



Improving Malaria Care Project (IMC)

innovating to save lives



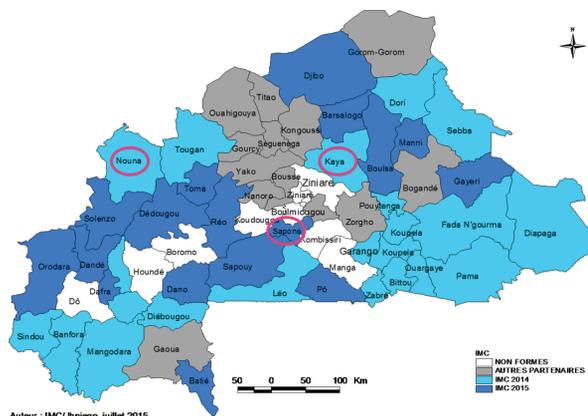
The Improving Malaria Care Project's Contribution to Follow Up a Pilot Project on Use of Rapid Diagnostic Tests at the Community Level in Burkina Faso

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Background

- Early and correct case management of malaria in health facilities and at the community level is among the priorities of Burkina Faso's National Malaria Control Program (NMCP).
- In line with this initiative, the NMCP piloted the use of rapid diagnostic tests (RDTs) by community health workers (CHWs) to confirm malaria cases in the three health districts of Kaya, Saponé and Nouna between 2013 and 2015.

Three Pilot Study Districts



Purpose and Objectives

- With support from the U.S. President's Malaria Initiative, follow-up visits were organized to document best practices, as well as challenges, on RDT use by CHWs that could serve as lessons learned for scale-up.
- Specific objectives included:
 - To examine the management of malaria commodities at the community level
 - To assess the use of RDTs at the community level with all actors
 - To examine the monitoring and supervision of the pilot at the health facility by district and regional levels

Methods

- Follow-up visits in selected communities examined:
 - Management of malaria commodities (supply, storage and use) at the community level
 - Use of RDTs
 - Views on implementation at the community level of all actors at regional, district, health facility and community levels
 - Monitoring and supervision processes at all levels

Study Tools

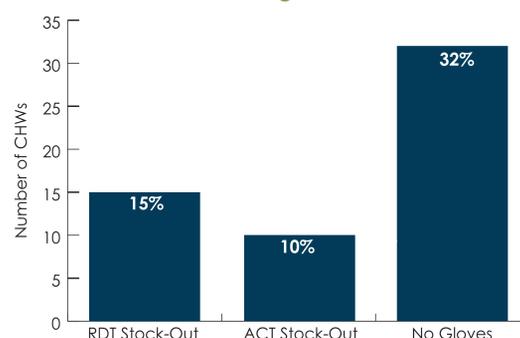
The following tools were developed:

- Checklist for management of malaria commodities
- Questionnaire for health care providers
- Questionnaire for CHWs
- Questionnaire for District Management Teams

Study Sample

- A total of 108 people were contacted:
 - 32 CHWs
 - 42 community leaders
 - 34 health care providers and managers

Stock-Out of Commodities among 32 CHWs

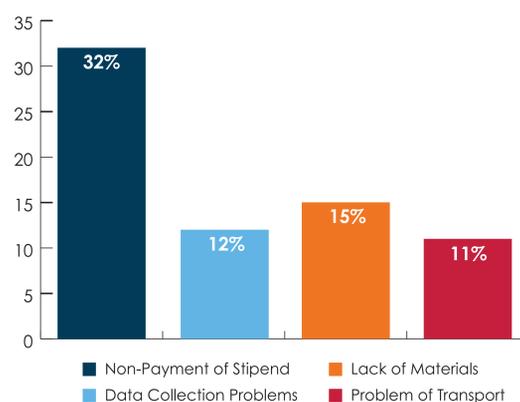


RDT use by CHWs

- All 32 CHWs had received training on how to perform RDTs
- 30 CHWs correctly described the steps to perform an RDT
- 25 CHWs performed the RDT correctly

Concerns of CHWs

- Non-payment of stipends
- Difficulty in using data reporting tools
- Lack of box to safely store supplies
- Lack of transport to make home visits



Weaknesses in Supervision and Monitoring

- Supervision of RDT use was not specifically included in the setup of the pilot RDT project.
- CHWs did receive normal supervision visits from health facilities, but not specifically on RDT use.

Concerns of Community Leaders

- Some expressed concerns about replacing CHWs who have grown older.
- All complained of the lack of financial support for the program.
- Some mentioned the lack of monitoring and supervision of CHWs to help them be more efficient.
- Half complained about the lack of drugs and materials (gloves, soap, sharps disposal box).

Concerns of Health Care Providers and Managers

- Lack of funding for monitoring the pilot implementation
- Frequent stock-out of commodities (artemisinin-based combination therapy, RDTs and gloves)
- Non-payment of stipends to CHWs
- Inability to conduct regular supervision of CHWs

Conclusions

- Follow-up of the pilot was valuable in obtaining the perspectives of the community, CHWs and health workers on how to improve the program.
- While the community finds the program acceptable, its sustainability will require that solutions be found to address stock-outs, non-payment of stipends and insufficient supervision.
- Only when these challenges are addressed can scale-up take place.



Abbreviations

CHW	community health worker
NMCP	National Malaria Control Program
RDT	rapid diagnostic test