

THEME 8: Treatment & case management challenges

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Tanzania - NATIONAL MALARIA CONTROL
PROGRAM (NMCP)

Entebbe - UGANDA

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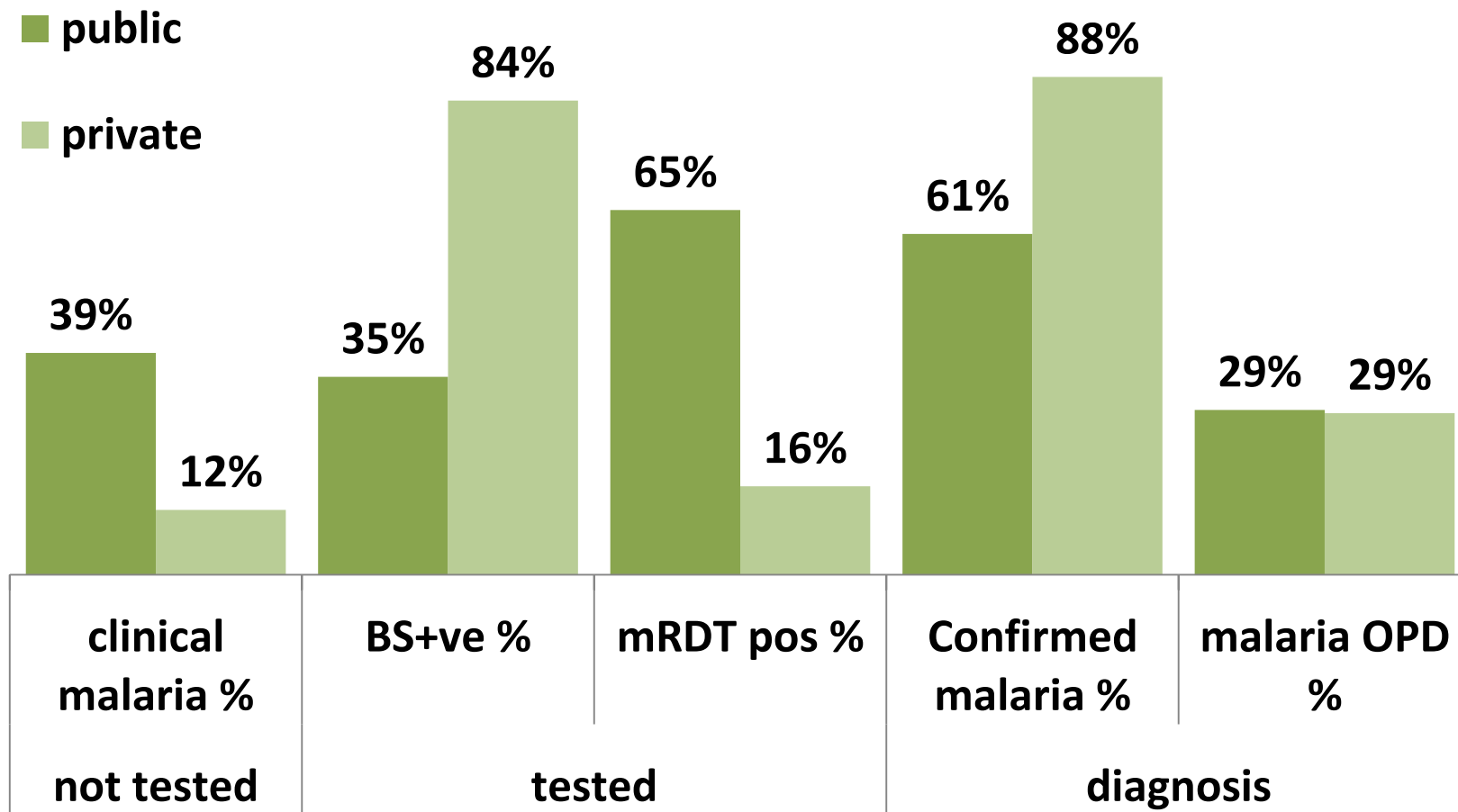
Outline

1. What is being done
2. Evidence: What have you found to be effective?
3. Lesson learnt & Challenge
4. Recommendation

What is being done

- Tanzania MCM line with WHO 2012 launched initiative of **3Ts; Test, Treat & Track (HMIS/DHIS-2)**
- Routine HMIS/DHIS – 2 report;
 - Malaria RDT
 - Malaria BS
 - Clinical
- ‘Fever’ is not recorded anywhere in HMIS/DHIS registers
- Direct Follow up of ‘management of fever’ needs complementary platform
- Partners through different projects contribute significantly in designing framework for evaluating management of fever at District level

SITUATION MALARIA DIAGNOSIS: (DHIS-2: 2014 Data)



Total OPD: 24,797,111; Total Malaria 7,253,853

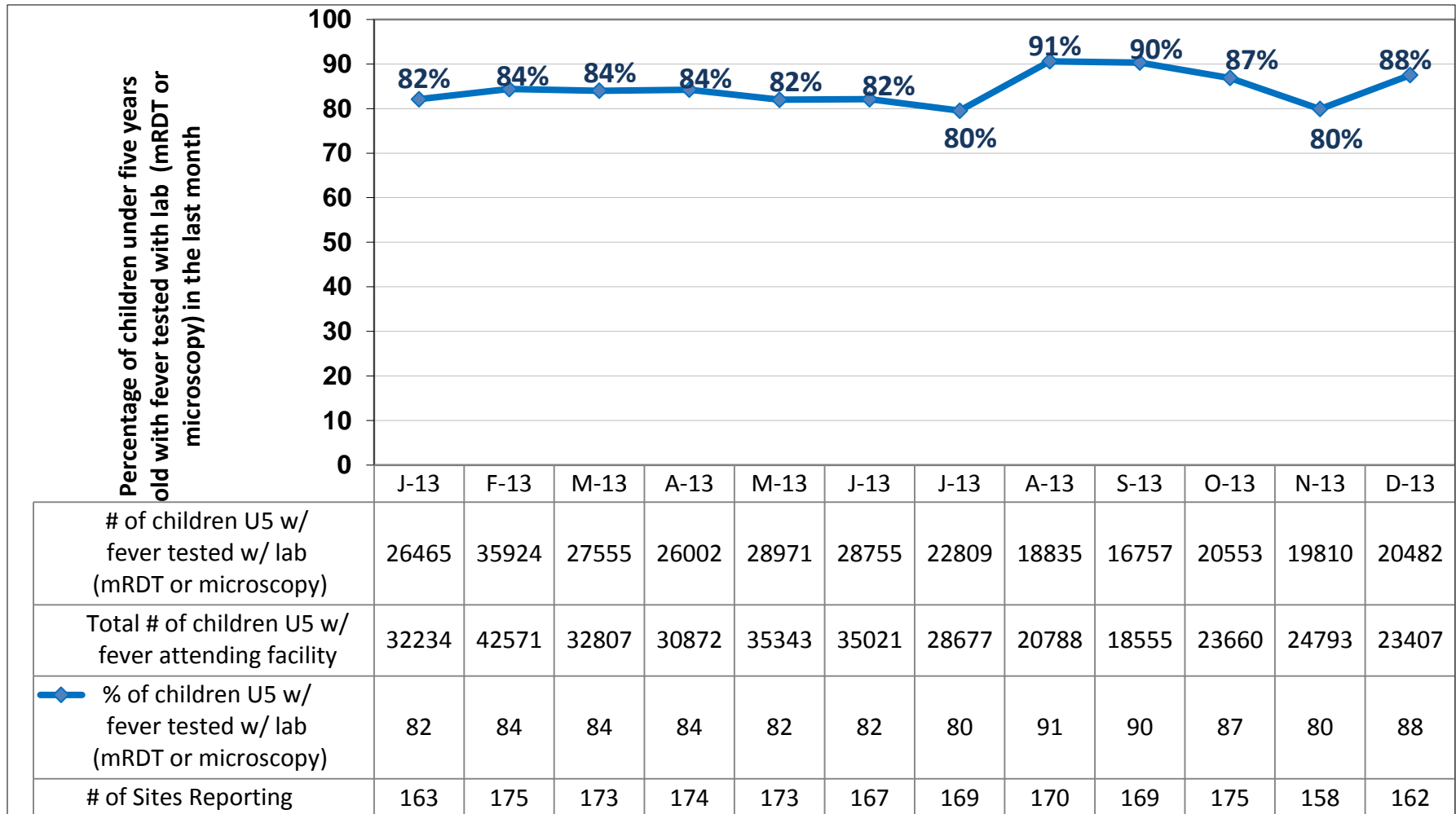
DR SIGSBERT MKUDE: TEAM LEADER MCM
NMCP

**Evidence: What we find to be
effective**

To complement HMIS/DHIS -2

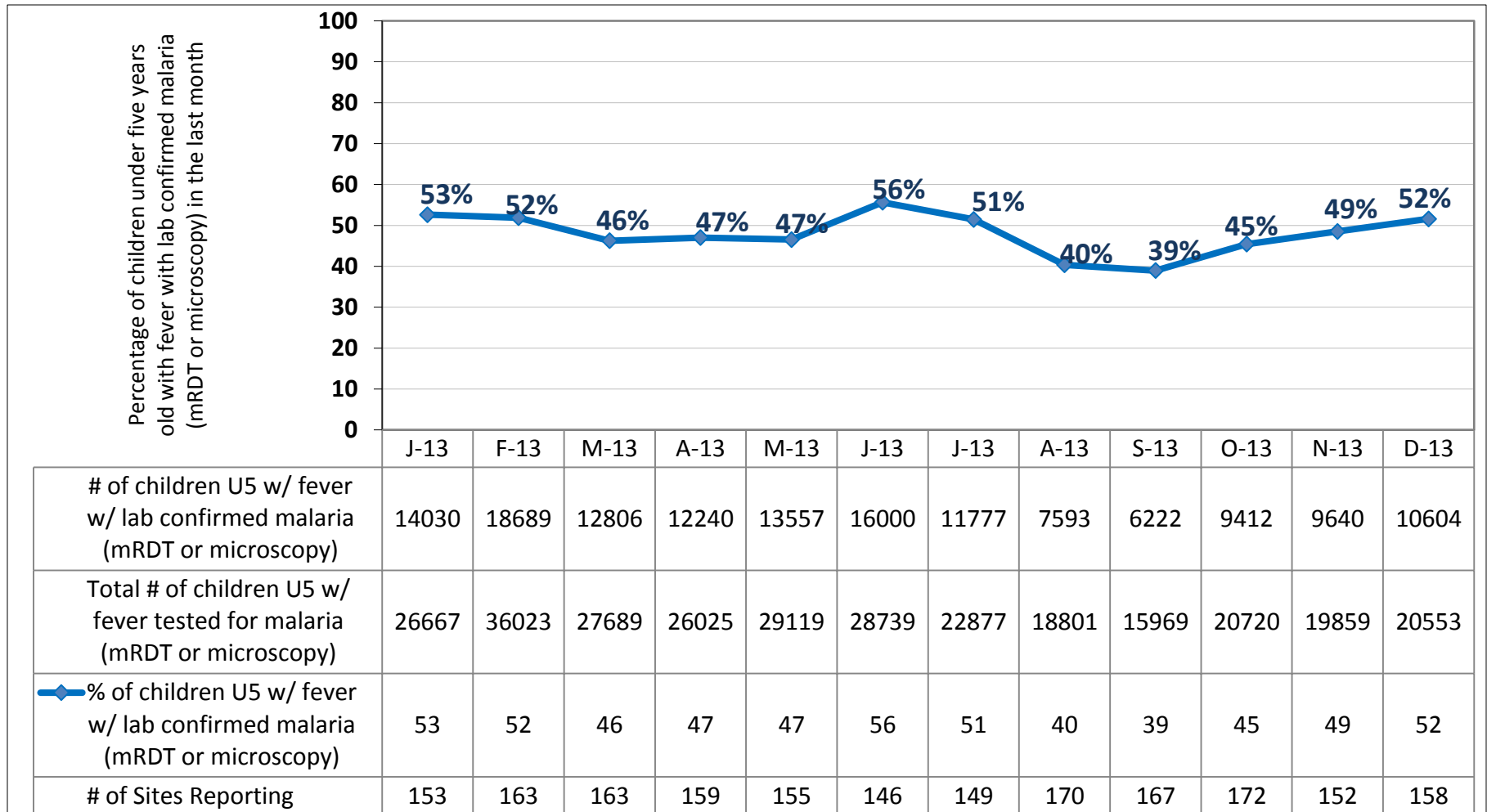
(THP) Testing Rate

Percentage of children under five years old with fever tested with lab (mRDT or microscopy) in the last month in 175 sites in Mwanza, Mara and Kagera Regions in Tanzania, January – December, 2013



(THP) Positivity Rate or Confirmed Cases

Percentage of children under five years old with fever with lab confirmed malaria (mRDT or microscopy) in the last month in 172 sites in Mwanza, Mara and Kagera Regions in Tanzania, January – December, 2013



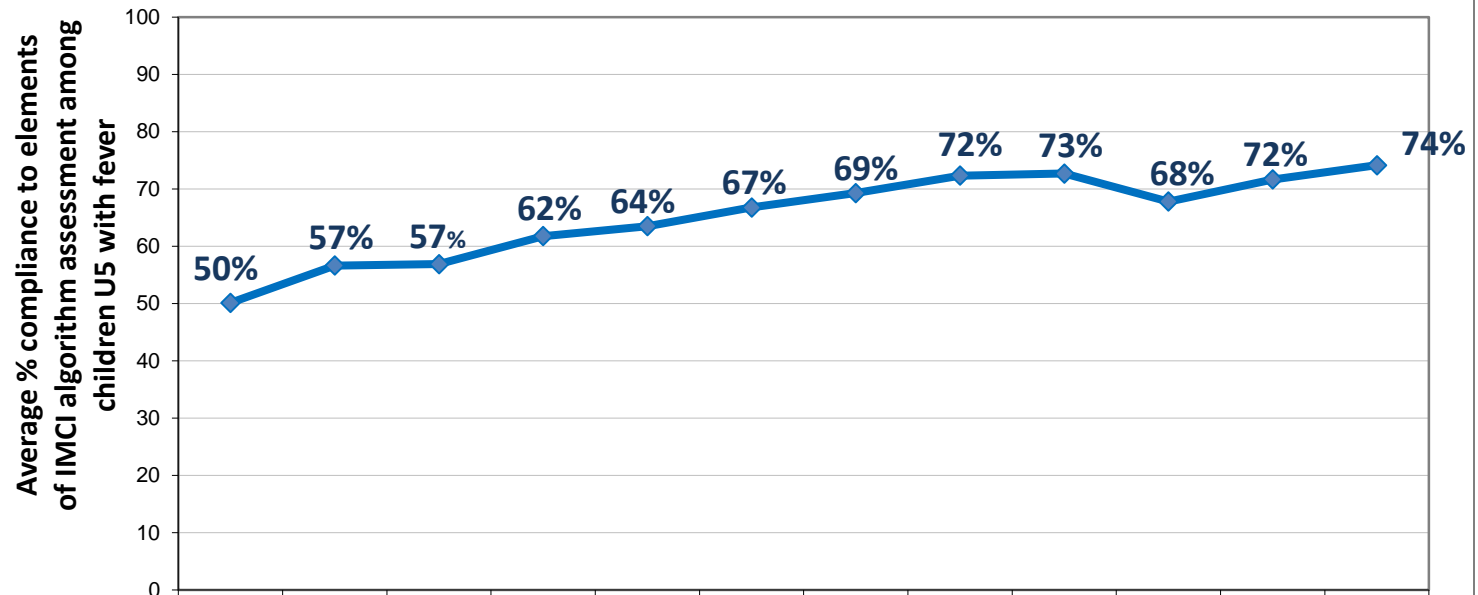
(THP) Clinical Assessment skills & compliance to mRDT results


Compliance to IMCI algorithm has improved steadily (more children correctly managed) and clinicians are **accepting mRDT results**

Average % compliance to elements of IMCI algorithm assessment

Data Source: Patient records

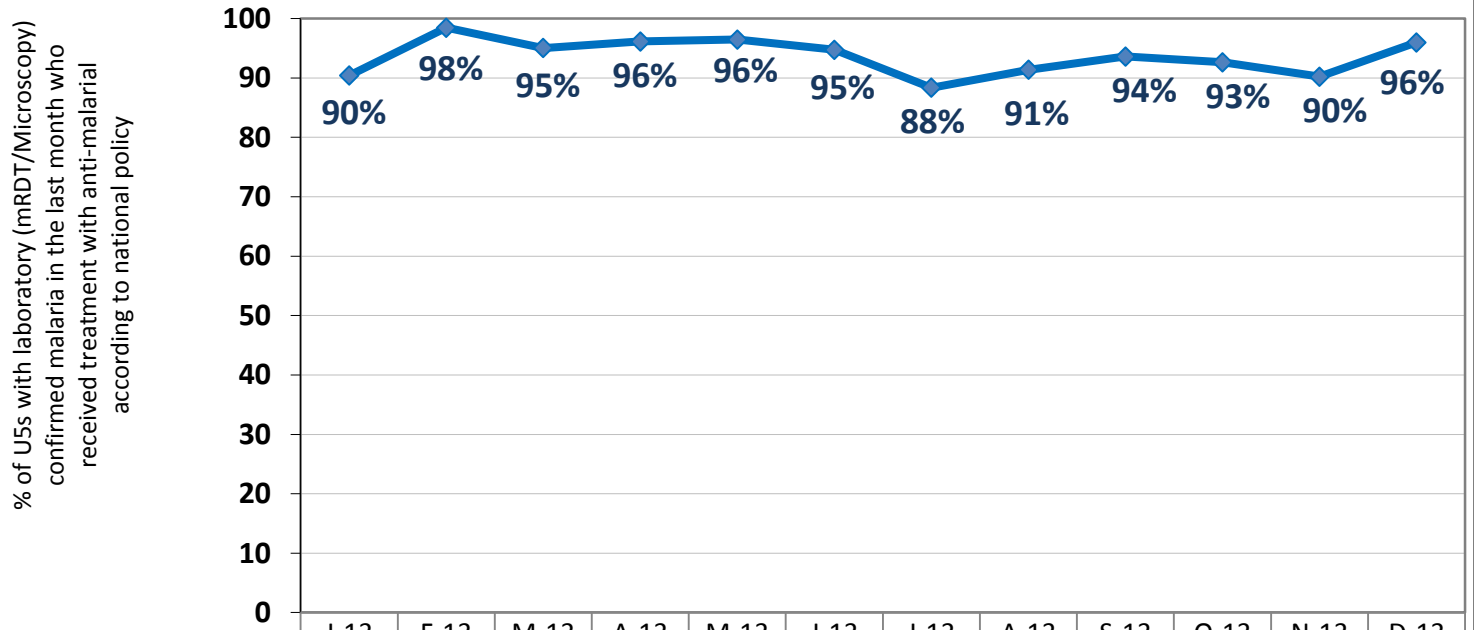
Sampling Method: Random sample of 10 IPD and 10 OPD records



	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
# of elements correct for children U5 treated assessed and treated using IMCI algorithm	6284	6943	7772	9410	9444	9631	10051	10574	10286	10083	10450	9335
# of elements of IMCI algorithm for treatment of children U5 assessed in the last month	12538	12260	13660	15234	14870	14422	14504	14616	14148	14870	14584	12588
 % of elements of IMCI algorithm correctly completed for children U5	50	57	57	62	64	67	69	72	73	68	72	74
# of Sites Reporting	149	154	170	173	171	170	172	173	172	173	169	147

(THP) Confirmed cases with appropriate treatment

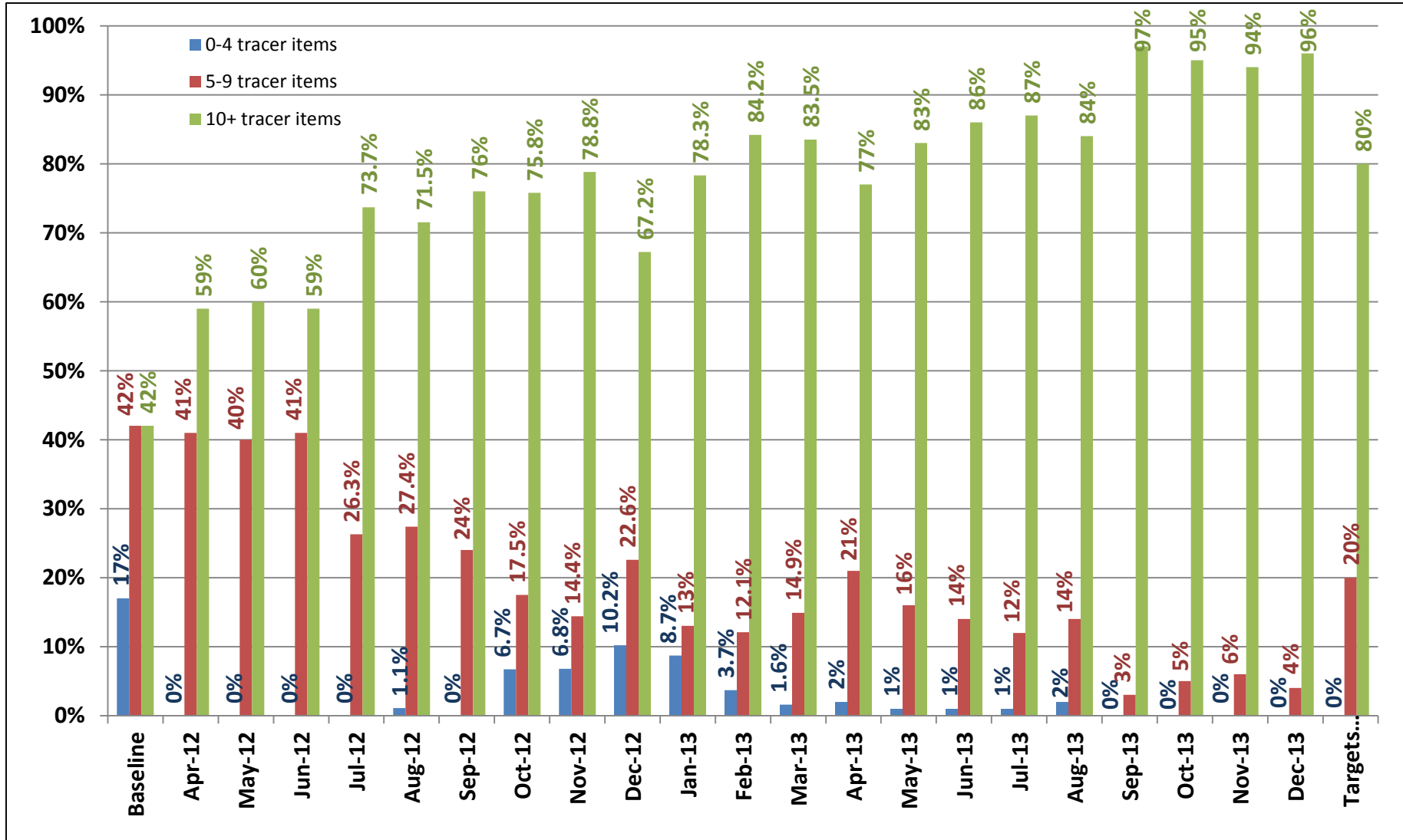
Percentage of children under five years old with laboratory (mRDT/Microscopy) **confirmed malaria** in the last month who received **treatment with anti-malarial according to national policy** in 163 sites in Mwanza, Mara and Kagera Regions in Tanzania, January – December, 2013



	J-13	F-13	M-13	A-13	M-13	J-13	J-13	A-13	S-13	O-13	N-13	D-13
# of children U5 w/ fever w/ lab confirmed malaria (mRDT or microscopy) who received treatment with anti-malarial	9208	9540	9273	11662	12914	11009	3737	2588	2636	2854	2613	2502
# of children U5 w/ fever w/ lab confirmed malaria (mRDT or microscopy)	10186	9689	9757	12130	13387	11621	4229	2832	2816	3081	2896	2607
◆ % of children U5 w/ lab (mRDT/Microscopy) confirmed malaria who received treatment w/ anti-malarial	90	98	95	96	96	95	88	91	94	93	90	96
# of Sites Reporting	131	109	148	158	154	130	142	144	163	160	146	140

(THP) Availability of Tracer medicines & supplies

Proportion of facilities **stocked with tracer** list of essential first line **medicines and supplies** at the time of the visit (Source: Health facility data, 2012/2013)



Lessons Learned

- HMIS/DHIS 2 remain mainstay national system for providing basic routine health service indicators and Proxy indicators for Quality of Care (QoC) for fever management
- QoC for management of fever needs a complementary platform/framework for use by local supervisors
- Implementing Partners plays important role in development of evidence based QoC frame work for management of fever
- QoC for management fever is more than management of malaria negative results

Challenge: Labour intensive (time & skilled HR) to local supervisors especially for paper based QoC program

Recommendation

- To find approaches to scaling up of '(THP)-**Change Package**' for QoC to local supervisors for management of fever
 1. Local data management for interventions (HMIS plus)
 2. Local supply chain mgt (ordering, inventory management) to ensure availability of commodities
 3. Adherence to recommended clinical standard for management of fever (IMCI, coaching/mentoring)
add? new approaches .e.g. Tablets

ASANTE SANA