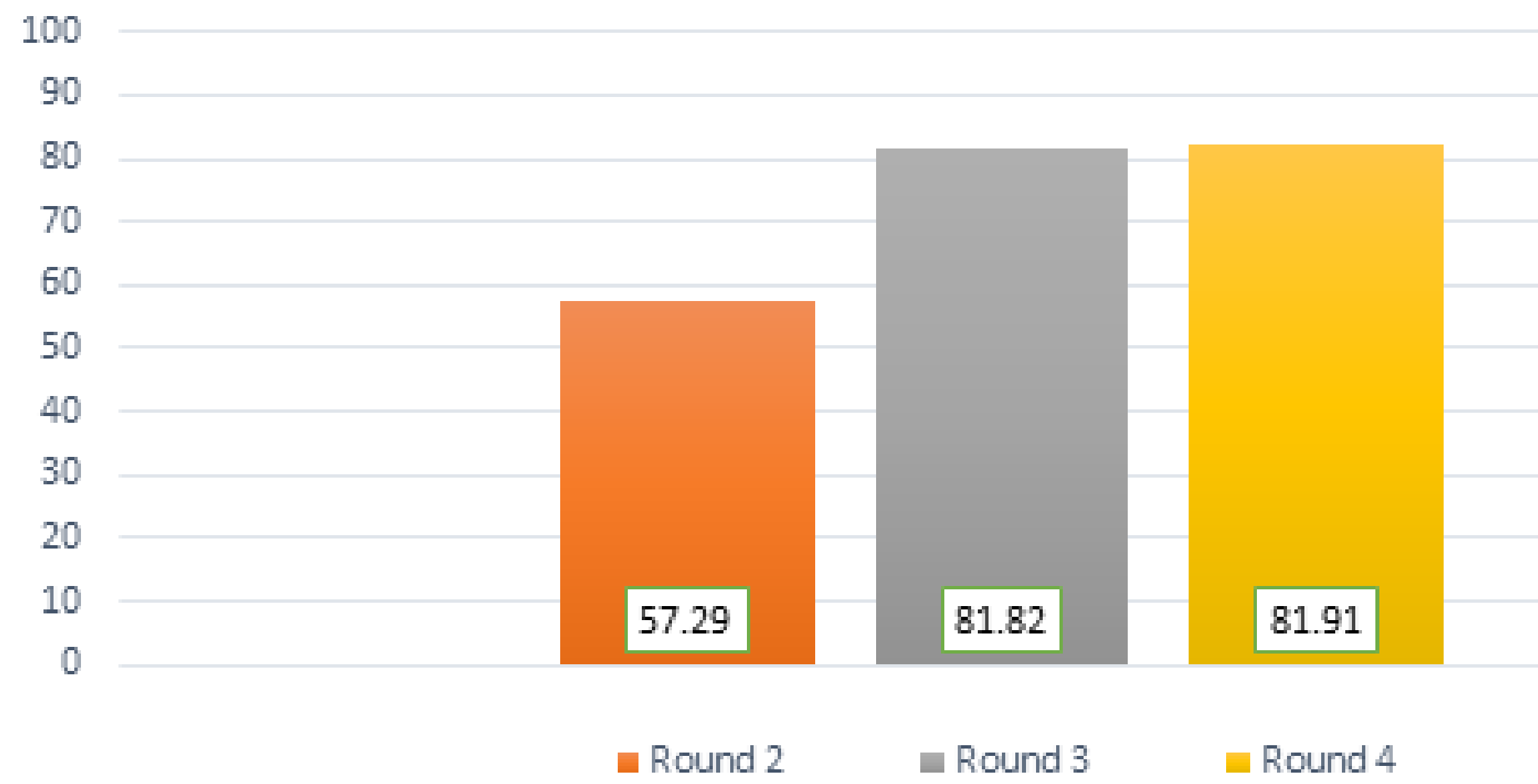
The composite score for clinical fever evaluation increased from 87.97 percent in round 1 to 91.67 percent in round 4.

Figure 2: Correctly requesting a malaria diagnostic test across four OTSS rounds, Ghana



Performance on this indicator increased from 88.26 percent correctly requesting a malaria test to confirm the diagnosis (round 1) to 97.81 percent (round 4).

Figure 3: Correct adherence to negative malaria test results across three OTSS rounds



Note: Data on this indicator was not collected during round 1.

Following a diagnostic test, 81.9 percent of staff observed in round 4 adhered to a negative test result, and 93.7 percent prescribed according to guidelines.

Conclusions

- Routine OTSS, following didactic training, helped ensure effective implementation of the revised case management guidelines at health facility level. This approach also helps increase the quality malaria case management in health facilities, as new staff entering the health work force must be up to date on current national guidelines.
- Improvement in adherence to negative test results has been challenging. MalariaCare has worked to improve provider confidence in identifying other causes of fever and to collect data on drug supplies that can be used to help identify drug stock-outs of alternative treatments.
- OTSS visits provide an effective means of reaching large numbers of health workers with on-the-job training and orientation to updated national malaria case management guidelines. Due to budgetary limitations of the national program, not all health providers have the opportunity to benefit from didactic training.

Acknowledgements

- United States President's Malaria Initiative
- Ghana Health Service
- National Malaria Control Program, Ghana

Reference

1. Annual Report, 2015. National Malaria Control Program