

Improving Accountability of Community Based Child Health Services in Northern Nigeria: Community Health Pharmacists and Information Services

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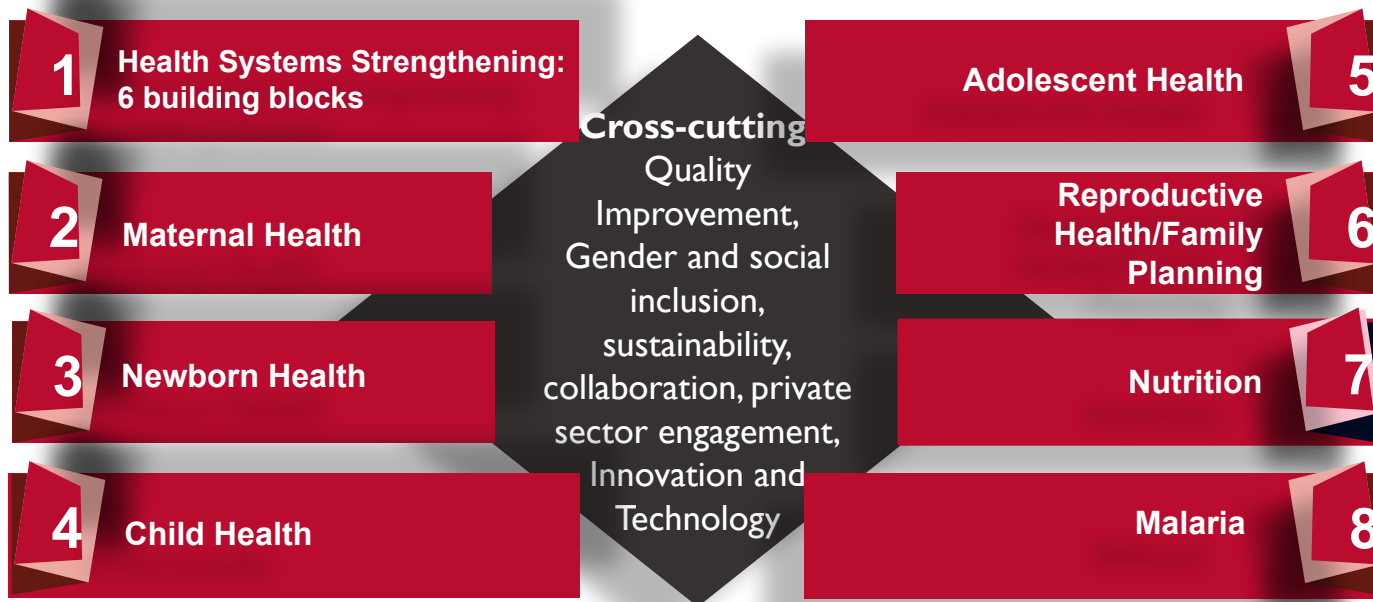
*All Staff are from Palladium

Background



- **Funder: USAID Nigeria**
- **Geographic reach: Four States and FCT**
 - Bauchi, Kebbi, Sokoto (started 2019)
 - Ebonyi and FCT (April 2020)
- **Abuja office** –TA to federal level and supports states
- **Coverage:** a total of 1,139 PHCs, 99 GHs, 154 private facilities and 1,114 CPs & PPMVs
- **Key Beneficiaries:** 4,867,707 women of reproductive age and children <5 across catchment areas of IHP-supported PHCs

IHP INTERVENTION AREAS



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IHP **USAID INTEGRATED HEALTH PROGRAM**
Nigeria

Patent Proprietary Medical Vendors (PPMV) in Nigeria: Relevance for Child Health Equity and Service Delivery - I

- 200,000 PPMVs nationwide
- 10-15% of PPMVs are registered
- 1,320 licensed PPMVs (3 Northern States)
- 8,150 unlicensed PPMVs
- 54% fever cases treated
- 50% child diarrhea cases treated
- 40% Acute Respiratory Infection treated

PPMVs in Nigeria: Relevance for Child Health Equity and Service Delivery - 2

- The National Task Shifting and Sharing Policy issued in 2014 calls for capacity building of community-oriented resource persons, including PPMVs & Community Pharmacists (CPs) to provide treatment, counselling, and referral for some child health (and also reproductive and adult healthcare services).
- These policies represent a major step towards addressing the shortage of health workers needed to deliver essential health services, especially in the community setting in often remote, underserved, and often low-resource settings.
- Prior to IHP and the Community Health Information Systems (CHMIS), PPMVs in Bauchi, Kebbi and Sokoto had no accountability mechanism.
- Quality of Care and Services were not documented. CHMIS has been a game changer to promote accountability, monitoring and mentoring opportunities.

Community Health Information Management System

- **What is the Community Health Information System (CHMIS)?**

Community Health Information Management System (CHMIS) refers to the processes and mechanisms through which health-related data is produced at the community level and made accessible to users, through networking both within and outside the health sector.

- **Why is it critical for capturing service delivery data?**

Entails the collection, collation, aggregation, analysis and archiving of health-related data not readily available at the health facilities but are obtained from informal service providers outside the orthodox health service.

- **Who will enter data into it?**

Community Health Influencers Persons (CHIPS) and PPMVs/CPs

- **Key child health indicators:**

Number of cases (treated): Diarrhea (ORS and Zinc), Fever (mRDT screened and treated among positive cases)
Respiratory (Amoxicillin DT) Nutrition (MUAC screened and referred cases of MAM/SAM), Referrals for: ANC, PNC

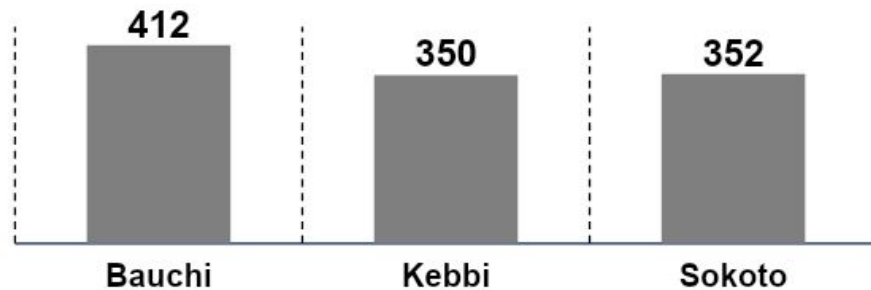
IHP support to the CHMIS system

- Training on data tools and instruments in collaboration with the FMOH
- Supported DHIS2 optimization, validation rules, data elements, configuration of version 2019, etc.
- Health Data Governance and Health Data Consultative Meetings
- TA on the development of data tools, CHMIS
- Data Quality Assessment, Integrated Supportive Supervision and Mentoring Visits to review and improve upon data quality issues.

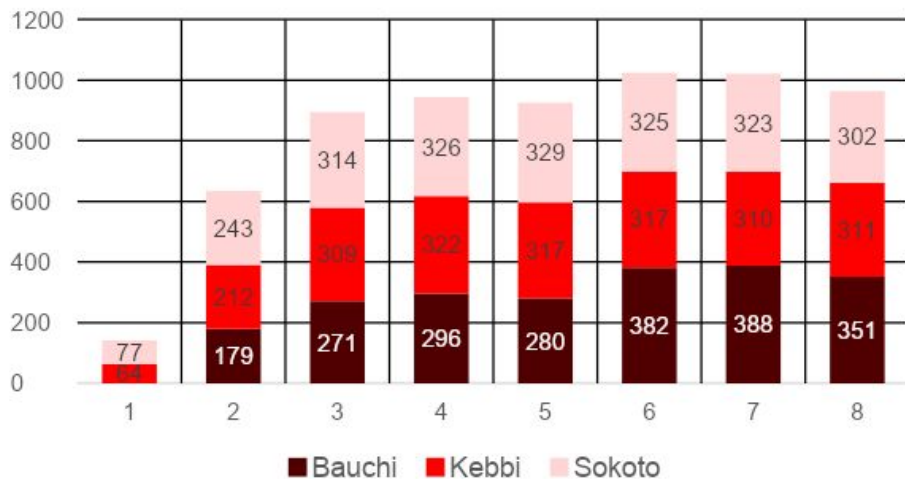
PPMV and CP Engagement Strategies

- Signed Memo of Understanding with the Pharmaceutical Council of Nigeria and collaborated with local government for Quality Improvement State Ministry of Health, State Primary Healthcare Development Agency (SPHCDA), Local Government Authorities (LGAs), Association of Community Pharmacists of Nigeria (ACPN), National Association of Patent and Proprietary Medicines, and Implementing Partners
- Trained selected PPMVs (400 Bauchi, 350 Sokoto, 350 Kebbi) from August - September 2022 (6 weeks/2 phases/8 clusters)
- Provided PPMVs & CPs with basic tools (Audible timers, digital thermometers, biohazard bags & sharp boxes), training manuals, CHMIS tools & job aids.
- Conducted regular clinical and data collection training from August 2022 through September 2023 (ongoing).
- Encouraged data collection via the CHMIS: 92% of the trained PPMVs/CPs are reporting as of March 30, 2023
- With Viamo, develop digital job aids accessible through cell phones in different languages to promote quality of care (appropriate care for childhood illnesses)

Number of PPMVs Trained



Number of PPMVs Reporting into CHMIS MSF in all IHP States



Methodology of Quality-of-Care Improvements for PPMVs/CPs

- IHP works through local partners via Grants Under Contract to provide on-the-job mentoring and supportive supervision to improve quality of care of the PPMVs.
- PPMVs were identified, selected, and enrolled/registered with PCN (criteria for inclusion in training program: some health background, populated/underserved area, registration/willingness to register with PCN).
- Provide onsite training supportive supervision on quality of care, and data collection using a mentoring checklist.
- Routine mentoring include problem-solving, support to the PPMVs and CPs, review of CHMIS data capturing tools and outlet performance review.
- The mentors were assigned to a cluster of 14-20 outlets depending on the location and proximity and conduct at least 2-3 visits monthly per outlet.
- A joint monitoring and supervision were also carried out by the grantee key personnel, PCN, NAPMED, ACPN, Promoting Quality of Medicines (PQM+) and Ministry of Health representatives to ensure effective service delivery and data compliance.

PPMV Integrated Mentoring Checklist

IHP Checklist for Mentoring PPMVs and CPs

- Child Health Elements of the Mentoring Checklist focus on Integrated Community Case Management (Link on last slide)
- Observation of case management for childhood illnesses.
- Evaluation of danger signs (convulsions (reported or observe unconsciousness, vomiting everything, inability to eat or drink
- Cough/respiratory
 - Diarrhea
 - Fever
 - Malnutrition
 - Observation and evaluation to determine appropriate of care
- Observation and evaluation to determine appropriateness of care
- Data Validation (iCCM- Sick child recording form, FMOH-dail register completion – CHMIS tools).
- Commodity and Supplies (link with the PQM+ approved pharmaceutical shops)

Version March 28, 2023

Introduction

In order to facilitate access and improve quality of management of common uncomplicated childhood illnesses and family planning counselling services, it is imperative to carry out regular supportive supervisory visits to the Patent and Proprietary Medicine Vendors (PPMV) and Community Pharmacists (CP) outlet to identify and address gaps, provide effective feedback and follow-up mechanism.

During the mentoring visits, the Supervisor/Mentor provides help, guidance, coaching, hands-on mentoring and training as may be required, with the goal of improving the competency and effectiveness of each PPMV and CP.

NOTE: The supervisor/mentor should make a prior arrangement (in person OR phone call) with the PPMV or CP and agree to the date and time of visit.

Objectives of Mentoring Visit

1. Improve quality of service provided by the PPMVs and CPs at the community.
2. Identify and address issues of client access to the outlets for services.
3. Identify and address system challenges around service delivery.
4. To strengthen the community health management information system data documentation and reporting.

The elements of the routine mentoring include the following:

1. **Problem-solving:** This involves resolving implementation bottlenecks on the spot at the outlet and/or escalating those that require further support to the relevant bodies for necessary action such as SMOH, SSPHCDA, LGHA, NAPPMED, PCN, ACPN, and IHP.
2. **PPMV/CP Support:** Providing onsite update, training and mentoring for effective performance on service delivery. This should also include information on commodity access, handling, and storage.
3. **Data Capturing Tools Review:** This is very important in ensuring the accuracy and validity of the data, such as ensuring the proper use of the Sick Child Recording Form (SCRF), CHMIS tools (Maternal Health-ANC, Delivery, PNC, RH Family Planning, RMNCAEH+NM registers, and 2-way referral slip) and the correct collation, triangulation and harmonization of data sets into the CHMIS Monthly summary form.
4. **Outlet Performance Review:** The Supervisor/Mentor will concentrate on the correct use of standard treatment guidelines by PPMV and CP to ensure appropriate assessment, patient treatment with correct medicines, and prompt referrals to the health facility for further care.

Collect the GPS coordinates of this Facility

Stand at the main entrance of the facility. Ensure you're standing under the Sky, not under a tree, canopy or anything that creates a shade.

Additional Snapshot/Excerpts of the PPMV Mentoring Tools

Collect the GPS coordinates of this Facility

Stand at the main entrance of the facility. Ensure you're standing under the Sky, not under a tree, canopy, or anything that creates a shade.

If using a Browser, wait for at least 5 minutes, and click on the **Compass Icon** taking note of the **accuracy** reading. You can click on the icon several times until you get the lowest possible reading for **accuracy**.

OR

If using the ODK App, click on Start GeoPoint, Wait until the Accuracy reads at least 6m, and then Click on **Save GeoPoint**

latitude (x,y °)

9.0

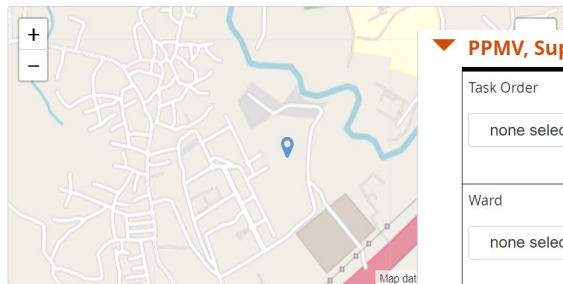
longitude (x,y °)

7.4

altitude (m)

accuracy (m)

search for place or address



PPMV, Supervisor and Mentee Details

Task Order

none selected

Ward

none selected

Type of Facility (PPMV/CP)

Select facility type

none selected

Name and Designation of Supervisor/Mentor

Date of visit

yyyy-mm-dd

Local Government Area

none selected

Name of PPMV/CP

Select PPMV/CP

none selected

Supervisory health facility (if any):

Select Health Facility

none selected

Type of visit

none selected

Arrival Time

hh:mm

PPMV, Supervisor and Mentee Details

Task Order

none selected

Local Government Area

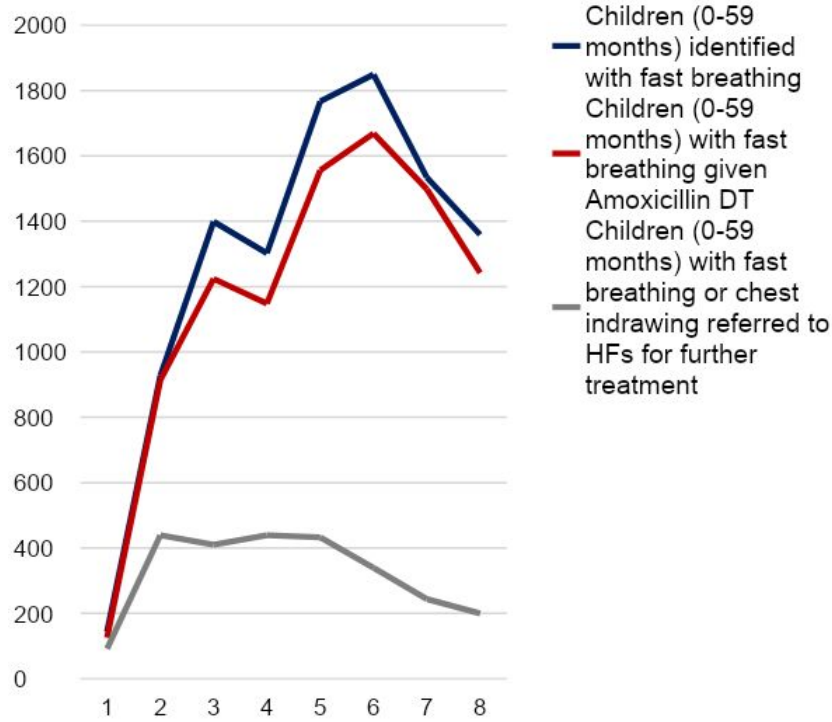
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Results - I

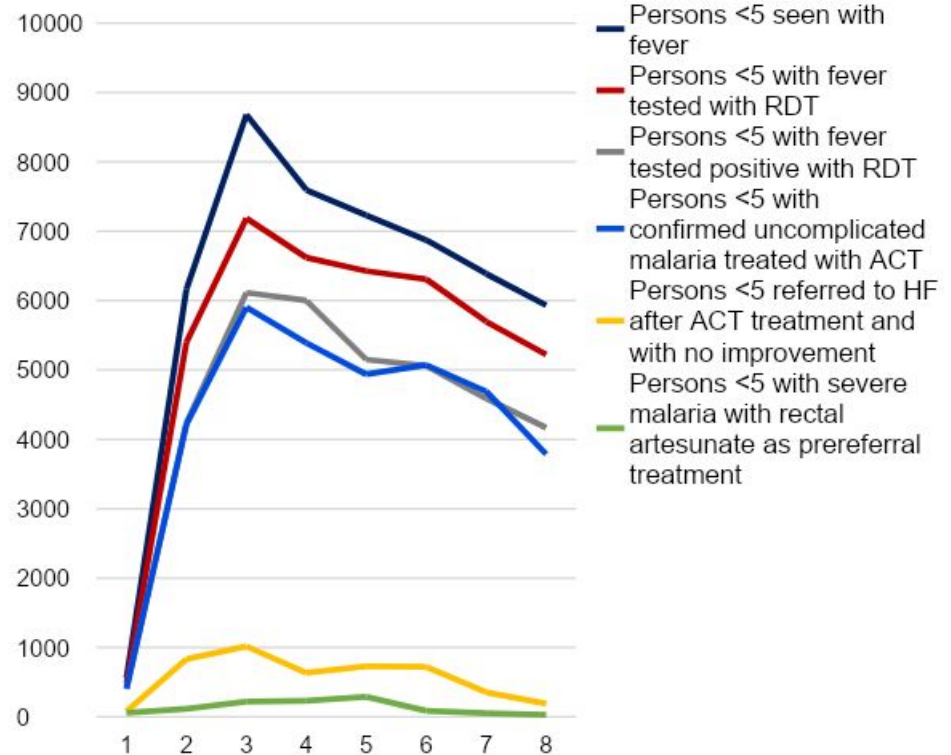
- In the first 9 months of operation, 92 percent of the (1,024 of 1,100) enrolled PPMVs/CPs reported into the CHMIS system.
- 117,771 children presenting w/ fever; 87% diagnosed with Malaria Rapid Diagnostic Tools (mRDT) while 97 percent of tested and confirmed uncomplicated malaria cases were treated with ACTs
- 21,099 children 6-59 months were assessed for nutrition status using MUAC tape, of which 1,541 were red on MUAC and 1,104 SAM/MAM referred for additional nutrition services
- 25,934 child diarrhea cases were present; 76% were treated with ORS and Zinc; 3380 cases were referred. This shows an area where improvement is needed.
- 10,492 children presented with respiratory systems; 94% treated with Antibiotics
- 29,048 women counselled on various FP methods with 3,415 referred to facilities.
- 7,408 new ANC clients were identified in the community and 4,752 first time referrals were made

Measuring and Monitoring Child Health Quality of Care

Pneumonia Cases Treated



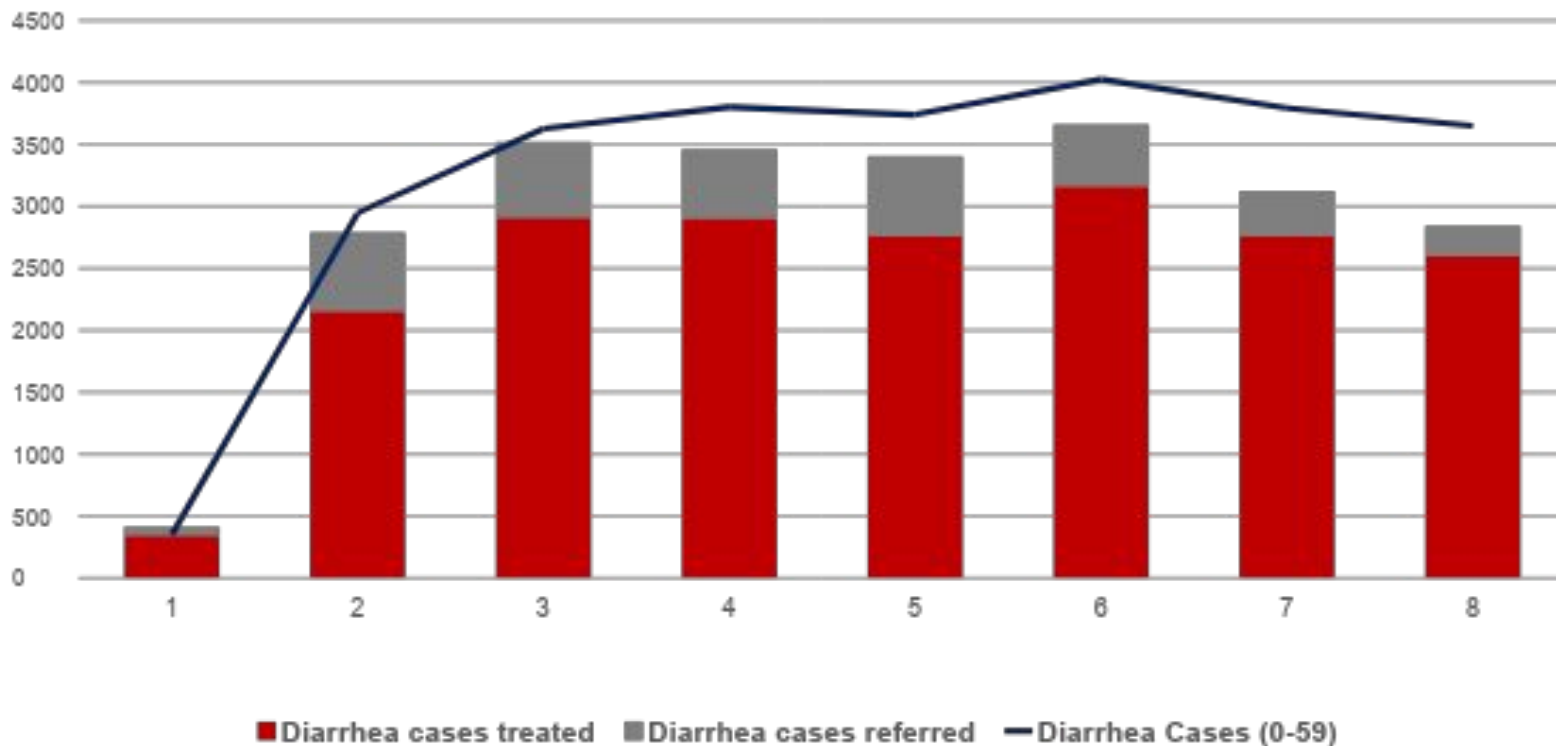
Fever and Malaria Treatment in Children <5 years



*Data Source: CHMIS ODK Monthly Summary

Diarrhea Cases Treated

Children 0-59 Diarrhea Cases Treated



Lessons Learned

- As expected, recording of service delivery spiked after training, but fell. PPMVs need to see value in reporting.
- Given their geographic spread, and accessibility, PPMVs represent an important opportunity to increase access to high quality child health care services in underserved communities
- High attrition and turnover requires short, easily replicable refresher/mentoring methods.
- Training and provision of regular onsite mentoring and supervision improve skills and quality of service delivery, and appropriate documentation
- Linking the PPMVs and CPs to PHCs can improve referral (access and utilization) of PHCs
- Collaboration with PQM+, Local Manufacturers and Government drug management agencies can improve access to quality medicines
- Collaboration with PCN, SMOH, SPHCDA, LGAs, ACPN, NAPPMED, PQM+ and IPs, drug supply, training, and monitoring for PPMVs and CPs can improve regulatory compliance and service quality
- Routine visit and mentoring by the grantee trainers, state, partners and state (SMoH, PCN, ACPN, NAPPMED) and partners (IHP, PQM+)

Recommendations

- PPMVs and CPs should be recognized as an integral part of the primary healthcare structure. The health system should create an enabling environment (ease of regulation, access to mentoring and QoC) for them to perform their role effectively.
- CHMIS allows for closer monitoring and engagement of previously unmonitored PPMVs
- PCN and regulatory authorities can utilize CHMIS data to scale and monitor mentoring to further improve accountability of Quality of Care and identify, plan and prioritize PPMV engagement.
- PPMVs that go through training and provide CHMIS need to be recognized and distinguished as model providers (e.g. marketing campaigns could recognize the quality of PPMVs that participate in CHMIS).
- Incentive package such as loans, bulk purchasing of drugs, recognition/distinction of trained PPMVs that are participating in reporting can retain PPMV interest in CHMIS reporting and PCN registration.
- Share results with PCN and FMOH to shape policy.

References

Landscape of PPMVs

- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4465150/>

PPMV Mentoring Tool

- <https://bit.ly/ihpppmvcpmmentoring>

Monthly Summary Form

- <https://bit.ly/chmismsf>

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Next Steps and Implications of CHMIS and PPMV engagement for Nigeria