

## Integrated Malaria Services Support Supervision Check List

District -----HSD----- Quarter; ----- Date -----

Facility Name----- Sub County -----

Type (Public, PNFP, PFP) -----

Level (HCII, III, IV, Hospital) -----

Supervisors Conducting the supervision: Name, Rank, Address & Tel Contact

1.-----

2.-----

3.-----

### **INSTRUCTIONS TO SUPERVISORS**

1. Complete all the sections of the assessment form. Data sources are from your observations using provided checklist (for health work skills & client exit interviews, HMIS records and stores stock cards).
2. Make sure that your approach, as a supervisor instills confidence and cooperation from your respondents. A supervisors attributes are patience, friendliness, understanding, supportive and seeking to help and not condemn.
3. During the post support supervision feed back and mentoring of health workers, start from positive findings, which would be motivating for the audience to ear. Areas you find to be deficient communicate them as areas needing more attention and improvement. Avoid works like poor deficient, etc which largely negative and are likely to be resisted.
4. Get ways of skillfully handling difficult respondents. Avoid falling into the trap of confrontational respondents. Keep your cool and patience. Keep a worm and friendly composure.
5. Leave a feed back form with areas needing improvement, responsible person and time scale in the health facility NUMAT provided support malaria services file. You will refer to it during the next quarter exercise.
6. For ITN services data, pick a copy from the NUMAT malaria supported services file, where health facility monthly reports are filed. This copy will be used to fill the district consolidated monthly summary. If the facility has not filled these monthly reports, you will be provided with blank forms, so that you can extract the data from the ITN/Integrated reproductive health registers.
7. After the feed back session, allow health workers to ask questions for clarifications.
8. You may engage the health workers in a brief focused group discussion on what they feel need improvement and how they think it can be done.

## SECTION A: HEALTH WORKER SKILLS-OBSERVATION CHECKLIST

*Instruction:* Observe a health worker assessing a pregnant woman in the ANC Clinic. Record what you hear or see and fill in the appropriate response.

	<b><u>Instructions: If yes (1), If no (0)</u></b>	
	<b><u>Reception &amp; History taking (listen &amp; observe)</u></b>	
1	Health worker greet the pregnant woman on receiving her	
2	Health worker take history of clients health & pregnancy	
3	Health worker ask if the pregnant woman has fever	
4	Health worker ask whether the pregnant woman has been on treatment	
5	Health worker ask about previous administration of IPTp	
6	Health worker ask whether the pregnant woman uses an ITN	
4	Health worker request for a BS for MPs if client presents with clinical malaria	
	<b><u>Examinations (observe &amp; record)</u></b>	
1	Health worker carry out a comprehensive (general) examination on the pregnant woman	
2	Health worker (or another staff) check the temperature of the pregnant women	
3	Health worker specifically check for anemia on the pregnant woman?	
3	Health worker carry out an appropriate obstetric examination to the pregnant woman	
	<b><u>Treatment</u></b>	
1	Health worker prescribe IPTp for the pregnant woman	
2.	Health worker administer IPTp under supervision (DOT)	
3.	Health worker ask about previous allergy to SP before she give IPTp	
4.	If the pregnant woman has malaria now, the health worker prescribe oral treatment for malaria according to national guidelines	
5.	The pregnant woman needing referral receive appropriate pre-referral treatment	
6.	If the pregnant woman has another ailment, the health worker treats her according to guidelines.	
7.	Treatment guidelines available on the examination table	
8	The health worker refers to treatment guidelines	
	<b><u>Recording (Check ANC card &amp; register)</u></b>	
1.	HW records properly the particular of the pregnant women on the ANC card	
2	HW properly record the particulars of the pregnant woman in the <u>antenatal register</u>	
3	Health worker properly record the ANC visit (e.g. 1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> ,) in the <u>antenatal register</u>	
4	Health worker record the <u>gestation age</u> of expectant mother (e.g. 28/40) at this visit on the <u>antenatal card</u>	
5	Health worker record the <u>gestation age</u> of expectant mother (e.g. 28/40) at this visit in the <u>antenatal register</u>	
6	Health worker record the <u>diagnosis</u> of expectant mother at this visit in the <u>antenatal register &amp; card</u>	
7	Health worker record the <u>information on IPTp</u> given on the <u>ANC card</u>	
8	Health worker record <u>the information on IPTp</u> given in the <u>ANC register</u>	
9	HW gives IPTp according to the recommended <u>gestation age</u>	
10	HW record use of ITNs during pregnancy on <u>antenatal card &amp; register</u>	
	<b><u>Communication (observes &amp; listen)</u></b>	
1	Health worker explain to the clients the dangers of malaria in pregnancy	
2	Health worker clearly explain the <u>need for IPTp</u> to the clients	
3	Health worker tell the pregnant woman when to <u>return</u> for the 2nd dose of IPTp and follow up	

	ANC visit	
4	If put on treatment, the health worker explain the <u>correct use</u> of anti malarial drugs to the pregnant woman	
5	Health worker <u>counsel</u> the pregnant woman on ITNs	
6	Health worker explain to the pregnant woman <u>danger signs of pregnancy and what to do</u>	
7	Health workers asks if the mother knows her HIV status, that of her partner and ways of HIV prevention in their couple relationship	
8	Health worker explains the need to go for HCT during pregnancy with the partners	
9	Health worker explains to the mother the services available to HIV+ mothers in order to prevent mother to child transmission of HIV/AIDS	

**POST SUPERVISION FEED BACK & MENTORING**

Note: This Form should be filled in 2 copies. One remains at the facility; the other accompanies the supervision report.

Date -----

Supervision Area	Scores; 1=very good, 2=adequate, 3=need improvement. Below list supervision area with its score, e.g. staff skills =2.		Areas for Improvement; List them	Timeline
	Below , list supervision area	Score		
Staff skills; history taking, examination, diagnosis, prescription, IPT DOT services and health education				
Record Keeping and reporting				
Drug and logistics stocks for malaria services delivery				
Client satisfaction and utilization levels for the services				

Name of the supervisor -----Signature -----

Name of the Health Unit In charge or representative -----

**# of staff mentored in IPT/IRH Services Male----- Female----- Total -----**

**# of RDT bal last qrter....., RDT supplied.....RDT used..... RDT balance.....**

**#of LLITN prev qrter balance.....,LLITN supplied..... LLIT used.....Bal.....**

Signature-----

### Clarifications & Explanations

<b>Supervision area</b>	<b>Clarifications</b>
Staff skills; history taking, examination, diagnosis,	Refer to supervision tool with reference to staff whether staff has received refresher courses in Integrated reproductive health & IPT, history taking, examination, diagnosis, prescription & treatment health education, IPT DOT services & communication to patient
Record Keeping and reporting	Proper use of ANC cards, patent registers, accurate filling of clinical details, proper filing of HMIS forms, timely submission of completed forms
Drug and logistics stocks for malaria services delivery	Adequate stocks of drugs and logistics for malaria control (Sulfadoxine Pyrimethamine (SP), Artemther Lumefantraine (Coartem®), ITN Nets, Clean water vessels, dispensing cups and water treatment tabs (aquasafe®)
Client knowledge of Integrated reproductive health services and control of malaria in pregnancy, satisfaction and utilization levels for the services	Refer to supervision tool with reference to client knowledge on dangers of malaria in pregnancy, services available or control of malaria in pregnancy, utilization of these services (ANC, IPT, LLITN), birth preparedness and birth plan, whether client is happy with services given and if he is planning to deliver from this unit. If not so why
Follow up activities	Areas should be within the broad areas supervised, responsible person and timelines. These should be listed down

## **ANNEX 2: HEALTH WORKERS MENTORING GUIDE**

The purpose of this support supervision is to build the capacity of health workers to deliver quality malaria in pregnancy services integrated in broader reproductive health services.

For quality services delivery, the skills of health workers to deliver these services must be regularly updated. In service training and mentoring through quarterly integrated support supervision is one the mechanisms for doing this. This guide provides key areas that should be communicated to health workers and regular mentoring done to ensure that the skills are put to use.

Key areas that should be supported during this exercise are elaborated in the following sections.

### **Malaria in pregnancy**

#### **The burden of malaria in pregnancy**

Pregnant women are more vulnerable to malaria than the general population (especially during the 1<sup>st</sup> 2 pregnancies). In malaria endemic areas, malaria infection may be silent (not clinically expressed). The main areas infected are the placenta leading to placental sequestration. The main consequences of chronic placental malaria infection include; intrauterine growth retardation, low birth weight, intrauterine deaths and sometimes abortion. In addition, the transmission of HIV from the mother to the unborn child is also increased. Mothers suffer from chronic anemia, as a result of the prolonged infestations and infection with malaria. All these lead to poor child, mother survival and pregnancy outcomes.

#### **Control of malaria in pregnancy strategies**

Control of malaria in pregnancy depends on two strategies; prevention of malaria in pregnancy and early case detection and effective treatment.

##### **Prevention of malaria in pregnancy**

Two strategies are used; intermittent preventive treatment in pregnancy (IPTp) and use of long lasting insecticide treated nets (LLITN).

##### **IPTp services**

For IPTp services, currently sulfadoxine pyrimethamine - SP (Fansidar®) is being used, starting with the end of 1<sup>st</sup> trimester.

### Administration

Two doses, IPTp 1 and IPTp 2 are recommended. IPTp 3 is recommended for HIV positive mothers. Up to 4 doses of IPTp can be administered, provided monthly intervals are observed.

### Contraindications

For patients who are on septrin® prophylaxis, SP should not be given. SP is contraindicated during the 1<sup>st</sup> trimester and for patients with a history of allergy to sulphur containing drugs.

### Practical considerations

IPTp is administered as directly observed therapy/treatment (DOT) which is the recommended approach by NMCP and WHO. Through this approach, only SP doses taken by the client and witnessed by the health workers are recorded (as IPTp1, 2, or more, depending on the status). Therefore SP must be administered in ANC consultation rooms, after which this treatment is documented in the patient's card and the reproductive health integrated register. For this to occur, clean water facilities - safe/treated water is essential. The ANC clinic must therefore contain, a clean water vessel, water dispensing caps and mechanisms for treating the water so as to ensure its safety. Currently aquasafe® is being used for water treatment. A tablet of aquasafe® is used to treat 20 liters of tap water. Two tablets are used for other water sources (bore hole, spring water well, etc). After treatment 20 minutes should elapse before water dispensing is started. Note; the water used must not be turbid. This tablet does not purify, only treats.

### **Goal orientated ANC**

Goal oriented ANC focuses on the health of the mothers and ensures that individual health needs are met. The approach is holistic, looking at a whole range of health services for a pregnant mother; reproductive health needs through quality ANC services, recognition and prevention of complications, health education and promotion (including nutrition and hygiene), disease control, child birth and preparedness for delivery from appropriate health facilities by skilled health workers and family planning.

The five pillars of goal oriented ANC are; early detection and treatment of complications, prevention of complications and disease, birth preparedness and complications readiness; health promotion and provision of care by a skilled attendant.

### **Record keeping**

Key records to be accurately and completely filled are; the ANC client's card, reproductive health integrated register, health facility monthly HMIS reports and other specialized data needs like LLITN distribution lists.

Malaria medicines supplies chain management

This should be done through proper entries in stock cards, timely submission of utilization reports and orders for replenishment

Health Education and community mobilization for more utilization of malaria control services

- a. Health education sessions at ANC clinics
- b. Posters at appropriate waiting places
- c. Community mobilization and campaigns by village leaders and health volunteers (VHT/CMD)
- d. Radio programs (talk shows and sports)

Health facility role in the supervision and support to HBMF services

- a. Distribution of key commodities (registers, medicines, etc)
- b. Follow up and supervision of CMD
- c. Collection and compilation of CMD services data (CMD inventory, monthly reports from CMD, Health facility monthly reports submission to the districts)
- d. CMD/VHT refreshers training through quarterly review meetings

Mentoring Health workers in IPTp, integrated malaria/ and reproductive health services

After the support supervision exercise, feed back should be given to the health workers. This should include gaps in services identifies in line with the supervision check list. In addition, the health workers should have their skills and knowledge updated in accordance with the contents of this guideline

Support supervision report compilation

The report should be summarized in the format provided below



**ANNEX 3 – District IPT Malaria Services Integrated Supervision Quarterly Report Summary**

<p><b>Quarterly Malaria Services Integrated Support Supervision Summary. District-----</b></p> <p><b>Quarter -----</b></p>						
<b>1. General - Systems Issues</b>			<b>District Name</b>			
Name of Health Unit	Staff Skills	Record keeping & reporting	Drug & logistics stocks	Client Satisfaction	Areas for improvement	# of staff mentored <i>IPT</i>

## 2. IPT Section

Name of Health Unit	New ANC (Monthly & Quarter Totals)				IPT1 Uptake (Monthly & Quarter Totals)				IPT2 or More Uptake (Monthly & Quarter Totals)				SP doses supplied in Quarter at HU	Clean water for IPT DOT (Water Vessels # & condition; Water Cups #; Aquasafe tabs, # of doses tabs)			# of HW mentored in IPT in Qry	
	Jan	Feb	march	Qry T	Jan	Feb	march	Qry T	Jan	Feb	march	Qry T	#	Water vessel	Water Cups	Aquasafe tabs	Male	Fem

### 3. LLITN and RDT Section

a) Balance of LLITN in the district store from previous Quarter -----	b) # LLITN supplied to the district stores this quarter -----	c) LLITN supplied to health facilities during the quarter -----	d) # of days of LLITN stock outs at the district stores during the quarter -----
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Name of Health Unit	New ANC Monthly Attendance Summaries			New ANC Quarter	Balance of ITN from the previous quarter	# LLITN Supplied to the HF (Fill in the month when supply delivered)			ITN supplied in the quarter	# LLITN distributed to clients at the HF this quarter- Fill in the month when supply delivered			RDT supplied this qtr	RDT used	RDT available
	1	2	3			Totals	1	2		3	Total				

#### **4. SUCCESS STORIES/BEST PRACTICES/PERSONAL STORY/EXPERIENCE**

In this section summaries key highlights of your field experience. This summary should be reported from various angles;

- a) Your experience as a supervisor of the services. The success, impact, challenges in malaria services delivery that have attracted your attention should be summarized and effectively communicated.
- b) Voices from the field. The health workers who are the fore front of services delivery. What are their experiences, their success, hopes and aspirations? I what areas are they making impact and what hindrances stand in their way. These can be documented with personal illustrations and quotations.
- c) What the stories are from are ultimate beneficiaries (clients, community leaders, care takers). How have these services impacted on their lives (positively)/. Un meet needs and shortcomings can be documented as well.

Note;

- Ensure that all stories that refer to individuals have been approached before hand and accepted through signed consent that is attached to health unit supervision forms.
- Include photographs of the story teller and beneficiaries. It is important that these stories/voices accompany a human face, those people in need whose lives have been impacted on by these interventions and services.
- You can include as many success stories and personal experiences in this section as possible.