

# Malaria Testing and Treatment Tally Form

Health Facility / LGA: \_\_\_\_\_

Date of Validation: \_\_\_\_\_

## A. Malaria Parasite Tests Conducted in the Previous Month

Type of Malaria Test	Number of Tests (Lab Notebook)	Positive Results (Lab Notebook)	Persons with fever (HMIS Summary Form)
Microscopy			<b>(A3)</b>
mRDT			
<b>Total</b>	<b>(A1)</b>	<b>(A2)</b>	

## B. Medication Dispensed in the Previous Month

	Artesunate/Amodiaquine (AA)	Arthemether/Lumenfantrine (AL)	Total
Pharmacy Opening Count <i>(Start of Period)</i>	+	+	= <b>(B1)</b>
Units moved from Store to Pharmacy <i>(Bin Card)</i>	+	+	= <b>(B2)</b>
Pharmacy Closing Count <i>(End of Period)</i>	+	+	= <b>(B3)</b>
<b>Total ACTs Dispensed (B1+B2-B3)</b>	<b>(B4)</b>		

## C. Calculating Adherence to Testing and Treatment Guidelines in the Previous Month:

1. Testing all fever patients for malaria		2. Issuing ACTs to confirmed malaria patients only	
Total No. of Malaria Tests Conducted <b>(A1)</b>		Total No. of Positive Malaria Test Results <b>(A2)</b>	
Total Persons with Fever <b>(A3)</b>		Total ACTs Dispensed at Facility <b>(B4)</b>	
<b>% Fever patients not tested = <math>\frac{A3-A1}{A3} \times 100</math></b>	%	<b>Entire Facility Adherence = <math>\frac{A2}{B4} \times 100</math></b>	%
<i>Update Progress Tracking Poster with this number</i> 📌			

I, \_\_\_\_\_, verify that I have accurately completed this month's malaria testing and treatment tally.

Name of responsible officer

Signature: \_\_\_\_\_

# Malaria Testing and Treatment Data Quality Assessment Form

## A. Malaria Parasite Tests Conducted in the Past Month

Indicator	Malaria Testing and Treatment Tally Form	HMIS Monthly Summary Form	Do the numbers match?
Total Number of Tests	(A1)		Yes / No
Total Positive Results	(A2)		Yes / No

## B. Medication Dispensed in the Past Month

Indicator	Malaria Testing and Treatment Tally Form	HMIS Monthly Summary Form	Do the numbers match?
Total ACTs Dispensed	(B4)		Yes / No

## C. Usage of Data Management Tools

Tool	Availability (Yes/No)	In Use (Yes/No)	Comments
OPD Register			
ANC Register			
HMIS Monthly Summary Form			
Immunization Summary			
In-Patient Care Register			

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