

# Ensuring Quality Case Management in the Private Sector

Victor Lara, MD. MPH.

PSI MCSD/Nairobi



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**Integrated Community Case Management (iCCM):  
Evidence Review Symposium**  
3-5 March 2014, Accra, Ghana

# Session Overview

1. Setting the bar: Standards
2. Assuring Quality
3. Managing Quality



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# UNITAID Private Sector RDT Project

## **Stimulating a private sector market for malaria RDTs**

- Increase access to and demand for quality-assured RDTs
- Improve private provider fever case management skills
- Develop and implement a roadmap for public-private engagement that will guide policy and regulation

## **Implementation in five target countries**

- Kenya, Madagascar, Tanzania (mainland)
- Nigeria and Uganda

## **Phased implementation, using two models:**

- Pilot phase to scale-up
- Provider model : PSI
- Manufacturer model : Malaria Consortium

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# Quality Assurance Components

1. Standards of Care
2. Performance Assessment & Selection
3. Performance Improvement
4. Quality Monitoring



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# Standards of Care for Private Providers



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# Performance Assessment



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## Monitoring the supply-side: service providers

- 1. Assessing provider service preparedness**
  - i. Availability of commodities (RDTs, ACTs, paracetamol)
  - ii. Availability of vital materials (timers, sharps bins)
- 2. Assessing competency of the provider:**
  - i. Identifying danger signs and main symptoms
  - ii. Performing a malaria test
  - iii. Correct classification and treatment of illness

Provider quality assessment checklist

Approved by MoH in each country, ensuring consistent minimum standards of reporting across public and private sectors

Paper-based and Tablet-based data capture

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# Monitoring the supply-side: Provider checklist

Assessment Summary	Case Management Competency	Work Environment	Documentation
Supervision Date: 2014-02-18			
Case Management Areas Assessed			
Malaria <input checked="" type="checkbox"/> RDT <input type="checkbox"/> Pneumonia <input checked="" type="checkbox"/> Diarrhoea <input checked="" type="checkbox"/>			
Malaria			
<i>Ask patients identification (name AND age AND sex AND first vs. re-visit)</i>			
Assesses for general danger signs (all 6)	<input type="checkbox"/>		
<i>Asks and look for main symptoms</i>			
Classify patients illness correctly	<input checked="" type="checkbox"/>		
Gives correct treatment as per ICCM manual (full course and observe patient take 1st dose)	<input checked="" type="checkbox"/>		
<i>(i)Makes correct referral decision (ii)Referral facilitated (gives referral slip, first dose as appropriate)</i>			
Counsels (correct messages, including correct drug AND dose AND duration and when to return for follow-up)	<input checked="" type="checkbox"/>		
<i>Confirms understanding (probe for questions AND request mother/patient to repeat instructions)</i>			
Records Review - Correct relation between classification/diagnosis and treatment for last month	<input type="checkbox"/>		
Malaria Case management Assessment Score		60%	




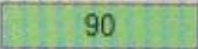
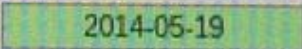


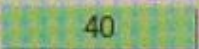

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# Monitoring the supply-side: Provider checklist

Assessment Score Summary

Integrated Case Management (ICM) + RDT Assessment Score (%)	33% 
Next ICM Supervision in (day)	90 
Next ICM Supervision on (date)	2014-05-19 
Work Environment Assessment Score (%)	60% 
Documentation and Reporting Assessment Score (%)	0% 
Overall Provider Assessment Score (%)	40  



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# Change of Provider Behaviors

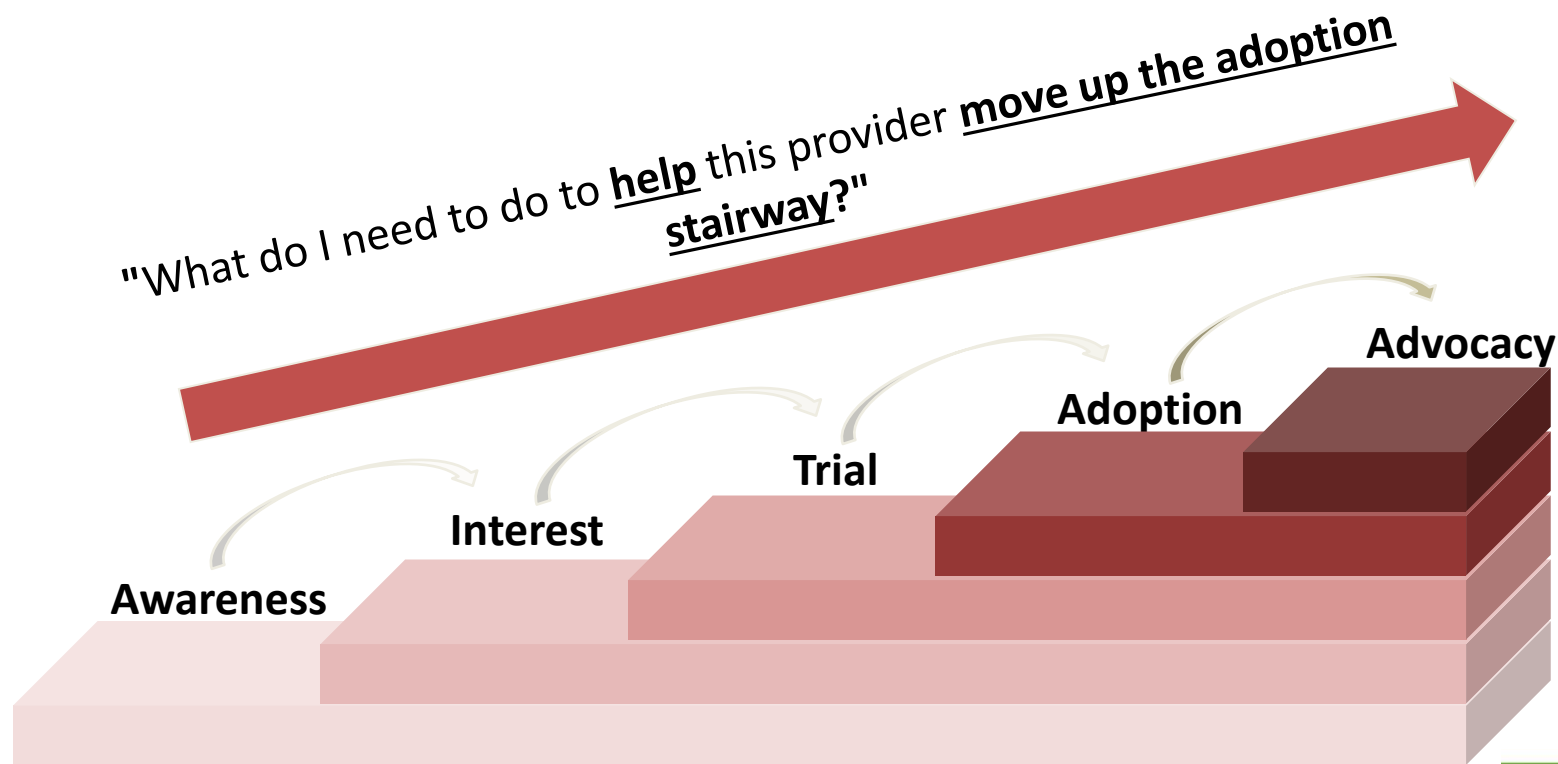
1. Is not about knowledge, is all about behaviors!
2. Adoption Stairway
3. Knowledge & Skills: On-the-job coaching



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# The adoption stairway helps to understand providers' individual situations

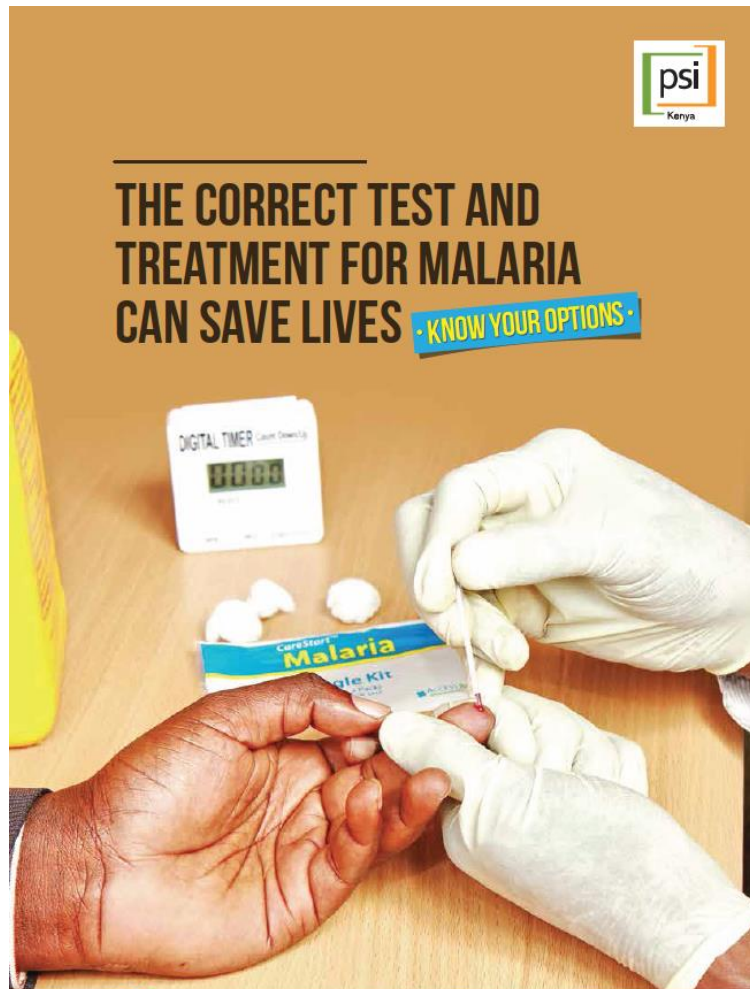


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# Monitoring the supply-side: Supervisor job aids



THE CORRECT TEST AND TREATMENT FOR MALARIA CAN SAVE LIVES • KNOW YOUR OPTIONS •

ENSURE FEVERS DON'T TURN DEADLY. TEST, DIAGNOSE, TREAT OR REFER

7

## NAOMI FEVER CASE MANAGEMENT

FOR ALL CASES OF FEVER WITH SUSPECTED MALARIA, TEST WITH A RDT, TREAT POSITIVE CASES WITH AN ACT, AND INVESTIGATE FOR OTHER DISEASES

TREAT POSITIVE MALARIA CASES WITH FIRST LINE ACT TREATMENT

**Artemether Lumefantrine (AL)**  
6 doses given over 3 days

### Counseling and Dispensing

- Tell the patient why they are getting the drug
- Explain dosing schedule
- Emphasize need to complete all doses—even if the patient is feeling better
- Demonstrate and give instructions for Dispersible formulations of AL.
- Give first dose under observation (DOT)
- Observe patient for 30 minutes for vomiting
- If patient vomits, repeat the dose after 10 minutes.
- Advise to return IMMEDIATELY if condition worsens; Advise to return after 3 days if fever persists
- Check that the patient or caregiver has understood the instructions before leaving the clinic

### Fever Management

- Children and Adults: Paracetamol
- Tepid+ sponging, exposure, fanning, etc.

### Fluids and Nutrition

Encourage giving extra fluids; continue breastfeeding where applicable



"Children often come to the health center with 2 or more sicknesses such as pneumonia, diarrhea, malaria, or malnutrition, so I investigate other causes of disease in all fever cases regardless if a client tests positive or negative for malaria."

Jane – Provider in Coastal Region

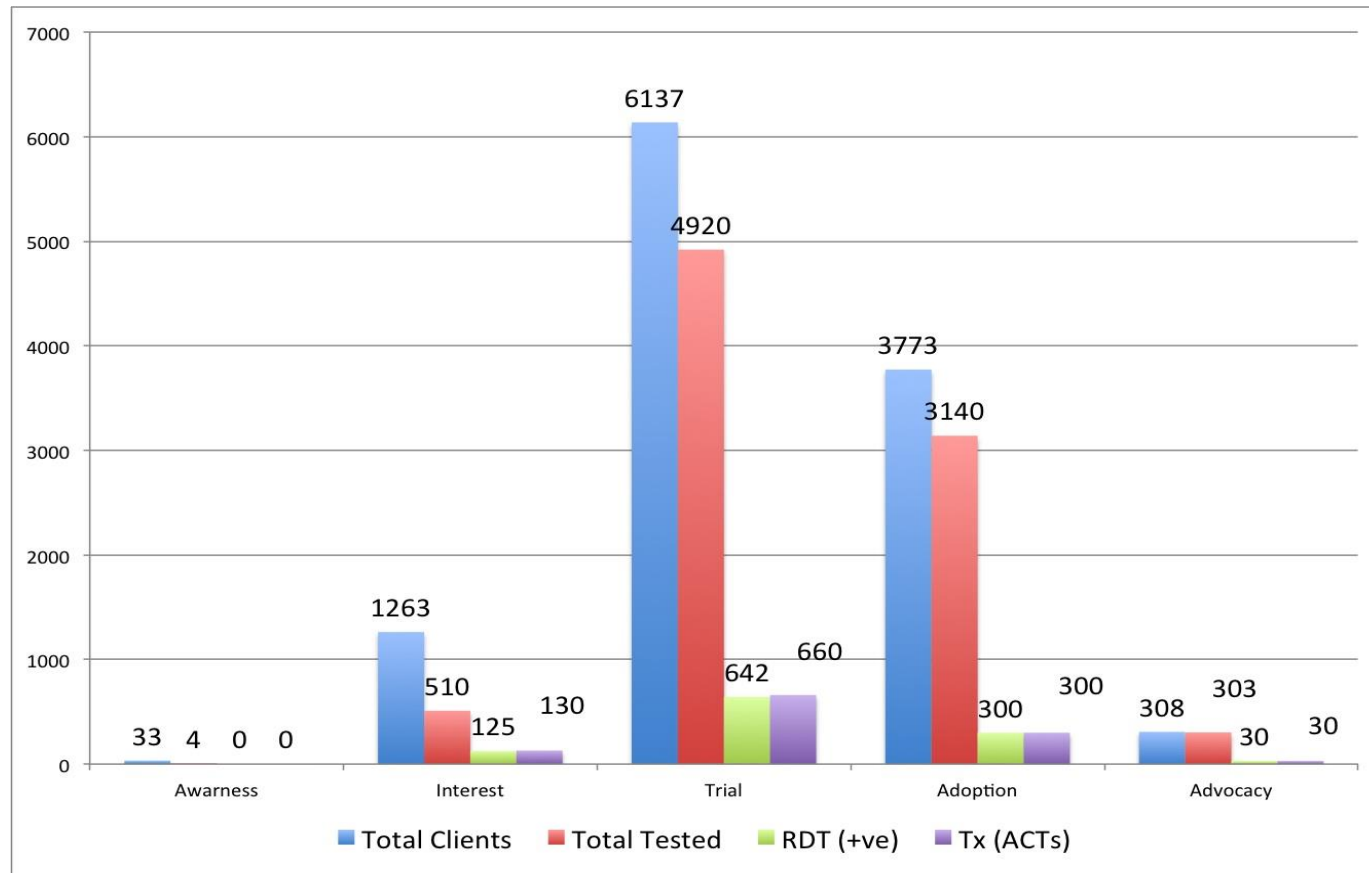


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CM):

# New RDTs Services Delivered by Profile



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# Monitoring provider-client interactions

## 1. Provider-Client engagement

What happens when a client approaches a provider?

- i. Are they assessed? Appropriately diagnosed?
- ii. Are they provided appropriate treatment?
- iii. Caseload tracking

## 2. Establishing provider adherence/compliance to standards

Client registers / Observation / Mystery clients

Existing registers where available: project tally sheets provided  
MoH approval of new registers

Paper-based capture and SMS data transmission

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# Monitoring provider-client interactions: tools

Nom de l'établissement : \_\_\_\_\_ Province: \_\_\_\_\_ Semaine \_\_\_\_\_

Numéro de l'établissement ID: \_\_\_\_\_ District: \_\_\_\_\_ Mois: \_\_\_\_\_

Enfant de moins de 5 ans										
Date (dd/mm/yyyy)	N° Client	Cas de fièvre testé avec RDT						Pas de test		
		Test Positif			Test Négatif			Traité avec ACT	Référé	Traitem ent /Action
		Traité avec ACT	Référé	Traitem ent /Action	Traité avec ACT	Référé	Traitem ent /Action			
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<b>Total</b>										
<b>Codes</b>		A1	A1.1	A2	A3	A4	A5	A6	A6.1	A7

Personnes 5 ans ou plus											Cas de fièvre testé avec Microscopy	
Date (dd/mm/yyyy)	N° Client	Cas de fièvre testé avec RDT						Pas de test			Positif	Négatif
		Test Positif			Test Négatif			Traité avec ACT	Référé	Traitem ent /Action		
		Traité avec ACT	Référé	Traitem ent /Action	Traité avec ACT	Référé	Traitem ent /Action				Traité avec ACT	Référé
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	30											
<b>Total</b>												
<b>Codes</b>		B1	B1.1	B2	B3	B4	B5	B6	B6.1	B7	C1	C2

Stock				
Nombre de TDR/ACTs en stock (maintenant ou date le plus proche)				
TDR	à < 9kg (1 à 11 mois)	< 18 kg (1 à 5 ans)	< 36 kg (6 à 13 ans)	≥ 36 kg (14 ans ou plus)
D1	D2	D3	D4	D5

Complété par (Nom) : \_\_\_\_\_

Rôle dans le cabinet: \_\_\_\_\_

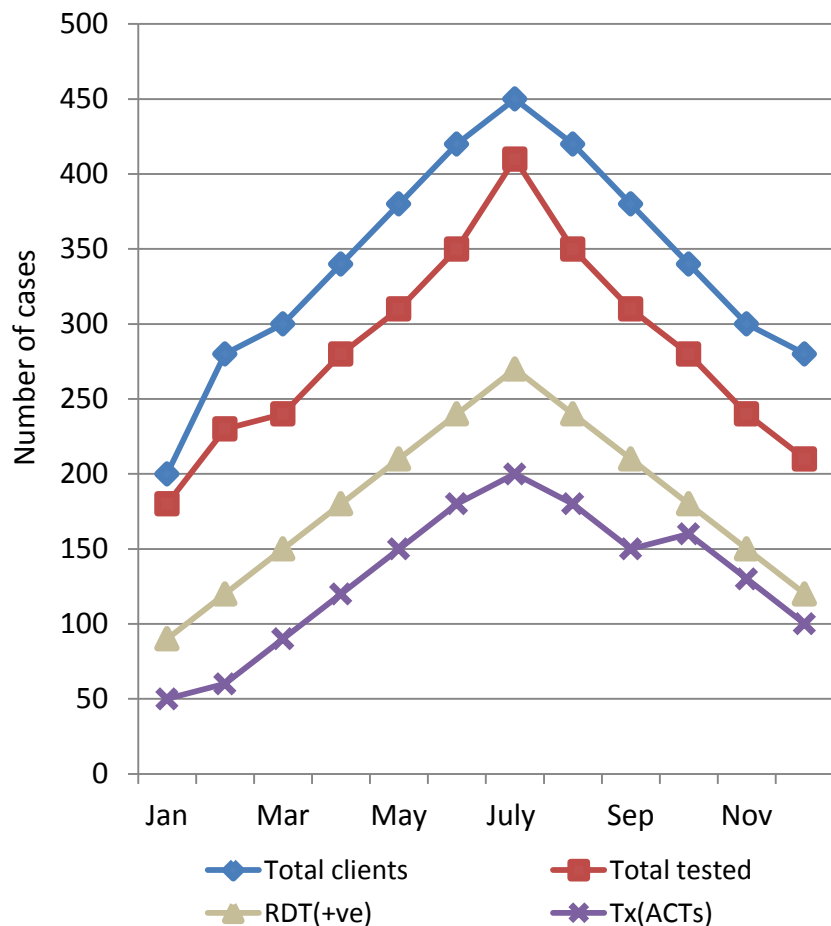
Signature: \_\_\_\_\_

Date: \_\_\_\_\_

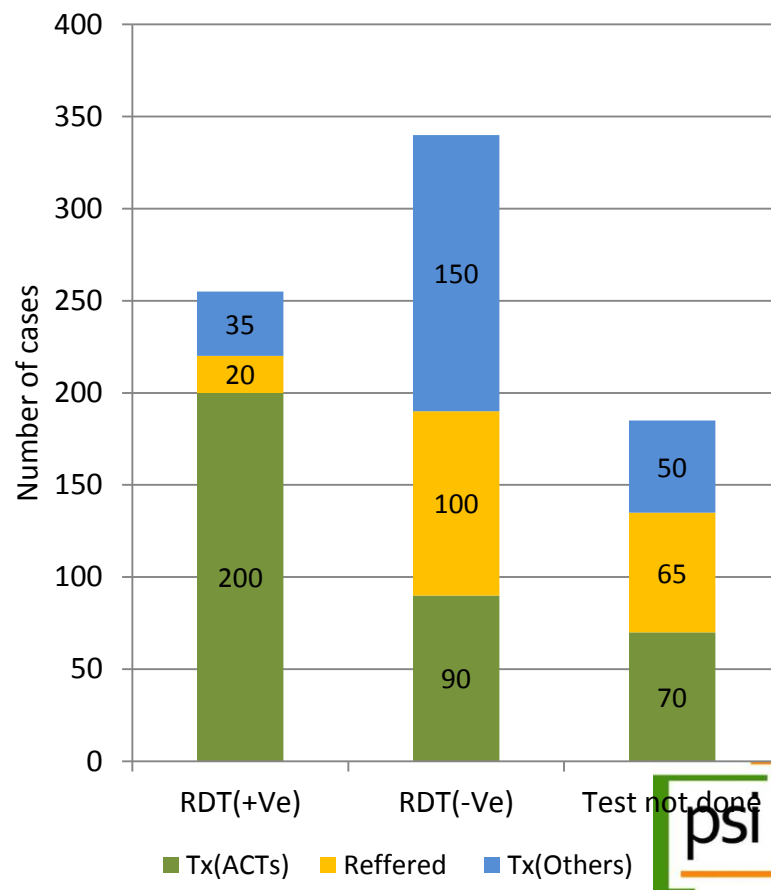


# Monitoring the supply-side: reporting

## Area caseload tracking



## Area treatment by test status



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# Quality Process Management

1. Providers Support Structure
2. Field Force: Human component
3. Management Information Systems

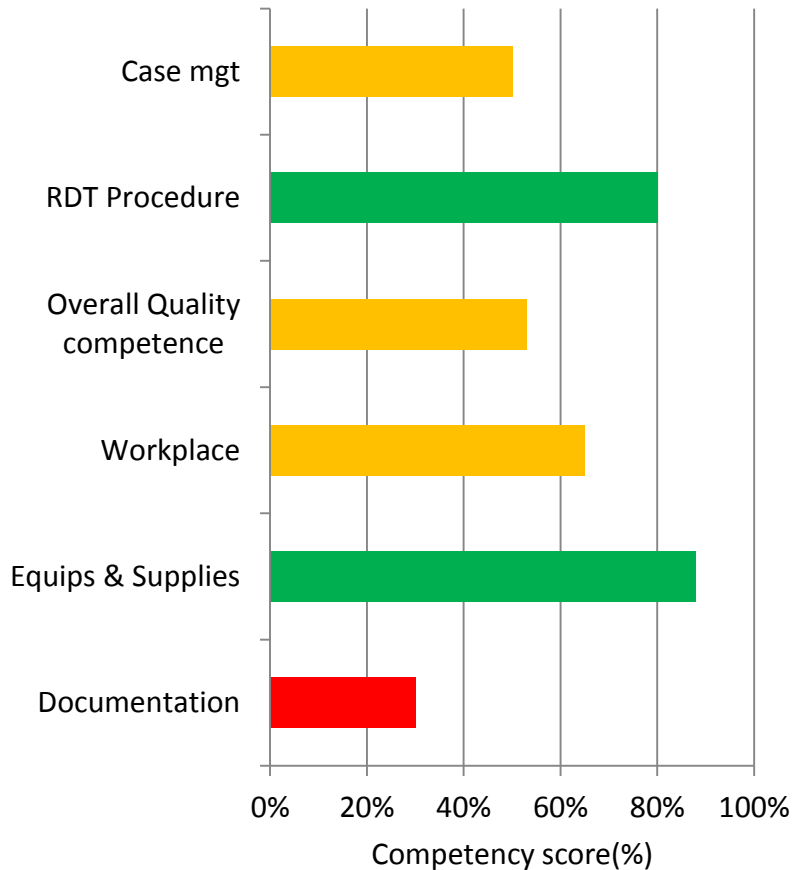


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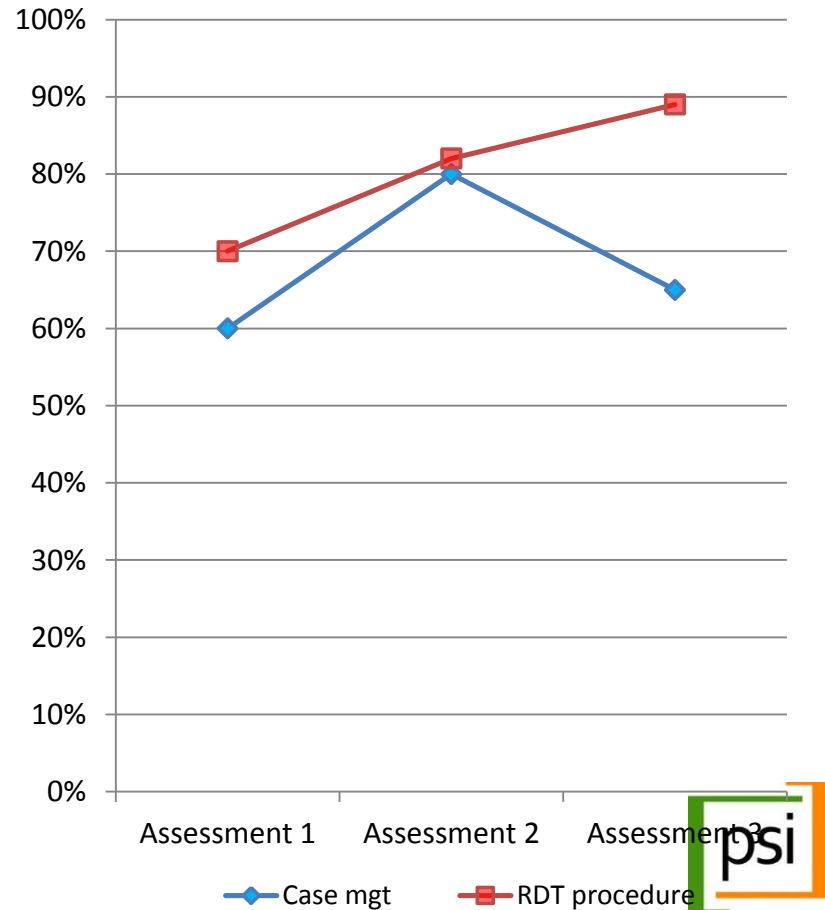
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# Monitoring the supply-side: reporting

## Individual performance



## Performance over time



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# Information management strategies

dhis2

PSI MIS Project

Services

Help

Profile

Demo Cambodia (update profile!) • Write feedback • Share interpretation

Profile Messages Interpretations Groups

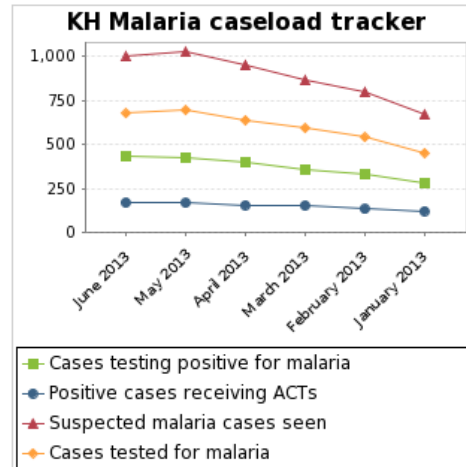
Search for users, charts, maps and reports

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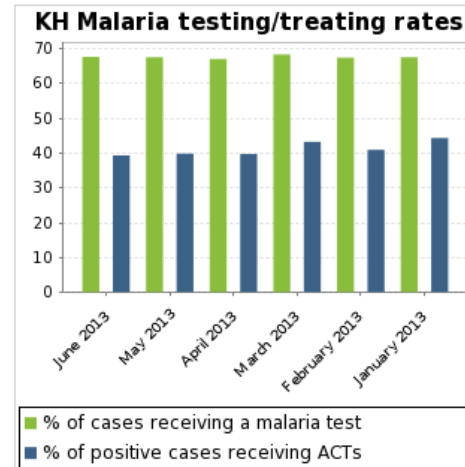
**Maps**

- KH - Malaria Program Outlets ✕
- KH Malaria testing rates ✕
- KH Malaria treatment rates ✕

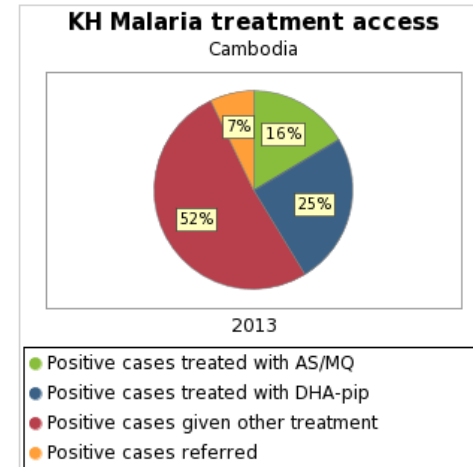
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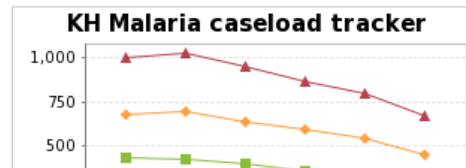


Insert Close Clear

**Report table**

- KH Malaria Indicators by Outlet last 12 months ✕

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Insert Close Clear View full size Share



Insert Close Clear

This is a chart area  
Click Insert and select a chart

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nt (iCCM):

# Thanks



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