



**malaria
consortium**

disease control, better health

Dr. Mwiche, the Provincial Communicable Disease Control Specialist, facilitates case management training in Katete District, Zambia in June 2009.

Targeting Health Workers for Case Management Training at all levels

Malaria Consortium offers an alternative to the cascade model of training

Providing prompt, effective treatment for malaria remains an unmet goal for health centres across Zambia. The Zambian Ministry of Health has called attention to the human resource crisis in the health system, which undermines its capacity to provide even the most basic health care services to its people.

The health system has suffered further deteriorations due to high staff attrition rates attributed to the migration of health professions, along with HIV/AIDS related deaths. The extent of the crisis is such that many Rural Health Centres have no staff or are staffed by untrained personnel, and new centres have been opened without additional staff to run them. The photo to the right shows two casual daily employees who are the only staff members at their clinic.

In response, Malaria Consortium has designed a case management training that targets all levels of staff, to ensure that any staff member handling malaria cases knows the correct protocols. [The most important principles of malaria case management are early and accurate diagnosis, prompt and effective treatment, adherence to treatment, follow-up and good nursing.] Malaria Consortium has invited Doctors, Clinical Officers, Registered and Enrolled Nurses, Environmental Health Technicians, Laboratory Staff, and Casual Daily Employees as well as Managers of District Health Units and Hospitals.

After the trainings by qualified health professionals, follow-up sessions take place at three, six and twelve month intervals.

The training manual used during these workshops was written by the Case Management Technical Working Group, a team of experts including Malaria Consortium – International, and in Zambia, Malaria Consortium Country Office, National Malaria Control Centre, Provincial Clinical Care and Communicable Disease Control Specialists, and other health practitioners. The training focuses on accurate case detection and use of Rapid Diagnostic Tests, treatment, care for pregnant women, having confidence in rapid diagnostic



These Casual Daily Employees rode over 150 kilometres to attend the Case Management Training in Chama. Although they have had no formal medical training, they are the only staff in their health centre, responsible for all the health care needs of their catchment area.



Case Study - Zambia

test results, and how to track data so that the entire system can run smoothly.

In 2009, training was carried out in five Districts; two in Eastern Province, and three in Southern Province, reaching over 462 health facility workers and approximately 100 health centres including two remote Districts, Chama and Itezhi-Tezhi.

Central training can cost up to USD \$1,000 per person when it is held at a hotel. Malaria Consortium has designed a more cost-effective model which reaches more health workers, and makes use of the centres where they meet patients. Trainers came from the respective Provincial Health Offices, allowing for easy follow-up. Smaller groups meant hands-on training for participants, with a low teacher to student ratio. This model allowed participants to gain practice with available equipment, making optimal use of their time.

The training provides basic operational information and essential skills needed by all health workers involved in malaria case management. Its objective is to raise capacity of health staff at all levels in terms of their ability to perform life-saving interventions, transferring knowledge into the minds of the people who take care of patients every day.



Health workers at a Case Management Training in Chama, in Eastern Province.

At the end of a Malaria Consortium training in June 2009, Yoana Mbewe, a casual daily employee said, 'Thank you. We should continue in this spirit to consider us casual daily employees to find problems when qualified staff are not there.



But this training has taught us a lot of things so that when we are at the [health] centre we are able to do the work.' (Translated from Nyanja.)

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