LEVERAGING LOCAL CAPACITY TO STRENGTHEN HEALTH SERVICE DELIVERY:

TOWARDS MALARIA ELIMINATION (TOME) ACTIVITY

TOME PROJECT CLOSE OUT REPORT MAY 2022- APRIL 2025

TO: DAPP

FROM: CHRISTIAN HEALTH ASSOCIATION OF MALAWI

Contents

EXECUTIVE SUMMARY

The Towards Malaria Elimination (TOME) project was a three-year activity from May 2022 to May 2025 with collaborative effort between DAPP Malawi and its sub-awardee, Christian Health Association of Malawi (CHAM). Funded by the United States President's Malaria Initiative (PMI). The primary objective was to improve quality, accessibility and utilization of malaria services for pregnant mothers and children of under five years in Lilongwe rural and Salima districts. TOME engaged with 48 health facilities in Lilongwe rural and all 24 health facilities in Salima. Additionally, the project supported 235 village health clinics (VHCs), providing integrated community case management (iCCM) with a distribution of 109 VHC in Lilongwe and 126 VHC in Salima. The project also collaborated with 18 Community Health Action Groups (CHAGs), of which 10 were in Lilongwe and 8 in Salima.

Throughout the implementing period, the project consistently maintained its commitment support to Salima and Lilongwe rural districts with key interventions in malaria case management and Social and Behavioral Change (SBC). This commitment was sustained through close collaboration with key partners, including National Malaria Control Program (NMCP), National Parasitology Reference Laboratory (NPRL), Integrated Management of Childhood Illnesses (IMCI), Health Education Services (HES) and District Health Management Teams (DHMTs). TOME project made significant strides during the implementation period focusing the following:

- Improved case management of malaria at facilities
- Improved case management of malaria at community level
- Improved malaria case reporting at facility and community level using Ministry of Health (MOH) data tools
- Improved and consistent availability of malaria commodities and supplies
- Increased knowledge and awareness of malaria prevention and early detection and treatment of malaria among Health Surveillance Assistants (HSAs) and community members
- Increased capacity of community health service providers in diagnosing and treating malaria
- Strengthened health systems and coordination
- Increased healthcare worker knowledge and skills in the management of MIP at facility level

During the project life, TOME implemented a numberof activities in malaria case management: For instance, equipment mapping for malaria diagnosis in 23 TOME-supported facilities was carried out to ensure that diagnostic tools were available and functioning efficiently for effective service delivery. On the capacity-building front health workers, refresher training for Malaria Rapid Diagnostic Test (mRDT) testers in health facilities was organized to 36 participants in Salima district, Refreshers trainings of malaria case management, MDRT for laboratory personnel's and PT mentorships and Reviews in all malaria microscopy sites. The project also supported two round of joint laboratory, clinical, and MIP Outreach Training and Supportive Supervision (OTSS+) to 71 heath facilities to reflect on and improve these efforts. The support was extended to the National Malaria Control Program (NMCP) and Integrated Management of Childhood Illness (IMCI) to conduct supportive supervision of 235 VHCs with the aim of improving community case management. Efforts were also made to revamp 10 Integrated Community Case Management (iCCM) services at non-functional VHCs, ensuring these services were fully operational. Furthermore TOME Project printed and distributed malaria treatment guidelines and posters to all the 72 health facilities.

These combined efforts have contributed to the overall goal of improving malaria case management in the supported districts, while also improving community awareness and engagement in malaria prevention and control. TOME project has made a significant impact on case management and SBC. Under case management, uncomplicated malaria observed an increase from 6% to 48% in Lilongwe district. The observation shows that health workers are following national malaria clinical guidelines as evidenced by improvement in clinical adherence from 31% during round 1 of OTSS+ in FY 23 to 70% in FY 24 during round 2 of OTSS+. Malaria RDT assessment improved from 60% to 74% in both districts. Lab EQA in Lilongwe increased from 30% to 75%. Facility Health Readiness improved significantly in both districts rising from 8% to 44%. MiP competence for ANC provider during OTSS+ also showed significant increase in Lilongwe from 11% to 50% and IPTp3+ from 11% to 57% in Lilongwe and from 29% to 52% in Salima district.

Details of Key Achievements under Result area 1: Improved quality of malaria case management in facilities and community level

Key accomplishment # 1: Development and distribution of Guidelines

Supported Equipment Inventory and Mapping

During the life time for TOME project, TOME supported NMCP and NPRL to conduct equipment and inventory mapping. The assessment aimed to identify equipment gaps or maintenance repair needs and provide recommendations to stakeholders such as NMCP and NPRL. The activity took place in all the 23 microscopy facilities and had its data collected and archived. This represent s100% coverage. A minimum number of equipment requirement for effective microscopy services was compared to available equipment at a facility and an equipment gap was determined.

Table 1: ***Equipment mapping gaps for malaria diagnosis in TOME supported facilities,***

No	Equipment assessment	Findings
1	Light Microscopes	• 6 out of 23 health facilities representing 23% achieved requirement of having two or more microscopes. • A total of 11 out of 30 microscopes representing 42% need repair or maintenance. • Two health facilities (Likuni and Mtenthera) had no functional microscopes. • Salima District Hospital is using microscopes designated for Tuberculosis Bacilli (TB) due lack of malaria microscopy.
2	Tally Counters	• Mafco health facility had the recommended four tally counters representing (4%) of the health facilities visited.
3	Microscope Repair Kits	• None of the visited facilities had a repair kit, highlighting a significant challenge in maintaining microscope functionality.

4	Other Equipment (Cylinders, Pipettes, Timers)	• All facilities had varying sizes of cylinders and pipettes. • Timer availability varied with only one facility (Diamphwe) lacking them entirely.

Supported printing and distributing malaria case management SOPs and guidelines (and MIP guidelines

In FY 2023-2204, TOME project supported NMCP printing and distribution of key updated malaria case management and MIP guidelines and job aids. The documents were already reviewed by PMI Impact Malaria project. All printed documents were distributed to all 72 health facilities supported by TOME reaching a coverage of 100%. The printed job aids and guidelines played a crucial role in supporting health workers in their day-to-day work as reference materials.

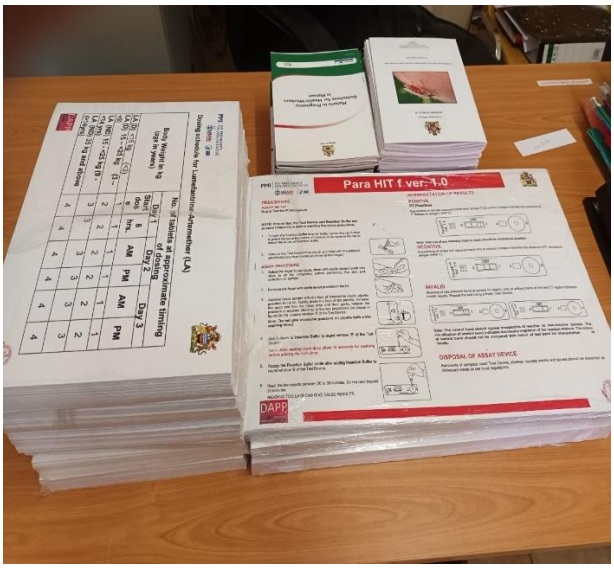


Figure 1: Printed guidelines and malaria SOP photo accredited by Petros Chirambo

Table 2 below provides the details of the printed documents.

#	Job Aid	Quantity
1	Algorithm for assessment of children and adults with fever	100
2	Dosing chart for Artesunate and Amodiaquine	100
3	Extra charts • Dosing schedule for dispersible Lumefantrine-Artemether (LA) • Clinical Manifestations and Some Laboratory Findings for Severe Malaria	100
4	Injectable Artesunate	100
5	Malaria Rapid Diagnostic Tests (mRDTs) SOPs	100

6	Malaria Microscopy Slide validation protocol	30
7	Malaria RDT pf results guide	100
8	Job aid for ParaHit	60
9	Malaria in Pregnancy: Guidelines for Health Workers in Malawi	100
10	Guidelines for the Treatment of Malaria in Malawi	100

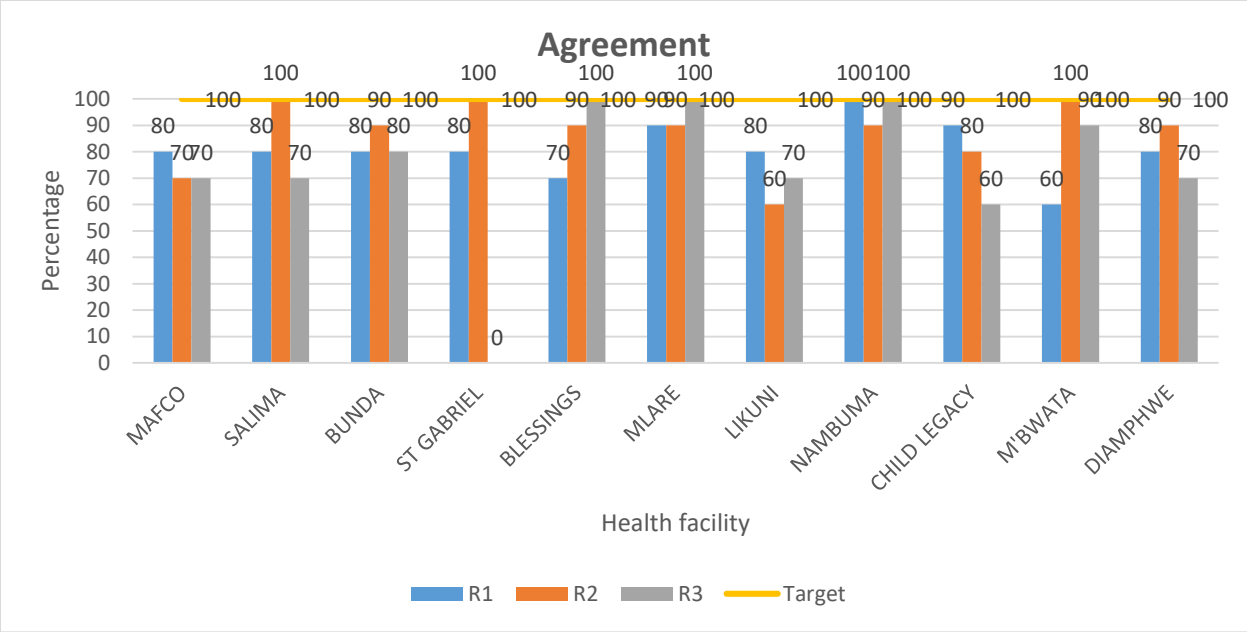
KEY Accomplishment #2: Strengthening Quality Assurance Systems

Supported Malaria Microscopy PT Development and Review

During the life of the project TOME supported NPRL to conduct three rounds of PT. Each PT panel comprised of 10 slides of different malaria species and densities, PT help to establish, maintain and monitor accuracy, precision and effectiveness of malaria microscopy services through a systematic and well-designed quality assurance programs i.e. proficiency testing, intra-laboratory/ inter-laboratory comparison, competency assessment for malaria microscopists and slide blinded rechecking or re-reading exercises. By the end of project activity implementation in 2024, a total of 2 review meetings were conducted. PT enrolment at the start of project was at 100% and had been maintained throughout the life of project. As of December 2024 the activity close out date, enrolment was still at 100%

Performance of malaria microscope sites in PT rounds

Facility performance had been measured by use of WHO established targets of Agreement. (A total of true positives plus True Negatives divided by total number of slides) The indicator target is ≥80%. Specie Identification. Indicator target is ≥80%, Parasite detection. Indicator target is ≥80% and Counting or Density. Indicator target is ≥40%. The graphs below show the performance of the facilities in all the three rounds of PT.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Health facility
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CHILD LEGACY
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DIAMPHWE
R1
R2
R3
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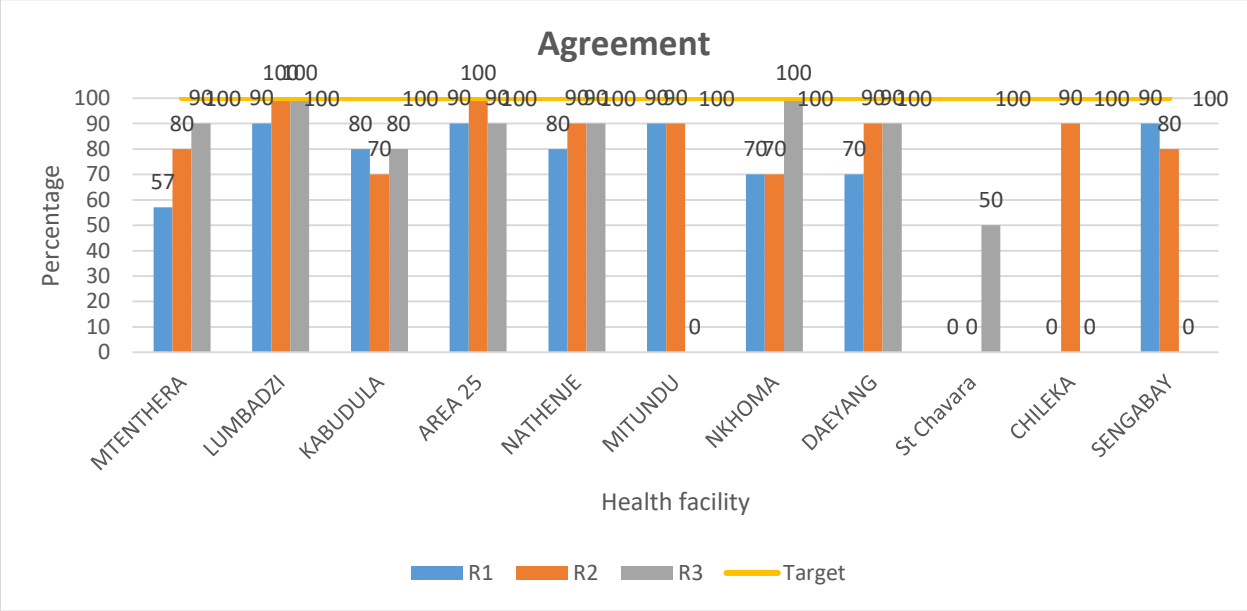
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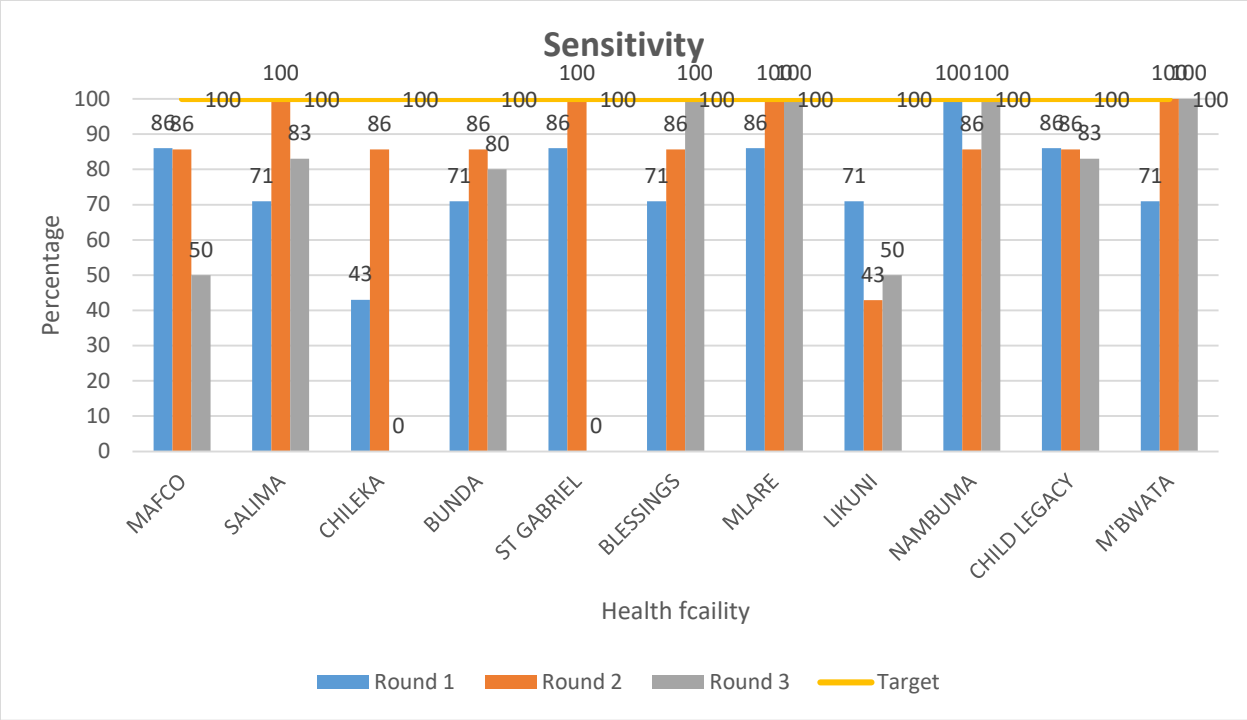
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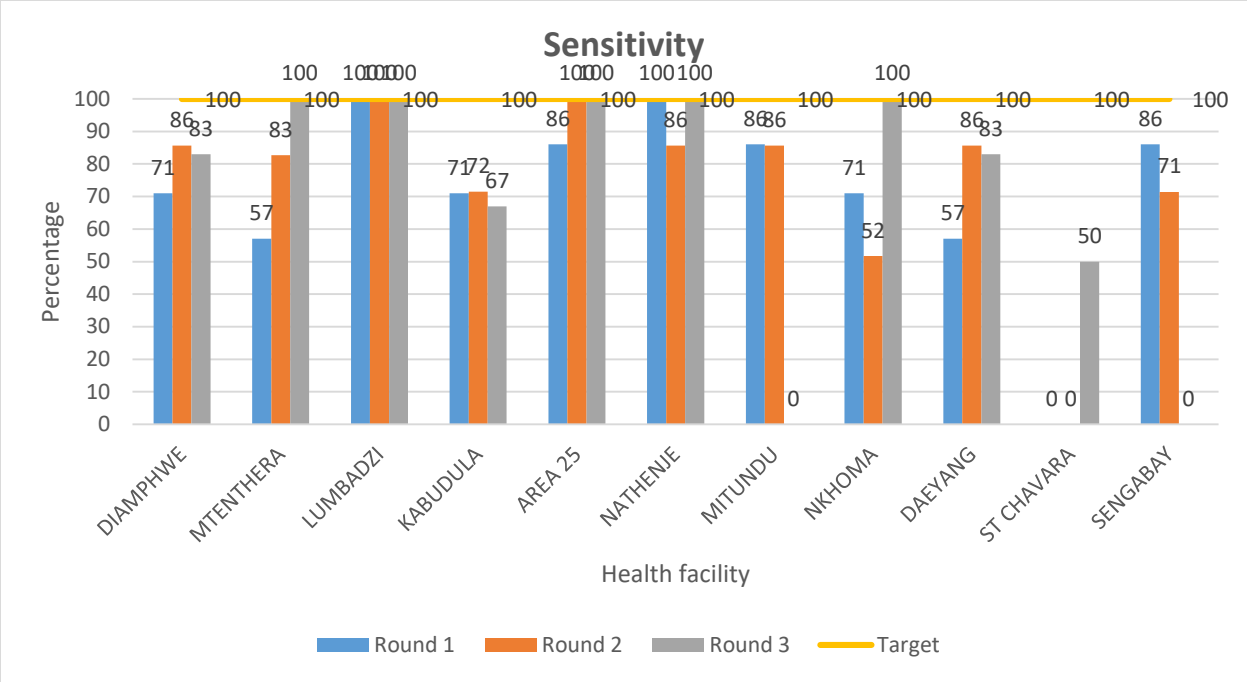
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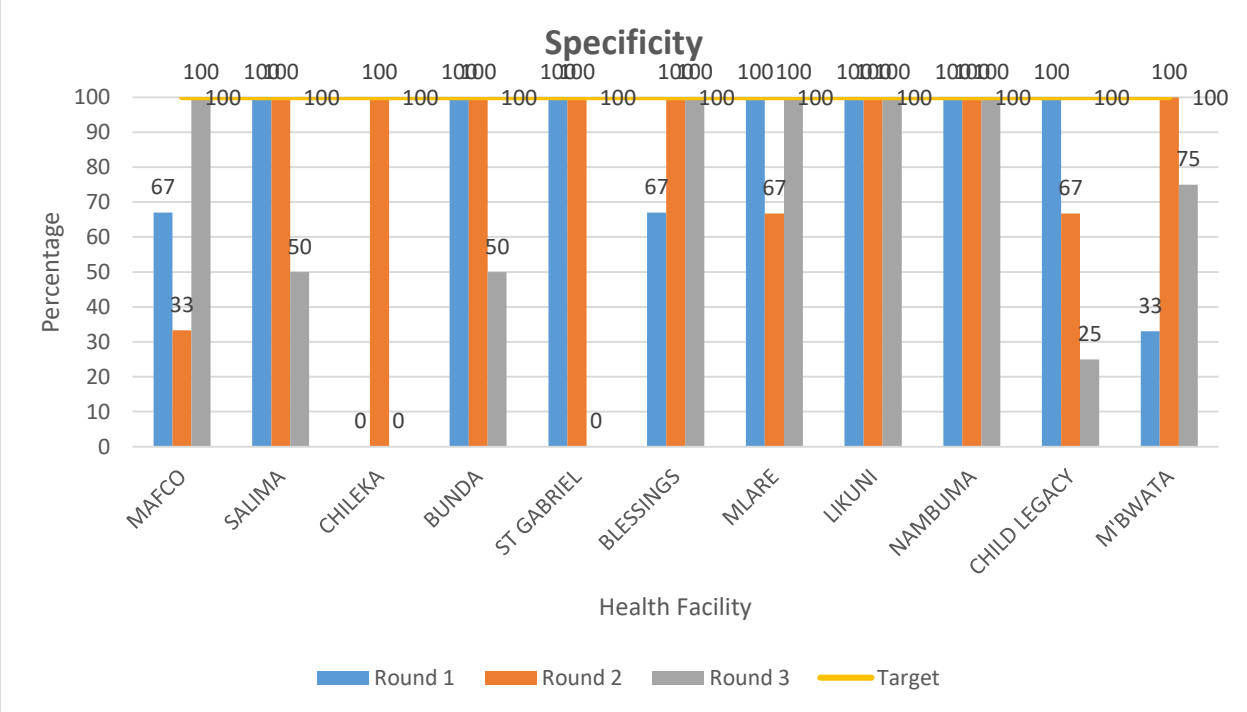
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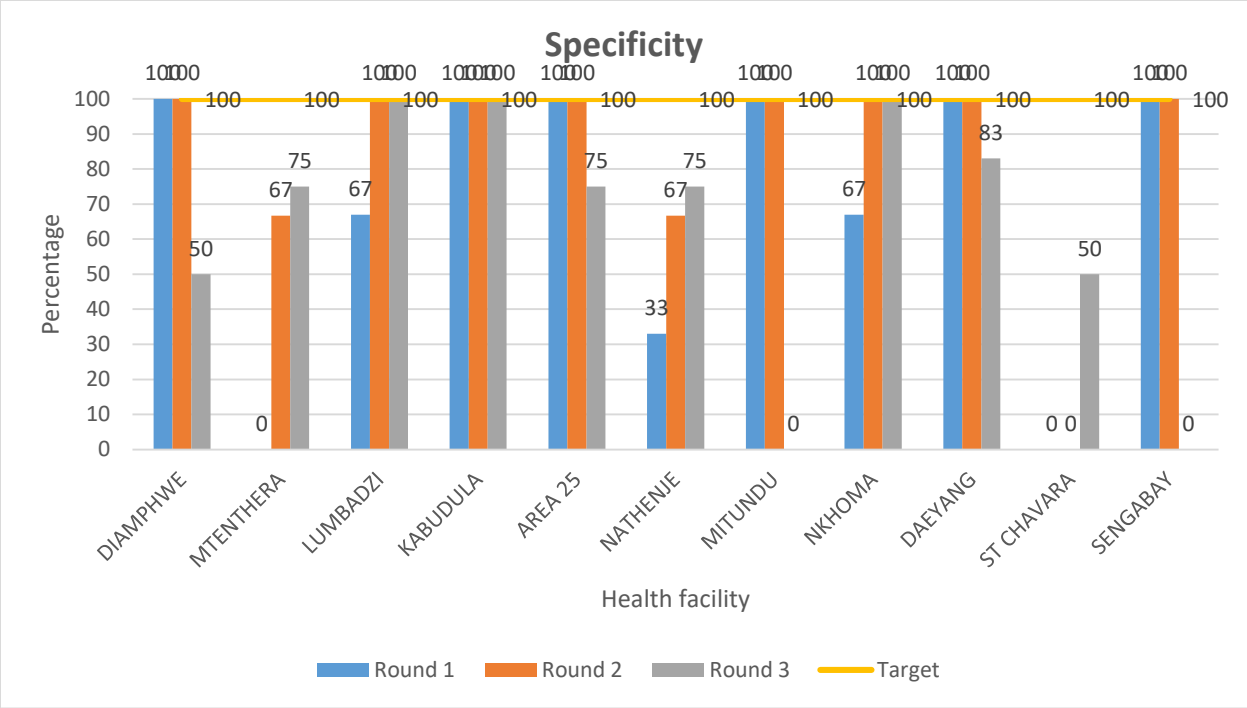
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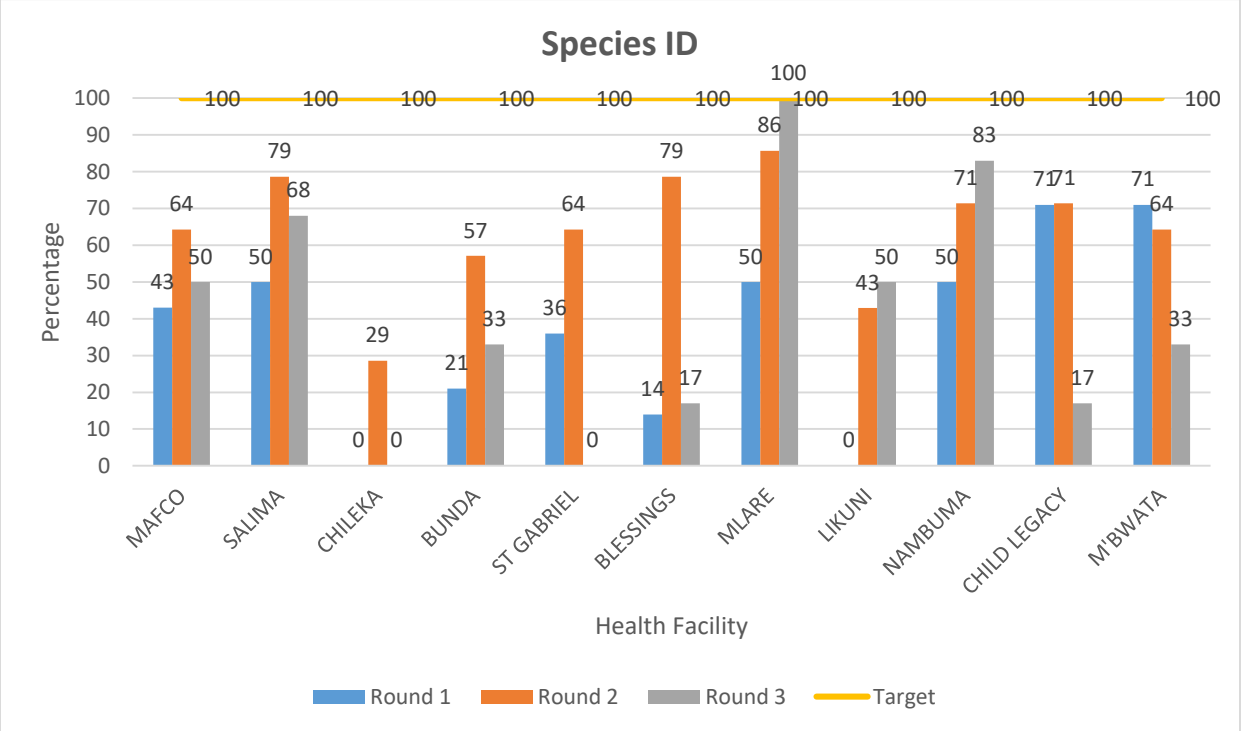
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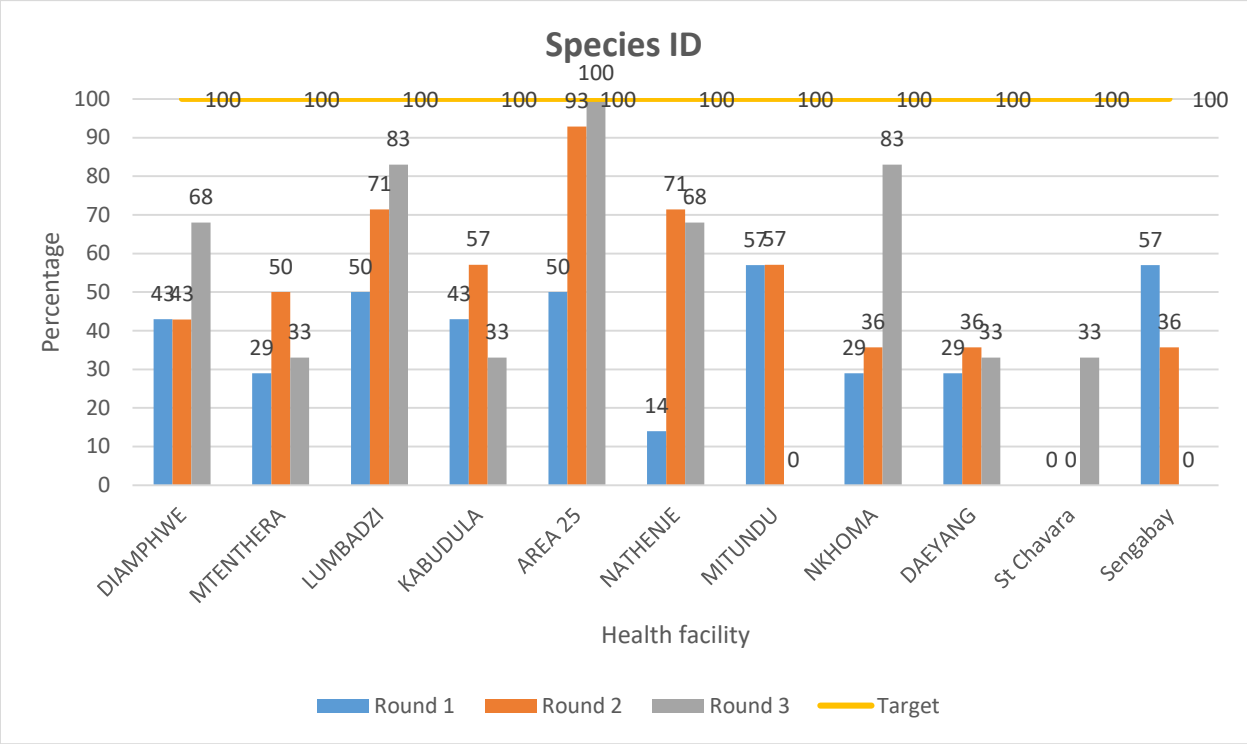
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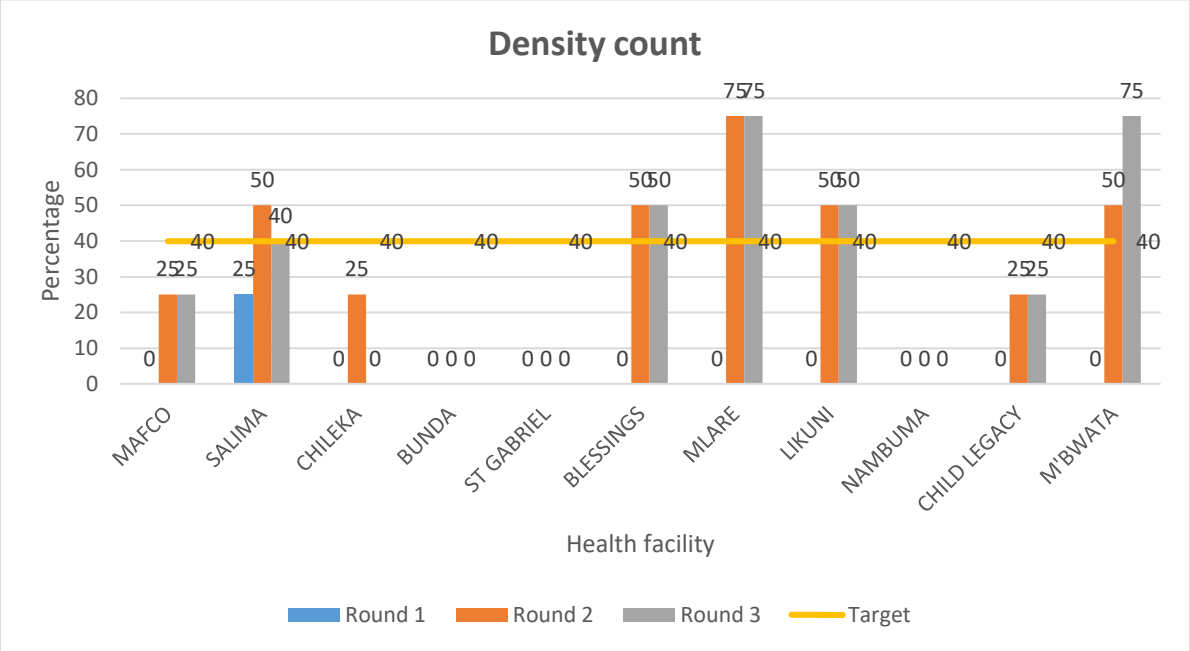
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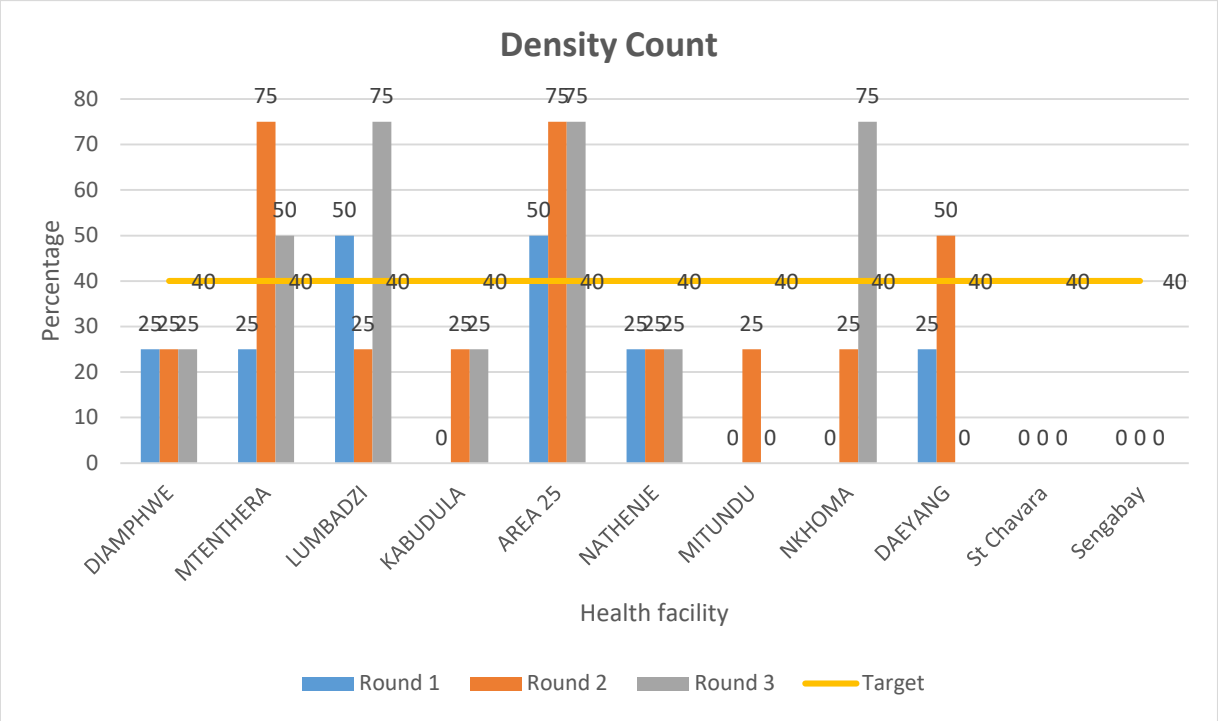


Most facilities demonstrated strong agreement and sensitivity, successfully reaching the target. However, performance in species identification and density count fell short of the target due to inconsistent practices, inadequate supervision, and monitoring, leading to deviations from best practices. To address these challenges, TOME supported NPRL in conducting OTSS to mentor laboratory personnel and enhance their skills**.**

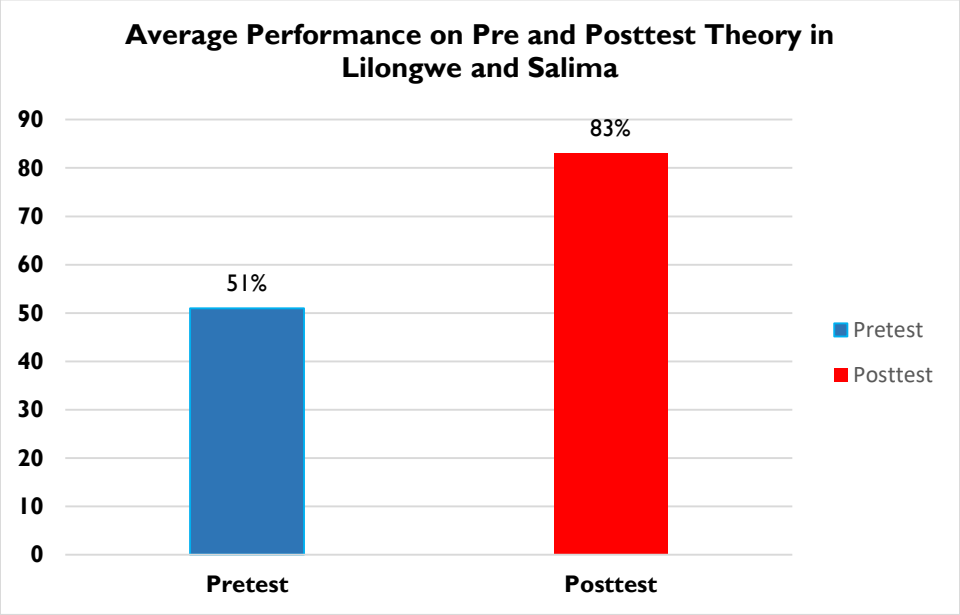
Key Accomplishment # 3: Strengthened improved diagnostic Capacity at facility and district level

Supported Malaria Diagnostic Refresher Trainings (MDRT) for laboratory staff in TOME supported districts

According to Malaria Strategic plan 2022-2030, percentage of patients with suspected malaria who received a parasitological test is 100 %. During the Project life the project achieved 99.78% by supporting the districts and facilities to build capacity of the laboratory personnel. TOME supported districts to conduct Malaria Diagnostic Refresher Training (MDRT) in FY 23-24. A total of 38 participants comprising 29 males and 9 females, were trained with a coverage of 43%. The purpose of the trainings was to improve skills and competences in malaria microscopy for frontline laboratory

personnel. Participants included: laboratory assistants, laboratory technicians and laboratory technologists. Participant's evaluation process followed WHO established criteria and involved assessments of both theories through pre-test and post-tests evaluations and practical skills.

Graph 1 below provides details of average scores for pre-test and post-test theory.



Assessment results from theory pre-test had a mean score of 51%, which improved to 83% on the post-test. TOME supported microscopists to access PT slides and mentorship sessions during OTSS+ to continue to strengthen their skills.

Supported training for mRDT testers in health facilities

The malaria diagnosis training is a targeted capacity-building initiative aimed at improving the skills and knowledge of healthcare workers in conducting malaria diagnostic tests, specifically using malaria Rapid Diagnostic Tests (mRDT). The training ensures that health workers are equipped with up-to-date techniques and protocols, emphasizing accuracy in testing and proper handling of mRDT. TOME in collaboration with NMCP and NPRL, supported capacity building of health workers in mRDT from Lilongwe and Salima. The overall objective of the training was to equip health workers with standard knowledge and technical skills in malaria diagnosis. A total of 36 health workers (M21, F 15) were trained .The training employed a theoretical and practical approach respectively.

General Performance.

The participants were given pretest to assess their knowledge before the training and after the training a posttest was administered to check knowledge gained. The graph 2 below shows the performance of the participants during pretest and posttest.

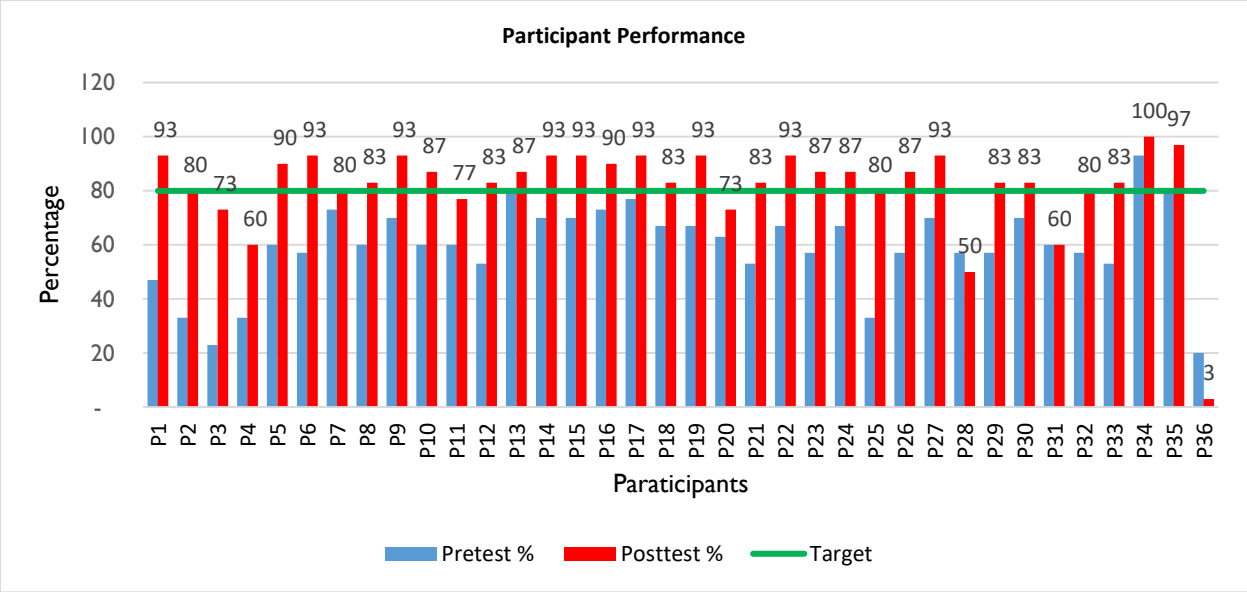


Figure 2: Participants performance

The graph illustrates the performance of participants in the pre- and post-test evaluations during the mRDT training, with the target score set at 80%. Key observations include:

- **Pre-Test Performance**: Pre-test scores varied widely, with some participants scoring as low as 3% (e.g., P36) and others achieving up to 80% (e.g., P2, P5). This variability reflects differences in baseline knowledge and skills among participants before the training.
- **Post-Test Performance**: Post-test scores showed a considerable increase, with the highest score reaching 100% (e.g., P35). Most participants scored above 80% in the post-test, highlighting the positive impact of the training. A few participants, such as P27 (60%) and P31 (60%), still fell below the target, suggesting areas where further support might be needed.
- **Consistent High Achievers**: Certain participants, like P2 and P35, consistently performed well, achieving high scores in both pre- and post-tests. This indicates that some individuals may have had a strong foundation in mRDT procedures even before the training.

TOME in collaboration with DHMT followed up the participants during OTSS + round to continue coaching, and mentorship of the testers.

Key Accomplishment # 4: Strengthened capacity to manage malaria cases at facility level

Quality malaria services are critical in improving health outcomes in health facilities and it is essential in achieving universal health coverage. However, for quality services to be achieved, health workers require adequate knowledge and skills in malaria service delivery. During implementation period, TOME project supported the NMCP to conduct 2 rounds of laboratory, clinical, Monitoring and Evaluation and MIP OTSS+, group mentorship on case management, follow-up of low-performing facilities based on OTSS+ results and refresher training of malaria case management. The aims of these capacity building activities were to improve malaria service delivery at facility level through promoting compliance to treatment guidelines, policies, and protocols and to improve Quality of Care.

Supported NMCP to conduct 2 rounds of joint, Clinical, laboratory, M&E and MIP OTSS+

To ensure malaria quality services are provided in the health facilities, TOME project supported NMCP to conduct 2 rounds of joint laboratory and clinical OTSS+ in the implementation period of FY2022-2023 & FY2023-2024. OTSS+ is a quality improvement approach which focuses on facility performance through identification of gaps by observation of malaria testing, clinical practices, and provision of continuous feedback with development of action plan with health facility providers.
During OTSS+, competent supervisors provide mentorship and on-the-job training of health workers without pulling them out of their workstations. OTSS+ uses an electronic checklist comprising of several modules including facility readiness, severe malaria, uncomplicated malaria case management, laboratory and malaria in pregnancy (MIP).

Results

A total of 71 health facilities (17 microscopy and 54 non-microscopy sites) were visited representing a 100% coverage. The project achieved its 100% target due to effective collaboration with the NMCP and DHMT during the planning process. The table below shows details of the facilities reached in Lilongwe and Salima.

Table 3; Details of facilities reached with OTSS+ in Lilongwe and Salima Districts.

District	Number of facilities reached			Health workers reached Totals		
	Microscopy sites	Non-microscopy sites	Totals	Males	Females	Totals
Lilongwe	14	34	48	170	138	308
Salima	3	20	23	115	85	200
Totals	**17**	**54**	**71**	**285**	**223**	**508**

Assessment Focus

The supervision used standardized checklists to evaluate health facility readiness, uncomplicated malaria, clinical adherence, malaria Rapid Diagnostics Tests (mRDT) observation, malaria microscopy competence, severe malaria management, malaria in pregnancy (MiP), and data management. The HNQIS scoring is classified into the following performance categories; scores of 90% and above indicate high performance, scores between 80% and 89% signify average performance and those below 80% are considered under/low performance requiring close supervision and mentorship. However, adherence to treatment and laboratory External Quality Assurance (EQA) modules has a targeted performance level of 100% whilst IPTp3+ has a target of 60%.

General Performance

The overall performance has been compared between OTSS Round 1, conducted in FY22-23, and OTSS Round 2, conducted in FY23-24.

Notable achievements Facility Health Readiness

In both districts, there has been a notable significant improvement in health facility readiness, increasing from 8% in Round 1 to 44% in Round 2. The improvement was attributed to availability of trained healthcare workers and the availability of malaria commodities. Facility's low performance in round 2 was attributed to stock out of essential medicines and supplies such as iron tablets, folic acid, anticonvulsants, thermometers and the unavailability of malaria posters and job aids. TOME supported NMCP to print, distribute and paste the posters in strategic places in wards and departments in all the health facilities. Furthermore, TOME Project collaborated with district Drug Therapeutic Committees (DTC) to ensure availability of essential drugs in all health facilities.

Management of Uncomplicated Malaria

There was a notable significant improvement on management of uncomplicated malaria, with scores improving from 6% in round 1 to 48% during round 2 of OTSS+ in Lilongwe, while performance in Salima remained constant at 5%. The improvement is attributed to health workers' ability to adhere to guidelines and classify malaria according to national malaria treatment guidelines and the case management training that was conducted by TOME in FY 22/23. The main gaps with low performing facilities were as a result of incomplete physical assessment of patients due to lack of vital signs equipment and failure of healthcare workers to probe more on danger signs of severe malaria. TOME, in collaboration with DHMT conducted mentorship sessions targeting the low performing facilities focusing on clinical assessment for the patient during the FY 24/25.

Clinical Adherence

There was remarkable progress made on compliance to malaria treatment protocol adherence, with both districts improving from 31% to 70%. This is attributed to healthcare worker's adherence to national treatment guidelines and the case management training conducted in FY 22/23.

mRDT Observation

There was an improvement in mRDT standard guidelines from 60% in Round 1 to 74% in Round 2 in Lilongwe and Salima, reflecting better diagnostic practices. The improvement is attributed to the refresher training of mRDT testers conducted by TOME in FY23/24, which equipped healthcare workers with the necessary knowledge and skills for performing mRDT.

Supervision modules requiring improvement Microscopy Competences

On round 2 OTSS, performance remained stable in Lilongwe, while Salima showed a marked improvement, reaching 100% competency in round 2. Low performance is attributed by lack of proper coordination within the laboratory; hence, no slides are kept for this purpose and lack of relevant skills in malaria microscopy procedures (slide preparation, staining and reading). The Project collaborated with NPRL will strengthen the skill of laboratory personnel in all microscopy sites by conducting Proficiency Testing (PT) mentorships.

Severe Malaria Management

Healthcare worker's performance on management of severe malaria declined from 40% in round 1 to 33% in round 2, indicating ongoing challenges. The common reasons for the decline in the performance in management of severe malaria was due to lack of equipment for monitoring patient's vital signs and Critical Care Pathway (CCP) charts, inadequate knowledge on reconstitution and dilution of artesunate

injection and poor adherence of infection prevention protocol during administration of artesunate injection. TOME worked with facility-in-charges to enhance the use of CCP charts and availability of equipment to monitor patients with severe malaria. Furthermore, TOME collaborated with DHMTs to conduct mentorship sessions targeting severe malaria management.

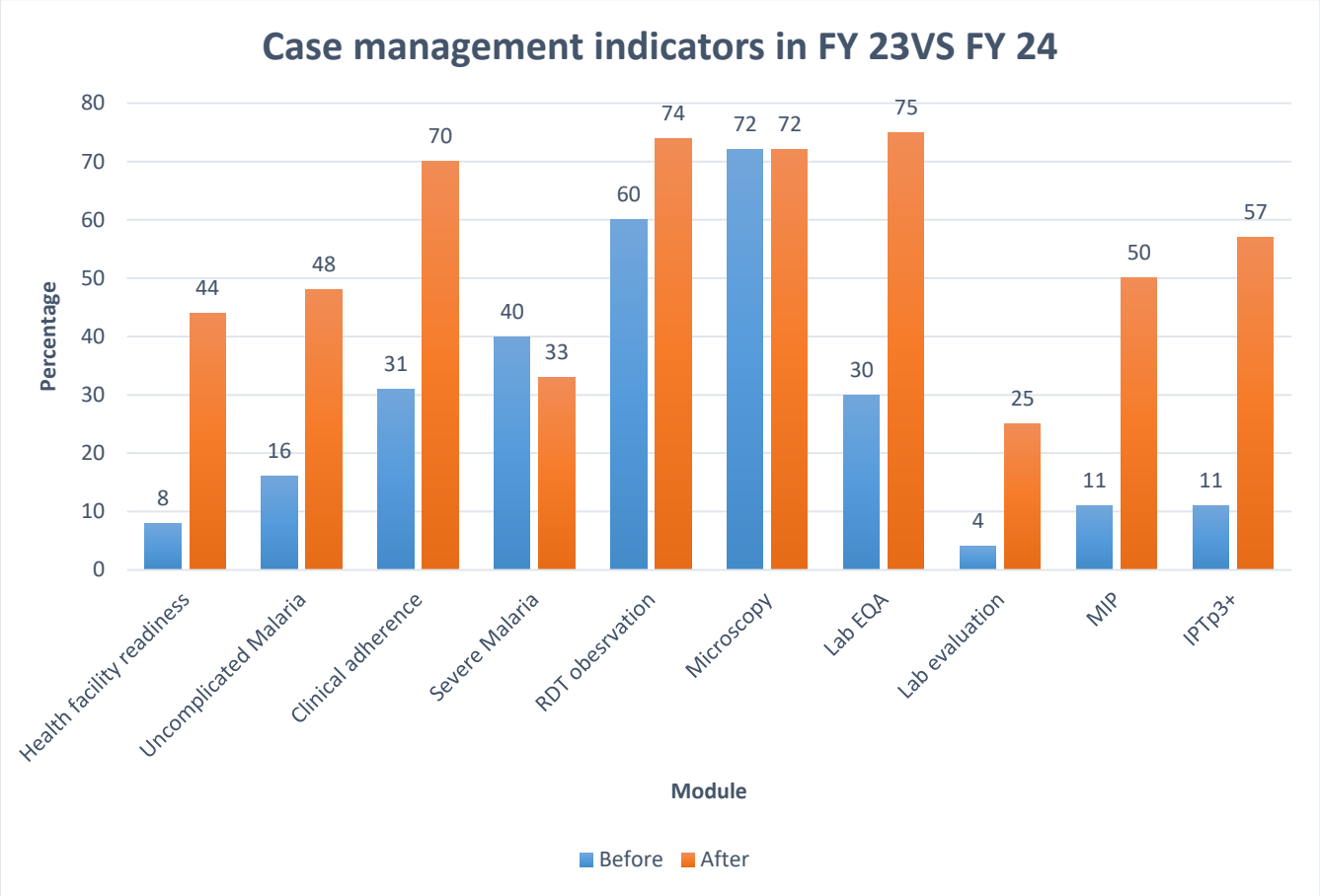


Figure 3: Comparison round 1 of OTSS vs round 2 modules

Supported DHMTs to conduct one laboratory clinical and MIP OTSS+ lessons learnt workshop for national and district level stakeholders

During the life time of the project, TOME in FY 2024 supported Lilongwe and Salima DHMTs to conduct a one-time lessons learnt workshops. The workshop provided a platform for DHMTs, facility in-charges, nurses and laboratory staff to share insights, discussed challenges and develop actionable recommendations to strengthen malaria service delivery. The activity was conducted in five health zones in Lilongwe and centrally in Salima. A total of 93(47M/46F) participants attended the workshop. The workshop employed participatory methods, including presentations, group work, and discussions. The

lesson learned workshop highlighted the importance of continuous engagement with facility in-charges to ensure their familiarity with OTSS+ processes, tools, and outcomes, fostering effective facility leadership.

Supported NMCP to conduct session of joint mentorship in clinical and diagnosis services to health workers to low performing facilities

In addition to OTSS+, TOME supported the DHMTs of Lilongwe and Salima to conduct a one-off group mentorship session for health workers on clinical and diagnostic services. The mentorship aimed at following up low performing facilities during OTSS+. The sessions targeted clinicians, nurses, laboratory technicians, and malaria rapid diagnostic test (mRDT) testers. TOME reached a total of 56 (Lilongwe 32, Salima 24) health facilities, and mentored 517 (273M/244F) health workers.

The table 3 below shows details of participants.

Table 3: Attendance of the participants

District	Thematic Area	Male	Female	Totals
Lilongwe	Clinical case management	60	83	143
	Diagnostic services	102	64	166
Totals		162	147	309
Salima	Clinical case management	64	49	113
	Diagnostic services	47	48	95
Totals		111	97	208
	Grand Totals	**273**	**244**	**517**

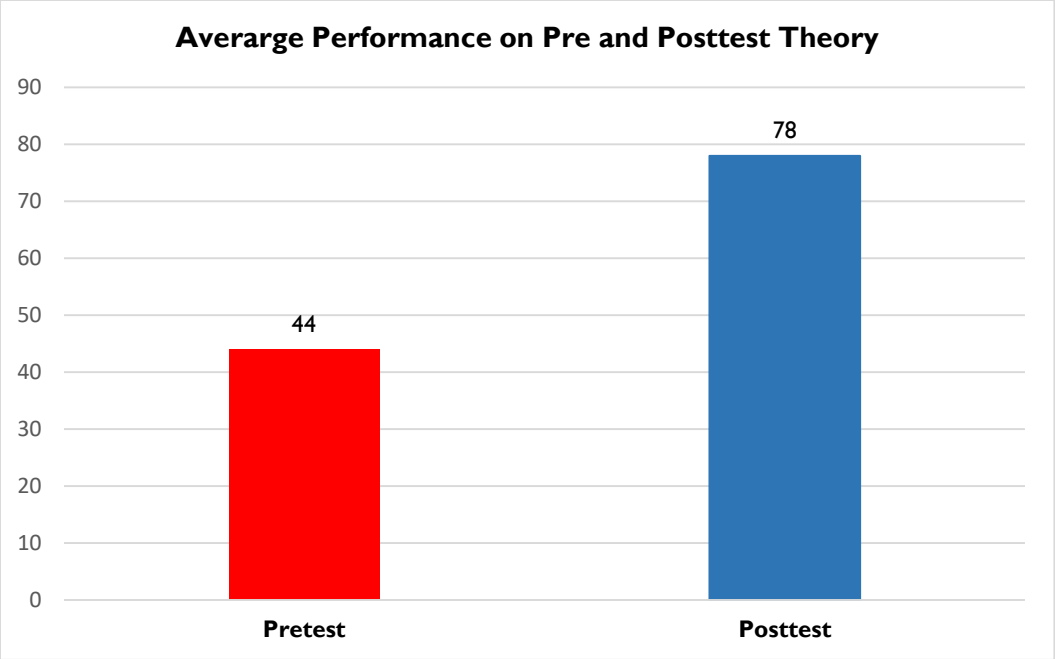
The mentorship sessions focused on enhancing the capacity of health workers in managing complex and severe malaria cases by reviewing treatment failures, history-taking and physical examination for patients with fever, emphasizing proper use of the Artesunate for severe malaria, and adhering to national treatment guidelines. This initiative successfully strengthened malaria case management in low-performing facilities in Lilongwe and Salima.

Figure 4:Laboratory mentor explaining mRDT procedure to the Testers at Chipoka HC photo by Chisomo Kafuna

Supported refresher training for health workers in malaria case management

Capacity building to all service providers would continue to improve quality of service. However, malaria case management was not included in the training curriculum of training institutions of higher education. This predisposes the institutions to graduate the nurses and clinicians with knowledge gap on case management malaria guidelines which affect the delivery of malaria services in the facilities. To address the knowledge gap, TOME supported NMCP and DHMTs to conduct malaria case management refresher trainings targeting nurses and clinicians in TOME supported districts. The training aimed at improving knowledge, skills and competence on malaria diagnosis and treatment. A total of 197 health workers (comprising 99 males and 98 females) were trained accounting for 45% of the target goal of 441 health workers.

Each participant was deemed to knowledge assessment. The assessment assisted the facilitators to identify areas where knowledge gaps existed, to provide targeted training. The post-test was given to assess knowledge gained by the participants after the training. Overall, there was great improvement in the scores after the training which was an indication that knowledge has been acquired by the participants in both training.



Participants' performance during tests

Both pre and post-test theory and practical observations such as malaria rapid diagnostic test (mRDT) procedures were used to determine acquisition of knowledge and skills by the providers. On performance, 83 out of 197 participants (42%) passed after reaching a pass mark of 80% on post-test theory while 114 participants (58%) failed. Additionally, participants showed an average improvement from 34% to 78% in pretest to post-test theory respectively. TOME supported health workers through various supportive supervision and mentorship so that skills are maintained.

Key Accomplishment # 4: Strengthened capacity to manage malaria cases at community level.

Malaria continues to cause a significant challenge public health in Malawi. The 2021 malaria indicator survey showed that more people in the rural area are affected by malaria than in the urban areas especially children under five. NMCP in collaboration with Integrated Management Community of Childhood Illness (IMCI) unit in the Ministry of Health (MOH) deliver malaria case management at community level through integrated community case management.

Figure 5:IMCI coordinator mentoring iCCM providers at VHC by Chisomo Kafuna

Supportive supervisions for functional Village Health Clinics (VHCs)

During the implementation period TOME project, supported NMCP to strengthen prompt malaria diagnosis and management services at community level with an aim of improving quality malaria services through supportive supervision, during the supportive supervision, supervisors assessed the VHC on danger signs, recognition, fever case management and rectal artesunate administration and effective referrals. Wherever there was a gap, the VHC were mentored to ensure that skills and knowledge is up to date. 181 VHCs (77%) out of 235 were supervised with 330 HSAs (263M, 67F) reached. It was observed during the supervision that the providers had inconsistency in management of fever cases. The supervision team mentored and coached the iCCM providers. TOME also supported the DHMTs to conduct quarterly supportive supervisions.

Figure 6: The supervisor observing case management on a child with fever by Chisomo Kafuna

Supported IMCI to revamp iCCM services to non-functional VHCs in Salima

To expand malaria case management at the community level, TOME in collaboration with IMCI unit supported Salima DHMT to conduct initial training of iCCM providers. Salima District has 414 hard-to-reach areas, with only 126 functional VHCs providing iCCM services representing 30%. The training targeted 12 (9M; 3F) Health Surveillance Assistants (HSAs). The aim of the training was to provide adequate skills to HSAs to establish and implement iCCM services in hard-to-reach areas. The training approach comprised both theoretical and clinical practice, focusing on the assessment, classification, treatment, and follow-up of sick children aged 2 months to 5 years. To support establishment of the

clinics, TOME procured and distributed 10 drug boxes to the newly trained providers (except the 2 SHSAs).

Figure 7:Malaria RDT procedure observation in class, Salima by Petros Chirambo

Challenges

Implementing TOME project, did not go without challenges and some of them are as listed below:

- Delayed implementation of some of the activities due to other competing priorities at NMCP and district health offices
- Inadequate numbers of trained health workers, especially in hard-to-reach areas and frequent staff turnover affected continuity and quality of care.
- Abrupt termination of the project by the donor did not provide proper closure of the project.

Way forward

- TOME engaged NMCP during the planning process of the work plan and activities
- TOME continued building the technical skills of frontline workers through regular mentorship, supportive supervision, and on-the-job training
- The project collaborate with the NMCP and district pharmacist to ensure consistent availability of essential commodities

Lessons learnt

- Regular supervision, ideally conducted monthly, was identified as a key strategy for improving facility performance
- Routine data review and use at district and community levels enhances decision-making, resource allocation, and performance tracking, ultimately improving service delivery outcomes.
- Leveraging existing community health structures (e.g., VHCs, HSAs, faith-based leaders) is essential in increasing trust, facilitating behavior change, and improving access to services.