

Village Doctors Engagement in CCM Bangladesh Experience

iCCM 2014

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

Pneumonia Treatment Status in Bangladesh

- **35%** of children with symptoms of pneumonia were taken to health facility or a medically trained provider
- **50%** care seeking for Pneumonia from drug stores and Village Doctors (VDs)
- **79%** of the children seeing a provider were prescribed antibiotics

Source: BDHS 2011

Community Case Management of Pneumonia & Diarrhoea Project/CCM Project

- Program implementation area: 17-subdistricts in southern part of Bangladesh
- Target group : Children under five years of age (approx. 400,000)
- Duration : February 2012 to April 2014
- Donor : Procter and Gamble

CCM Program strategies

MOH front line workers' capacity strengthening



Capacity building of VD & linkages with formal HS



Community engagement and support mechanism



Improve access to quality services



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Rationale for engaging VDs

- **Increasing access** to case management for children living in remote communities.
- **Improve quality** of pneumonia and diarrhea case management
- **Village resident, available 24/7**
- **Popular & common choice** of population esp. among poor HHs (provide drugs on easy installment)
- **Drugs available** at the clinic
- **Conduct home visits**

Project activities

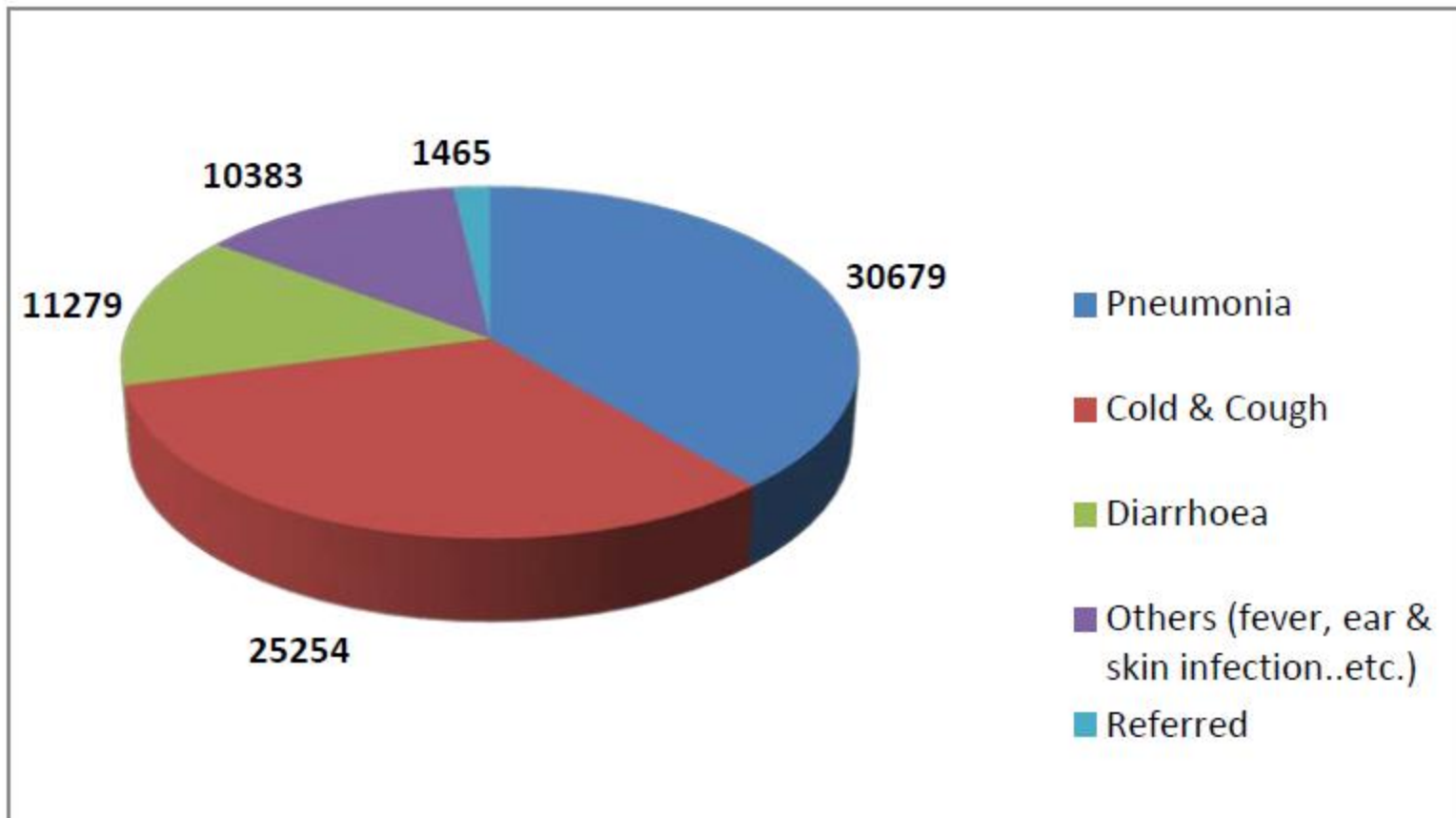
- Revision of VD training manual in partnership with IMCI unit, MOH&FW
- Adaptation of Monitoring & Supervision tools
- 298 Village Doctors trained (3-day) on CCM of pneumonia & diarrhea (281 currently active)
- Provided essential supplies & Job Aids -ARI timer, Thermometer, Chart booklet, Treatment Register etc.
- Supportive supervision- Joint supervision with MOH&FW supervisors

Quality Assurance

- Post-training follow up visits: each VD supervised twice a month for initial 3 months followed by monthly supervisory visits
 - Review register
 - Direct observation/ case scenario
 - Random HH visit of treated cases
- Bi-monthly performance review meeting
- Yearly refresher training (one day)

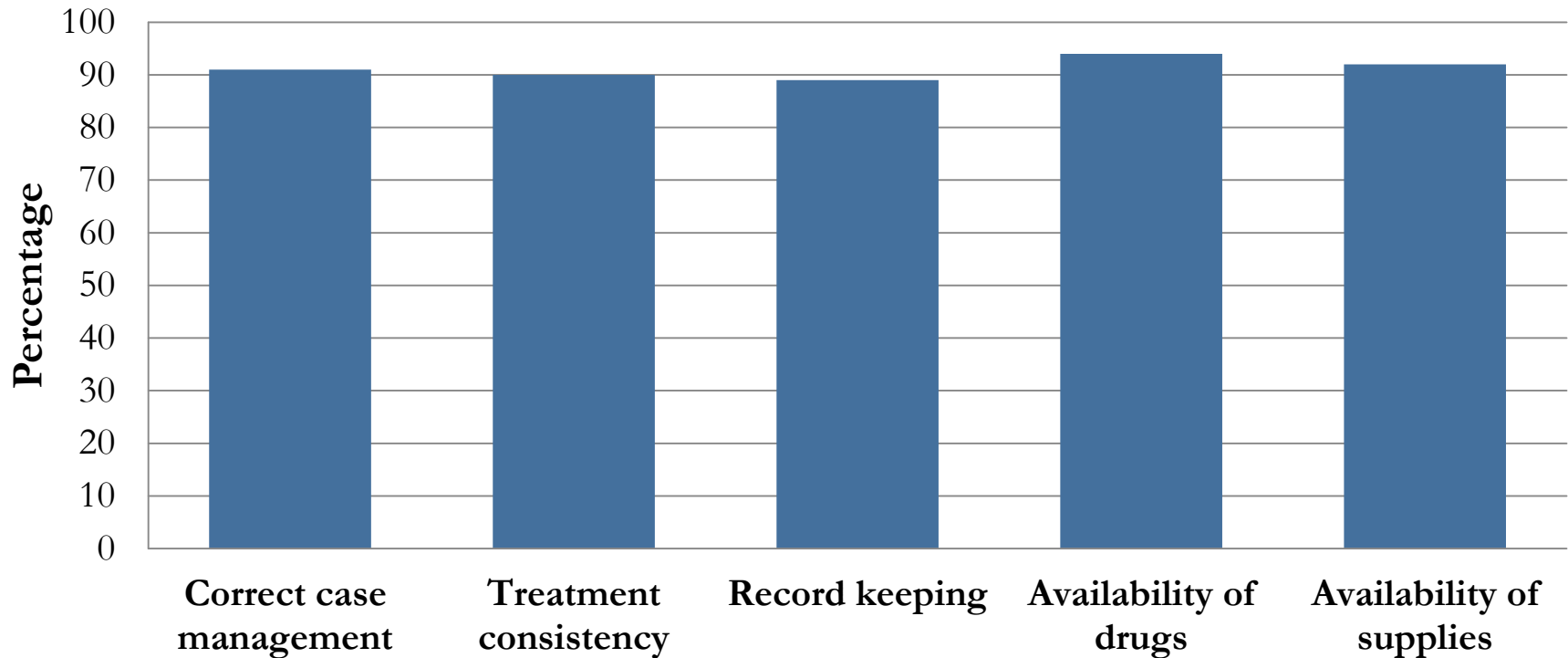


Results : Cases treated by VD



Oct'12 to Dec'13

Results : Service Quality



Oct'12 to Dec'13

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Major findings from VD assessment

➤ Reasons for joining the project

- Skill development opportunity
- Increase patient flow and potential business expansion
- Social commitment

➤ Retention of trained VDs


- 92.5% retention rate (after one year)

➤ Reasons for Dropout

- Low number of pneumonia cases
- Work burden with maintenance of protocols
- Low profit margin (use of low cost amoxicillin antibiotic)
- Out-migration

Major findings from VD assessment

➤ Diagnosis and treatment of pneumonia

| Before training | After training |
|--|--|
| <ul style="list-style-type: none">• Only 35% used equipment (stethoscope/watch) for pneumonia diagnosis• Diagnosis made based on symptoms; coughing, grunting, difficulty in breathing etc.• Used higher antibiotic; 3rd generation antibiotics | <ul style="list-style-type: none">• Count respiration rate using ARI timer• Use amoxicillin• Referral of severe pneumonia cases  |

Major findings from VD assessment

➤ VDs attitude and practices around referral

| Before training | After training |
|---|--|
| <ul style="list-style-type: none">• Almost absent among VDs• Perceived as unskilled and incapable• Financial disincentive of people seeking treatment elsewhere | <ul style="list-style-type: none">• Giving preference to treatment protocol over business motive• Refer sick children following protocol rather than doing trial and error (97% of VDs referred sick children to near by MOH&FW facility) |

Lessons learnt

- The diversity of participants' experience, existing knowledge and education level made delivery of training challenging
 - Practical sessions are effective way of engaging different level of participants
 - Post-training follow up visits enhance adoption of new knowledge and skills
- Low profit margin and slow recovery of treated cases with amoxicillin are barriers for following standard treatment protocol
 - Refresher training and supportive supervision are effective ways for ensuring quality and maintain motivation
- Joint supervision with MOH&FW staff supports establishment of linkage with formal health system .

THANK YOU

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