



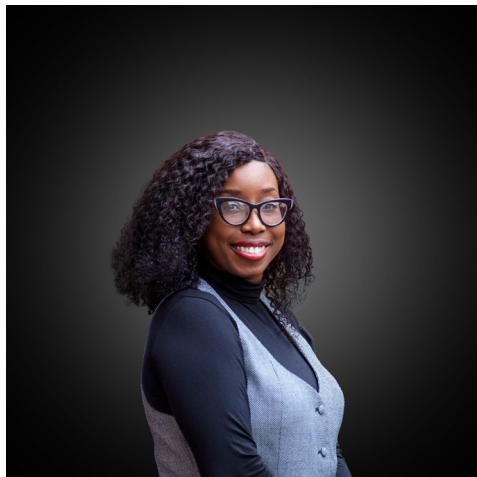
Sharing PPMV Engagement and Quality of Care Lessons Learned from Integrated Health Program Nigeria

December 6, 2023

*Co-hosted by the Private Sector Engagement
Subgroup of the Child Health Task Force*



Speakers



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Child Health Task Force

En français ci-dessous

Please note: the title, description, and timing of this webinar has changed from the original announcement

Sharing PPMV Engagement and Quality of Care Lessons Learned from Integrated Health Program Nigeria

Date: Wednesday, December 6, 2023

Time: 9:00–10:00 am EDT / 15:00–16:00 CET /
16:00–17:00 EAT / 18:00–19:00 IST



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<https://www.childhealthtaskforce.org/resources/presentation/2019/findings-equip-approach-mcsp-2019-pse-subgroup-july-30-2019>

[English](#)

Findings from the EQuiPP Approach (MCSP, 2019) PSE Subgroup - July 30, 2019



Year Published: 2019

Countries: Nigeria

Resource Type: Presentation

Languages: English



[Findings from the EQuiPP Approach \(MCSP, 2019\) PSE Subgroup - July 30, 2019](#)

2.48 MB

Presentation at the July 30, 2019 meeting of the Private Sector Engagement Subgroup by Michel Pacqué (Child Health Team Lead) and Kate Gilroy (Senior Child Health and MMEL Technical Advisor) on behalf of the MCSP Nigeria MNCH Program Child Health Team.

Full presentation title: Findings from the Enhancing Quality iCCM through Proprietary and Patent Medical Vendors (PPMV) and Partnerships (EQuiPP) Approach - "Can PPMV's provide quality health services in the communities where they serve?"



PPMVs in Nigeria are.....

- Frequently first source for childcare services and medicines
- Organized under associations such as NAPPMED
- Regulated and monitored by Pharmaceutical Council of Nigeria (PCN)
- Located in rural areas (although less so in hard-to-reach areas)

Qualitative Findings: Patterns of Care-Seeking

- Families recognize most illness symptoms, but don't always understand medical causes and attribute illness to spiritual causes or teething
- Families lack terms for illness severity
- Traditional medicine, like herbs, is often used before seeking care outside the home
- Social and gender norms influence household decision-making on when and where to seek care

PATHWAYS TO SEEKING CARE FOR A SICK CHILD



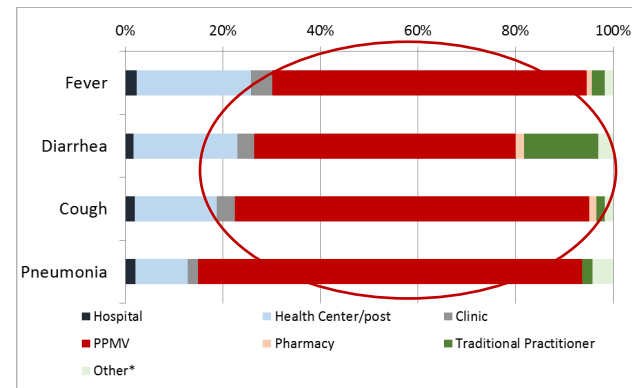
When a mother has a sick child she might first try herbal remedies picked from her garden, and if that doesn't work then she will go to the drug shop (PPMV) for medicine because it's cheaper. If the illness is more serious, or the child doesn't get better she will go to the health center or hospital.

Quantitative Findings: Care-Seeking for Any Illness (fever, diarrhea, cough, pneumonia)

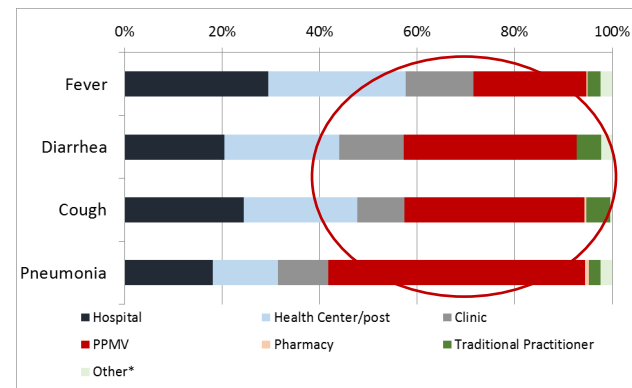
	Ebonyi <u>N=788</u>	Kogi <u>N=795</u>
Sought care/treatment for any illness:	89.3%	83.9%
Sought care/treatment from:		
Hospital	2.4%	25%
Health Center	22.1%	27.2%
Clinic	4.1%	11.6%
PPMV	65.1%	33.2%
Pharmacy	2%	0.5%
Traditional Practitioner	6.9%	4.9%
Other	2.5%	2.5%

Quantitative Findings: Patterns of Care-Seeking: 1st Source of Care

Ebonyi State



Kogi State



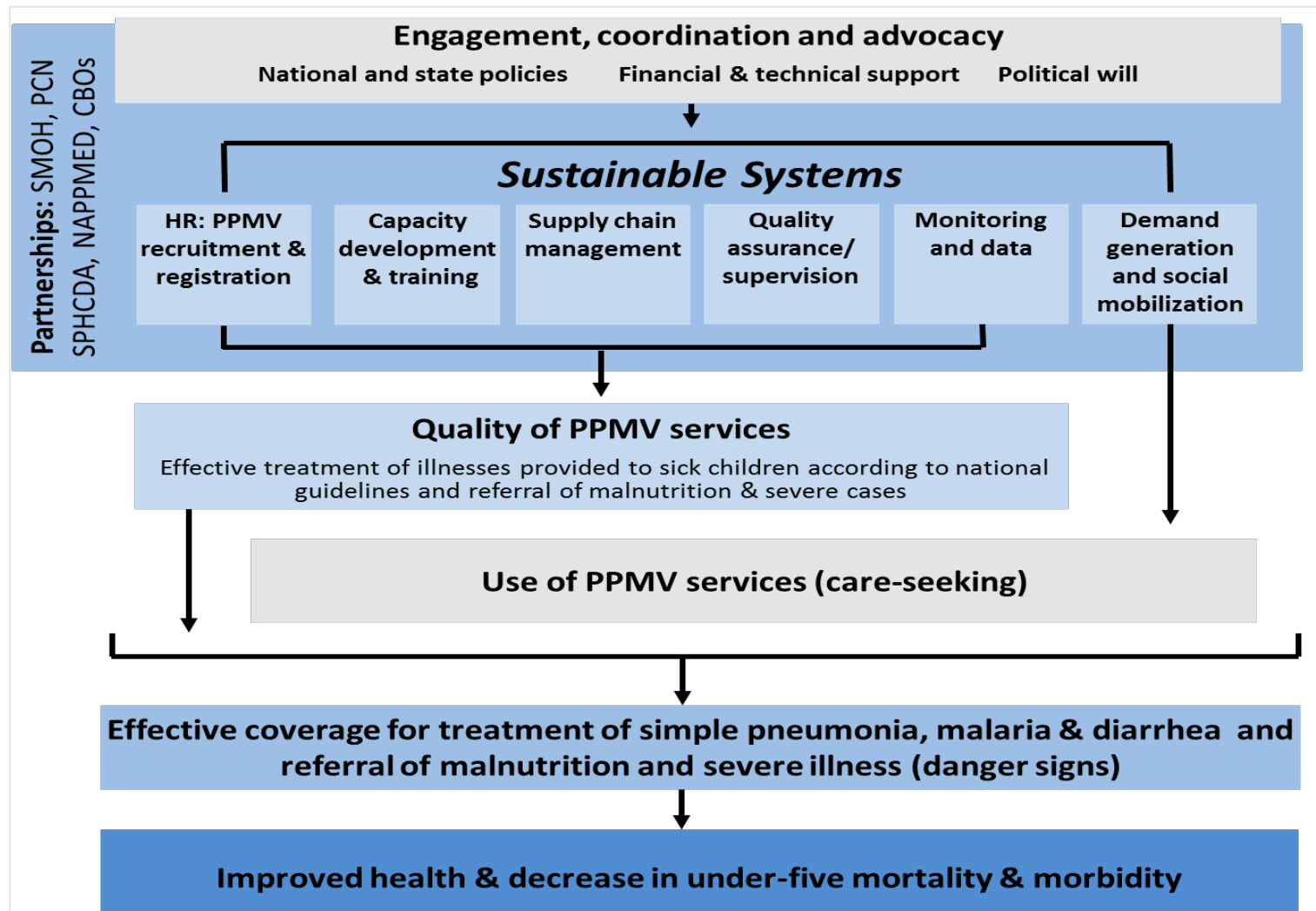
Quantitative Findings: Factors Associated with Care-Seeking

Ebonyi State (n=788)

	Any care sought	Sought care from health provider	Sought care from PPMV/Pharmacy
Education			
None	80.2%	11.3%	67.9%
Primary	89.6%	21.2%	68.7%
Secondary +	91.6%	36.4%	61.9%
Wealth quintile			
Lowest	83.5%	15.2%	62.0%
Second	89.2%	17.7%	68.4%
Middle	94.3%	31.2%	66.9%
Fourth	89.9%	35.4%	64.6%
Highest	89.8%	38.9%	63.7%

Kogi State (n=795)

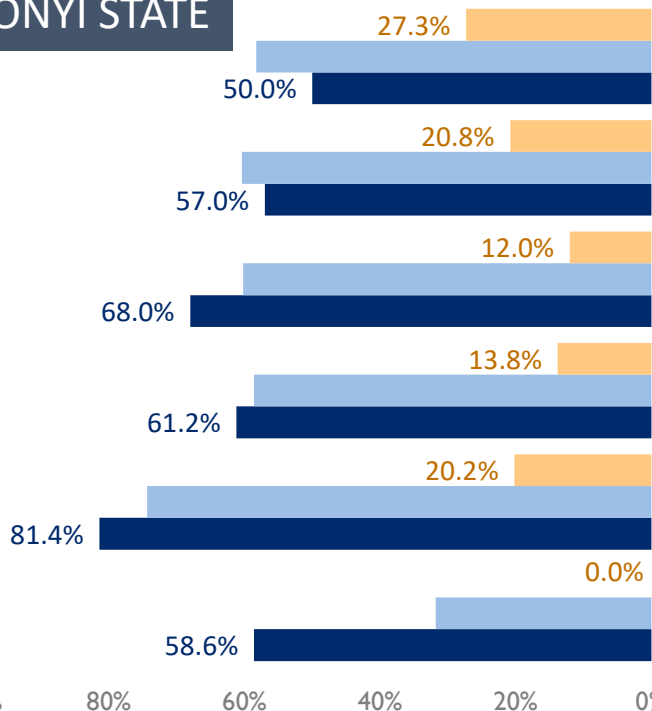
	Any care sought	Sought care from health provider	Sought care from PPMV/Pharmacy
Education			
None	66.2%	53.4%	16.2%
Primary	87.6%	61.6%	36.0%
Secondary +	88.2%	62.5%	37.8%
Wealth quintile			
Lowest	77.0%	51.0%	33.8%
Second	80.0%	59.1%	29.6%
Middle	88.6%	71.5%	25.9%
Fourth	88.1%	65.4%	30.2%
Highest	86.8%	57.9%	45.3%



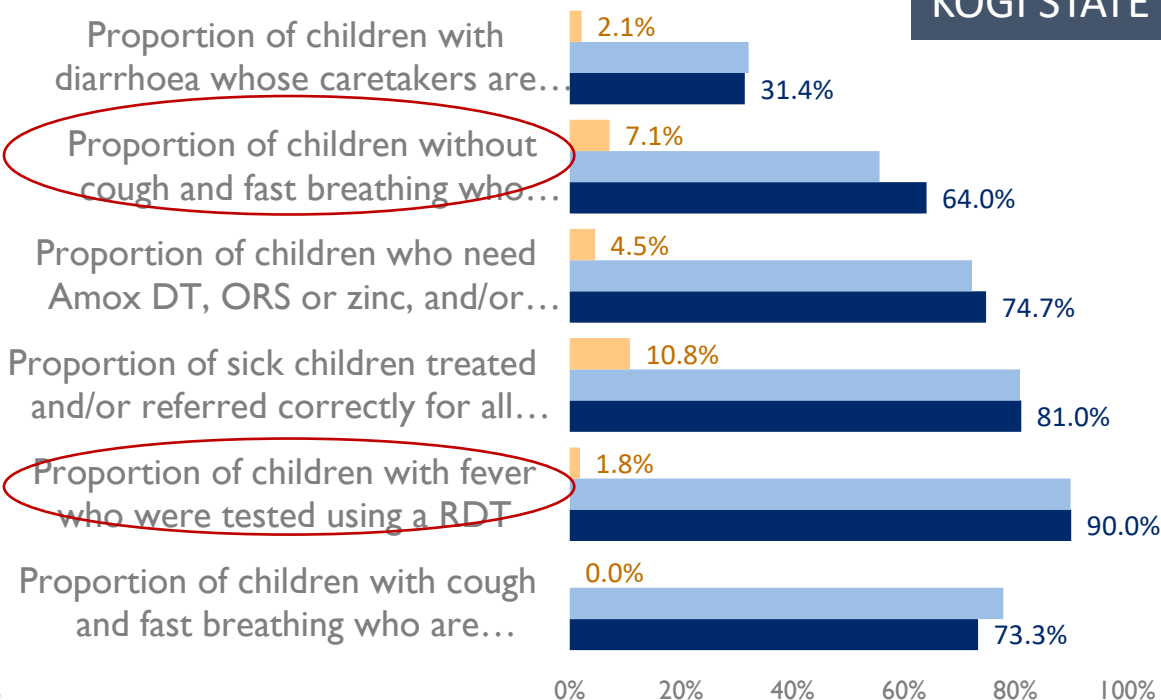
Findings from QoC Assessments: Treatment & Counseling

Quality of treatment and counseling for sick children U5 at 176 PPMVs before, during and after EQuIPP implementation (MCSP Nigeria program data from 88 PPMVs in Kogi and Ebonyi states)

EBONYI STATE



KOGI STATE



Baseline (Mar. 2018)

Midline (Jul. 2018)

Endline (Nov. 2018)



Community Based Child Health and Family Planning Services in Northern Nigeria Using the PPMVs and Community Pharmacists: Follow up to Lessons Learned

Presenters:

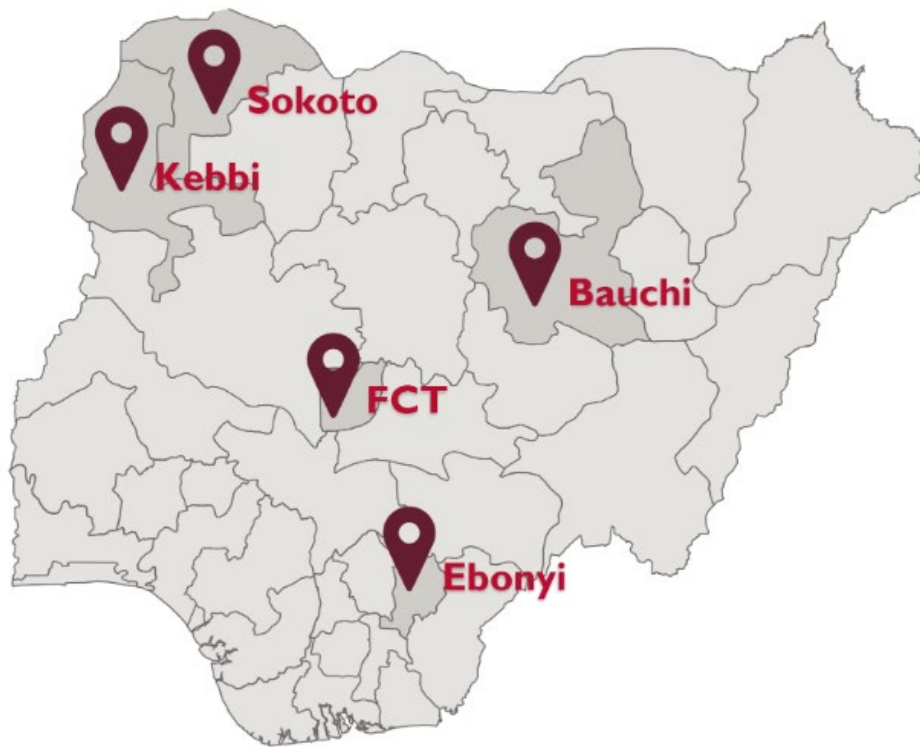
Ifeanyi Ume, Technical Lead, IHP, Child Health Nutrition and Malaria

Chidinma Uzoama, Senior ICT Specialist, IHP

Moderator: Dr. Chinwoke Isiguzo, IHP, HQ MEL Director

*All Presenters 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 1,113 CPs & PPMVs
 - **Key Beneficiaries:** 4,867,707 women of reproductive age and children <5 across catchment areas of IHP-supported PHCs

Goal

To train Patent Proprietary Medicine Vendors (PPMVVs) and Community Pharmacists (CPs) on **timely identification and management of uncomplicated common childhood illnesses** (malaria, pneumonia, diarrhea, nutrition screening), **improving access to family planning services and products and referral of pregnant women/newborns and severely ill patients to health facilities for appropriate care.**



Objectives

1

Strengthen the capacity of PPMVs and CPs on **prompt identification, classification, and treatment of uncomplicated common childhood illnesses** such as malaria, pneumonia, diarrhoea, and making referrals.

2

Improve the skills of PPMVs and CPs on **their roles and scope in providing family planning services** including inform, screen, refill/initiate, and refer clients.

3

Improve their skills on **nutrition assessment and counselling**, including EBF, complementary feeding, good hygiene practices, identifying signs and symptoms of malnutrition and **prompt referrals**.

4

Build the capacity of PPMVs and CPs on **service delivery data documentation and record-keeping using the CHMIS tools**.

5

Provide **post-training supportive supervision and mentoring** using the hub and spoke supervisory model to reinforce knowledge and skills.

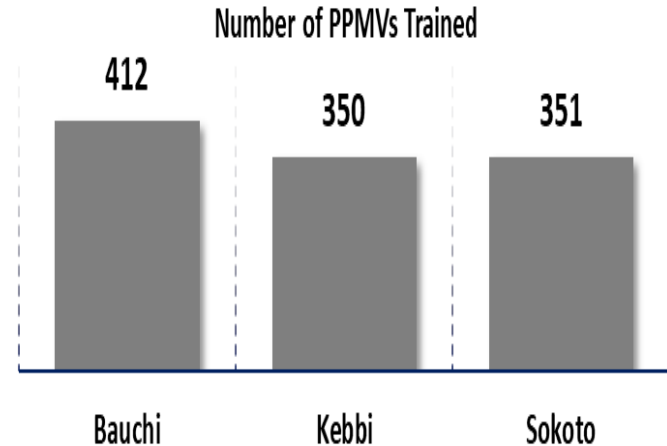
Recap: Why should we care about PPMVs in Nigeria?

- Over 200,000 PPMVs nationwide
- 10-15% of PPMVs are registered with PCN
- 1,320 licensed PPMVs (Bauchi, Kebbi and Sokoto)
- 8,150 unlicensed PPMVs

Source: Beyeler N, et. al 2015

PPMV and CP Engagement Strategies

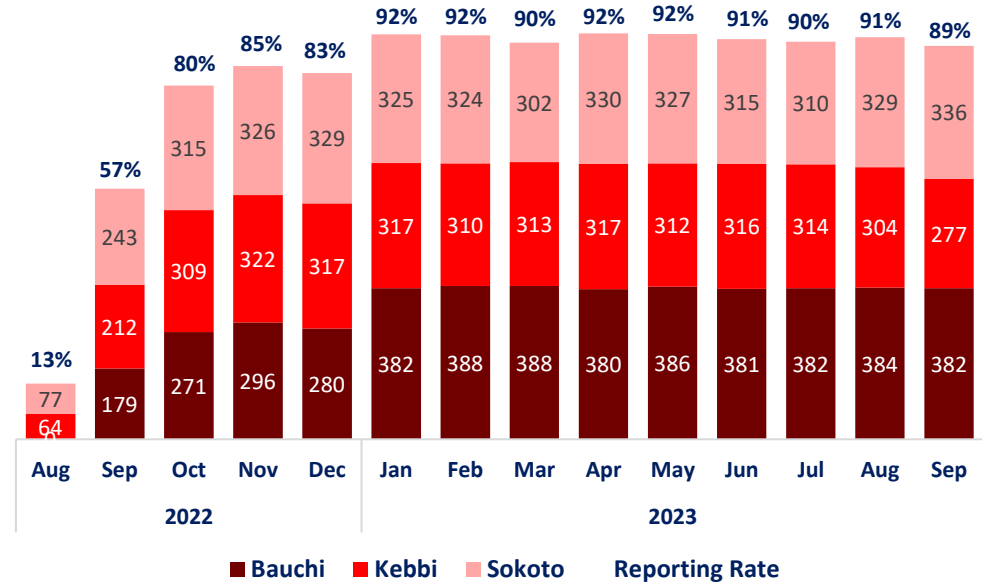
- Training target 1,100 PPMVs and CPs
- Memorandum of Cooperation with Pharmacy Council of Nigeria (PCN)
- Advocacy and stakeholders' engagement
- PPMVs & CPs enrolment and outlet identification (using GIS to map locations)
- Capacity building – facilitators orientation, TOT and stepdown training
- Supervision and Mentoring – using mentoring checklist
- Bi-monthly stakeholders' meeting (SMOH, PCN, ACPN, NAPPMED and IPs) to review updates and challenges.



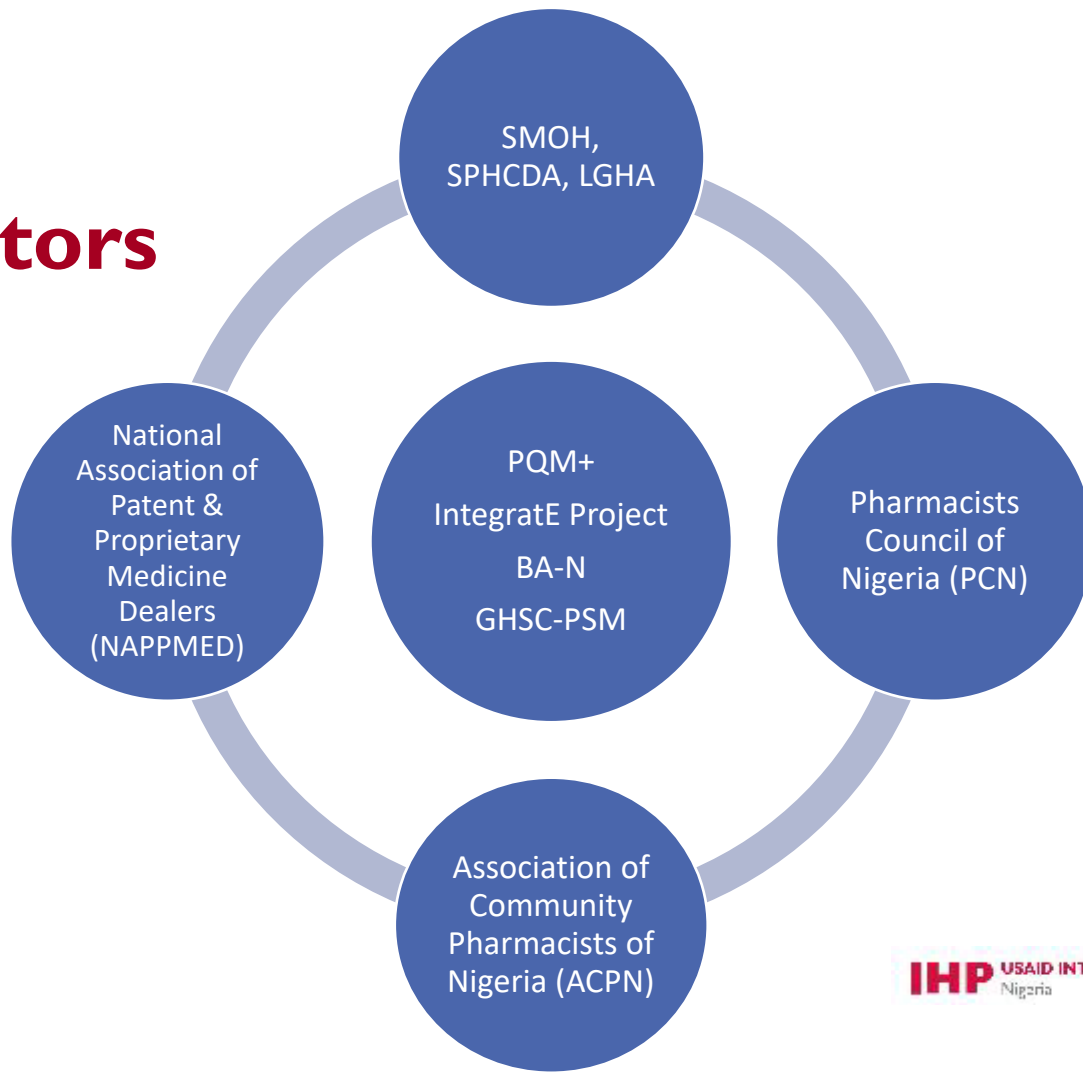
Engagement Strategies

- Service delivery data reporting using the CHMIS tools and ODK
- Provided PPMVs & CPs with basic tools (MUAC strip, audible respiratory timers, digital thermometers, hand gloves, biohazard bags & sharp boxes), training manuals, CHMIS tools & job aids.
- Facilitated partnerships with wholesale drug vendors certified by PQM+
- Strengthened 2-way referral linkages between PPMVs and PHCs
- Develop digital job aids accessible through cell phones in different languages to promote quality of care (appropriate care for childhood illnesses)

Number of PPMVs Reporting into CHMIS MSF in all IHP States



Key Collaborators



Supervision and Mentoring

ONN



IHP Checklist for Mentoring PPMVs and CPs

Version March 28, 2023

Introduction

In order to facilitate access and improve quality of management of common uncomplicated childhood illnesses and family planning counseling services, it is imperative to carry out regular supportive supervisory visits to the Patient and Proprietary Medicine Vendors (PPMV) and Community Pharmacies (CP) outlets 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, SSP/MCO, LGHA, NAFMED, PCN, ACPM, and IHR.
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 (SCR), CHMS 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 CHMS 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

If you are on the coast, make sure you are on the beach, closer to the water, under the sky, not under a tree canopy or anything that creates a shadow. If you are a browser, wait for at least 3 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 (in accuracy).

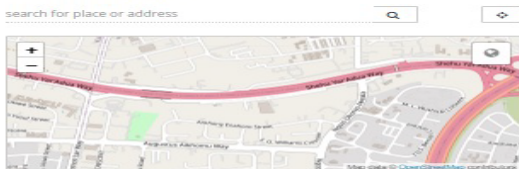
If using the ODK App, click on Start Geopoint, wait until the Accuracy reads at least 0m, and then Click on Save Geopoint

latitude (x,y *)

longitude (x,y *)

altitude (m)

accuracy (m)



PPMV, Supervisor and Mentee Details

Task Order none selected	Local Government Area none selected
Ward none selected	Name of PPMV/CP Select PPMV/CP none selected
Type of Facility (PPMV/CP)	Supervisory health facility (if any):



USAID
FROM THE AMERICAN PEOPLE



- Intensive post-training supervision for 12 months
- Supervisors assigned to 10 – 20 PPMV/CP outlets
- Visits outlets minimum of 2-3 times per month
- Supervisor schedules convenient time to visit for mentoring
- Observe service provision:
 - assess, classify, treat and counsel clients, use of tools and documentation, hands-on mentoring.
 - essential medicines availability and stocking
- Mentoring guided by use of checklist
- Joint bi-monthly SSV with stakeholders
- Validate and collate data monthly
- M&E Officer uploads MSF data on ODK platform

Contextual Factors Affecting IHP's PPMV Training and Mentoring

2021: CHMIS launched and being piloted for CHIPS program

IHP receives approval from FMOH to pilot the CHMIS with PPMVs in 3 States

PCN introduction of PPMV's Tier Accreditation is in process, but not yet rolled out in the 3 focal states.

May 2023: Fuel subsidy lift pushes up cost of doing business, uptake of health services stymied by inflation as cost of transport for PPMVs, drug venders and clients is suppressed.

Nov 2022 – Jan 2023: Naira bills redesign creates a cash shortage which stymied business – no cash for PPMVs to buy medicines, and clients to access services at PPMVs outlets.

Oct 2023: IHP begins to draw down support to PPMVs and transition learnings, recommendations to the state and PCN.

Key Achievements (Qualitative)

- Improved coverage and quality of care on management of childhood illnesses at the community level using iCCM protocols.
- Community service delivery data reporting – improved visibility of PPMVs & CPs contributions to health outcomes
- Strengthened relationship with other service providers (PHCs & CHIPS Agents) through referrals.
- Improved access to quality medicines through linkages with wholesalers/distributors and State DMMA.
- Increased PPMVs' renewal of annual license.
- Increase in client flow due to new ways of service delivery. Renewed client confidence.



Data Collection and Reporting



PPMVs & CPs document service delivery data daily using CHMIS tool – sick child recording form and daily registers



Monthly data collection and validation by the Supervisors at the assigned outlets

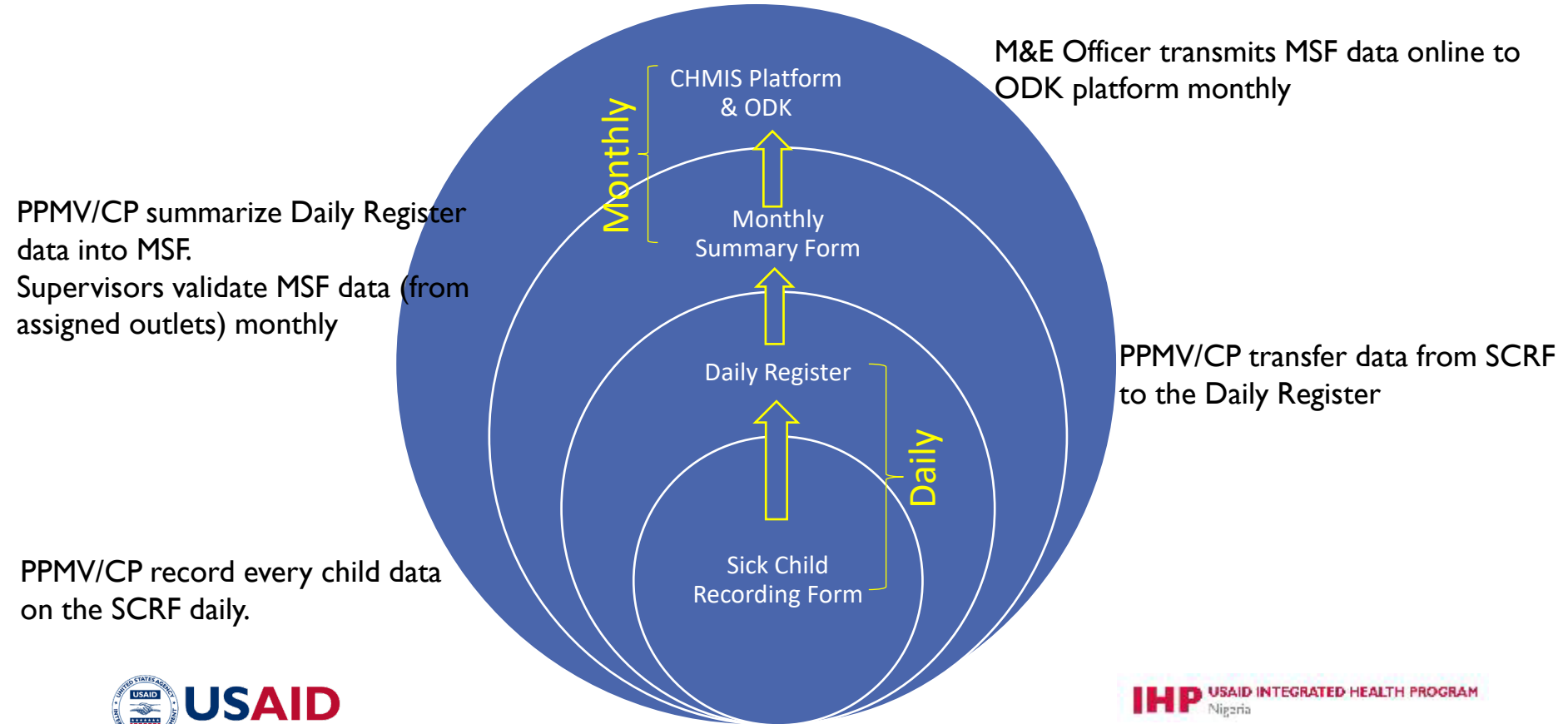


Grantee M&E Officer aggregate and upload validated data from MSFs on ODK platform



Monthly Supervisor's program and data review meetings with NAPPMED, PCN, ACPN, LGAs and State.

Data Flow Pattern

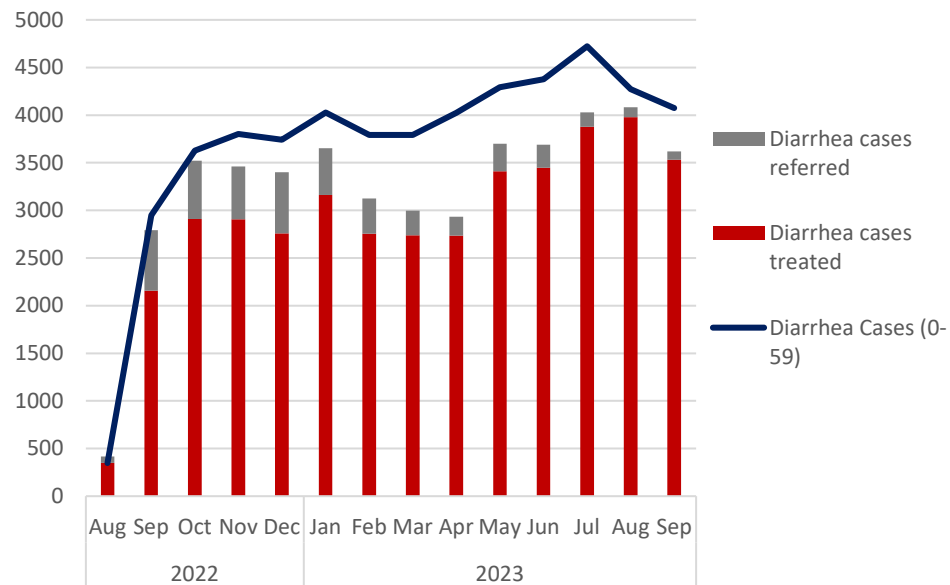


Achievements: Reach and Scope (QoC below)

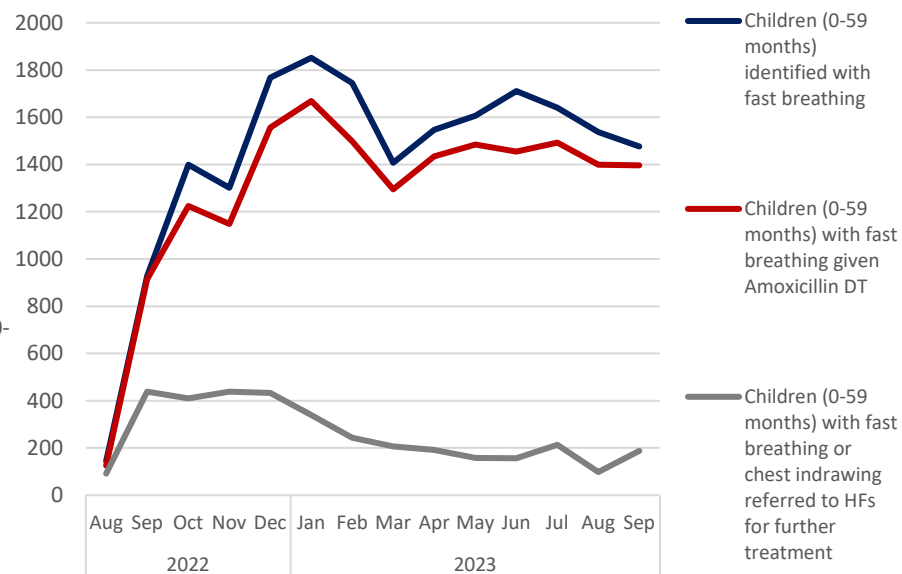
Indicators	Achievements
Number of PPMVs and CPs enrolled	1,113
Number and % reporting data using Community Health Management Information System (CHMIS) tools	97% (1,074)
Number of children (0-59 months) reached with various services	145,061
Children 6-59 months whose nutrition status was assessed	42,288
Children <5 with confirmed uncomplicated malaria treated with ACT	66,631
Children <5 with diarrhoea treated with ORS + Zinc	40,718
Children <5 with fast breathing treated with Amoxicillin DT	18,091
Clients counselled on various FP methods	65,542
New Family Planning acceptors	31,807
Women referred to the facility for Family Planning services	5,292
Pregnant women (new) identified for Antenatal Care services	13,591
Couple Years Protection generated from modern contraception	5,880

Measuring and Monitoring Child Health Quality of Care

Children 0-59 Diarrhea Cases Treated



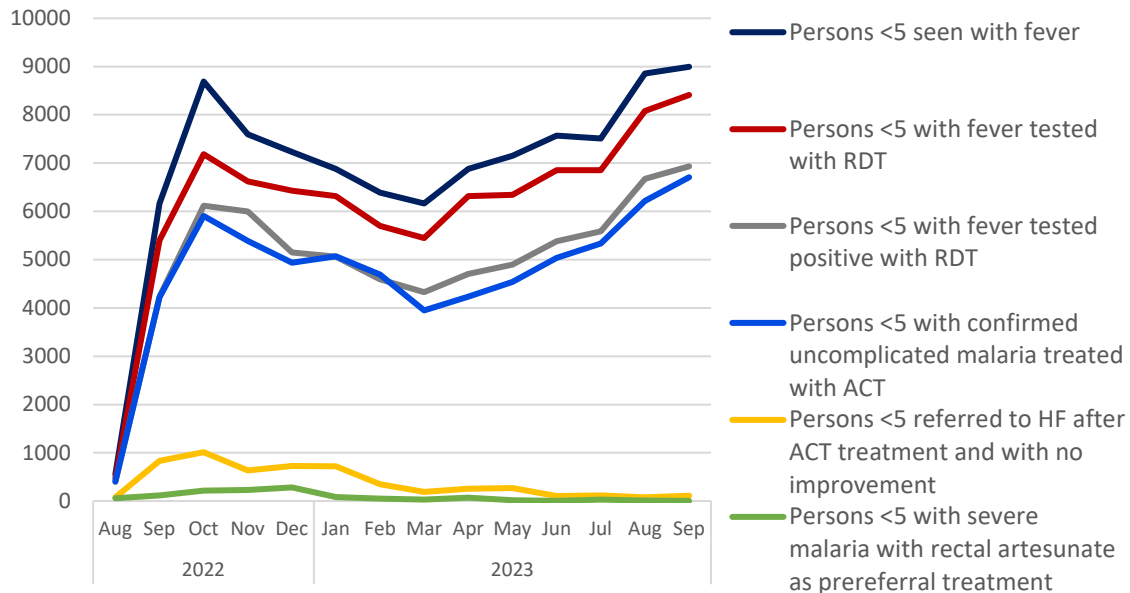
Pneumonia Cases Treated



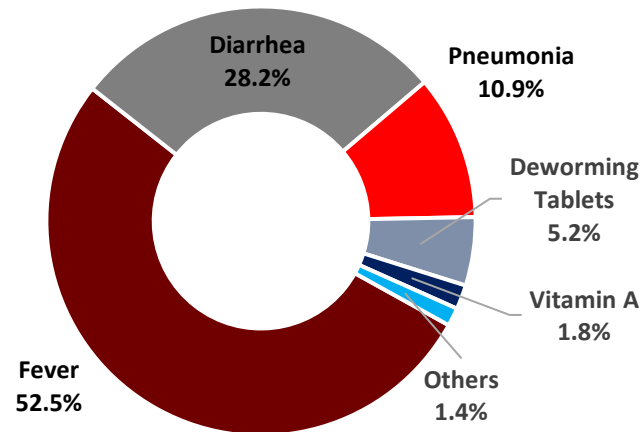
- 51,839 cases of child diarrhea were reported of which 79% were provided with ORS + Zinc (area for improvement in QoC and Data)
- When Co-pack (ORS+Zinc) not available, PPMVs may provide Zinc and ORS separately without recording Zinc+ORS treatment.
- 20,060 child pneumonia cases were diagnosed using the iCCM; and 90% treated with first line antibiotics, Amoxicillin DT.

Measuring and Monitoring Child Health Quality of Care

Fever and Malaria Treatment in Children <5 years

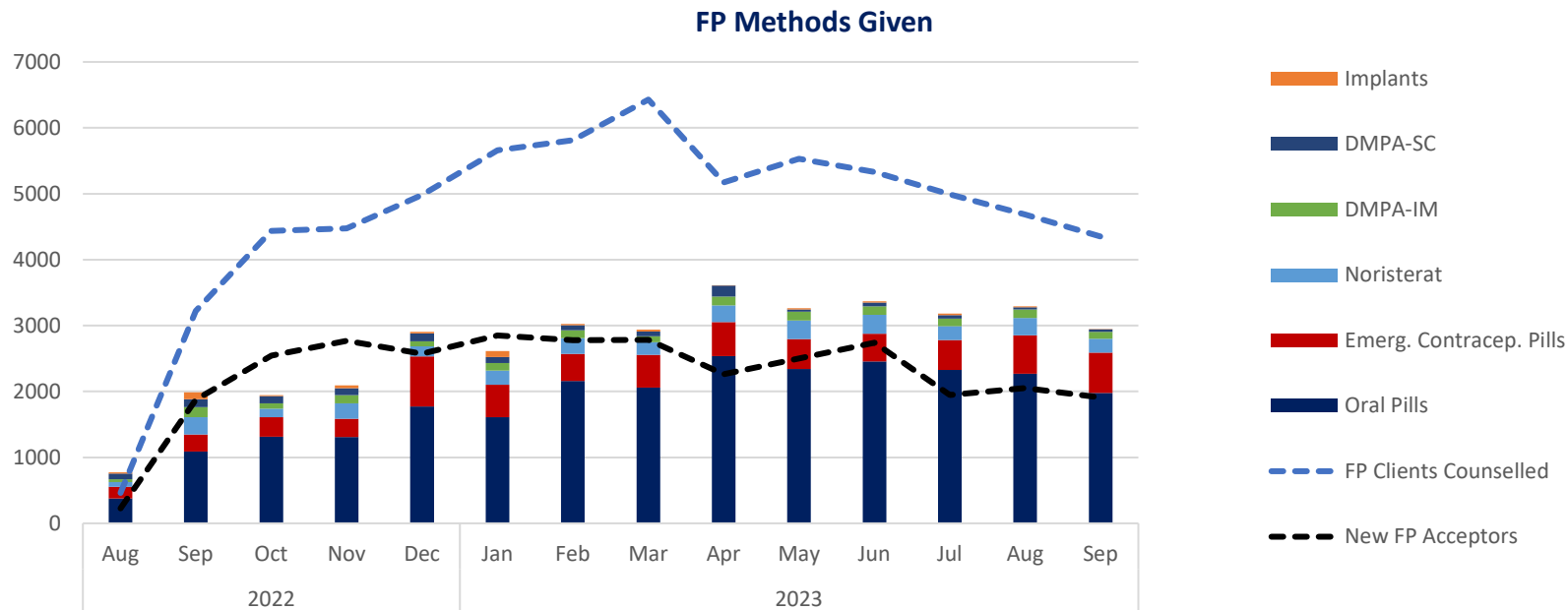


Services offered to children <5 years



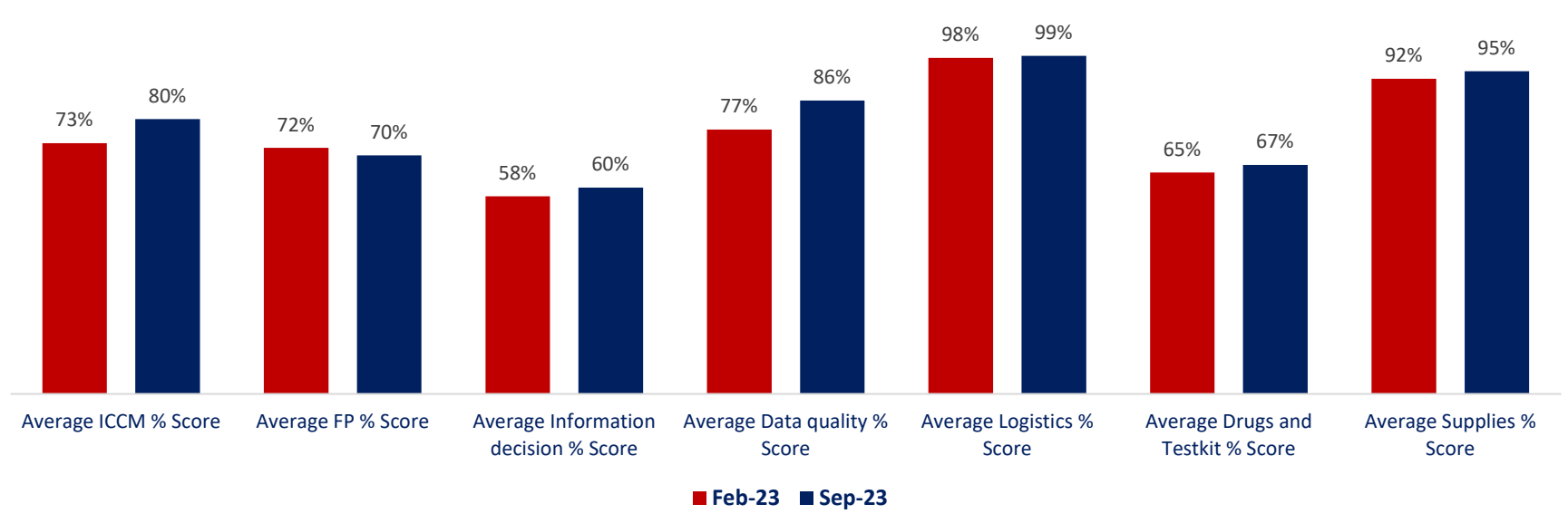
- Data indicates that the trained PPMVs and CPs reported 96,618 child fever cases, of which 89% were tested with mRDTs. Among those tested, 81% were positive, of which 95% of 70061 confirmed malaria cases under 5 treated with ACT

Family Planning services provided



- For FP services, 65,542 clients were counselled on various FP methods of which 31,807 were new acceptors, and 5,292 referred to health facilities for FP services. These efforts have resulted in the generation of 5,880 CYPs from modern family planning. Notably, the highest percentage of CYPs (34%) was generated by dispensing oral pills.

Outcome of Mentoring and Supportive Supervisory Visits Feb – Sep. 2023



- 905 PPMVs and CPs were mentored in-person with 10 visits on average (remote mentoring offered when insecurity prevented visits).
- All thematic areas showed improvement. The average utilization of the iCCM strategy and Data Quality improved the most within 7 months.



*Data Source: IHP Checklist for Mentoring PPMVs and CPs (ODK Platform)

Digital Solutions Update (Nov 2022 – Sept 2023)

No of Unique PPMVs Reached
(Outbound + Inbound)



960

Coverage LGAs



52

No of PPMVs Enrolled



1,110

Pick up Rate for
Outbound Calls



17,273

Total Inbound Calls



2,007

Total Outbound Calls



22,966

Themes on the Platform



10

Key Messages Accessed

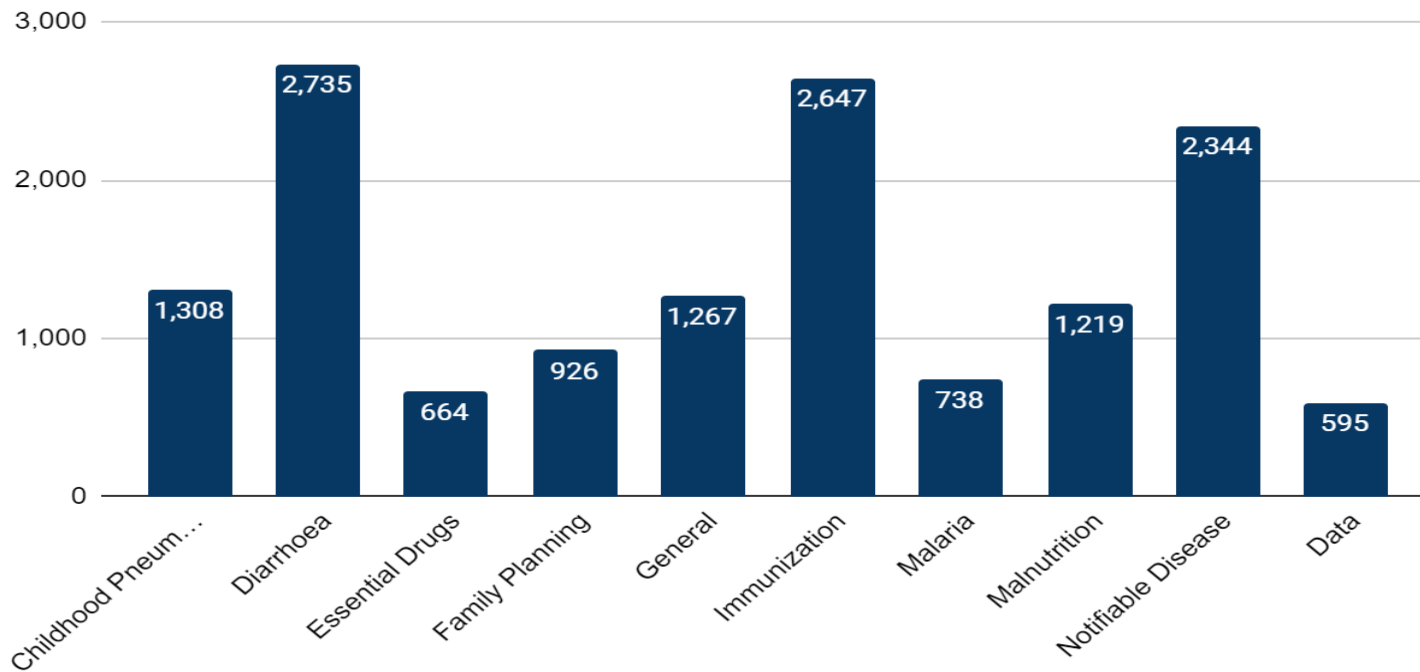


14,443

- 1,110 PPMVs were enrolled.
- Total of 10 themes and 174 key messages on the platform.
- Messages developed, translated, and recorded in 3 local languages - English, Pidgin, and Hausa.
- PPMVs access content through cell phones by calling a dedicated toll-free hotline.
 - Messages are also pushed to PPMVs.
- Unique PPMVs – those that listened to 75%+ of key messages sent to them or they called to listened to.
- Recorded 75% pickup rate for Outbound calls (17,273).

Themes for Audio Job Aid Messages

PPMV's frequency of listening to key messages by themes (Nov 2022 – Sept 2023)



Lessons Learned

- PPMVs need to see value in reporting service data.
- Not all PPMVs have android phones for data reporting, hence IHP jettisoned digital reporting on CHMIS and reverted to paper-based reporting.
- Given their geographic spread and accessibility, PPMVs remain an important opportunity to increase access to high quality child health care services in underserved communities
- Attrition and drop out did occur especially with inflationary and cash shortages. About 10% dropped out rate was recorded due to various reasons including economic pressure.
- Linking the PPMVs and CPs to PHCs can improve prompt referral (access and utilization) services to the health facilities.
- Collaboration with PQM+, local manufacturers/wholesalers and Government drug management agencies can improve access to quality assured medicines

Lessons Learned (2)

- Regulatory compliance and service quality can be improved through monitoring of PPMVs and CPs activities in collaboration with PCN, SMOH, SPHCDA, LGAs, ACPN, and NAPPMED.
- For PPMVs and CPs to continue reporting service data, training/retraining, routine monitoring and mentoring and availability of data tools is paramount.
- PPMV's continuous request for incentives as a value added for reporting service data. Need to motivate and incentivize PPMVs!
- Bulkiness and numerous registers discouraged most PPMVs and CPs from documenting service data.
- Financing for PPMVs (via banks or credit from wholesalers) can be key to resilience for instances like the fuel subsidy removal and currency exchange which stymied PPMV purchase of medicines.

Recommendations

- PPMVs and CPs should be recognized as an integral part of the primary healthcare structure. The health system should create an enabling environment for them to perform their role effectively – ease of registration, continuous education/mentoring programs, and QoC.
- Digitize CHMIS tools – consider incentivizing a mobile system of reporting, linked to the registration and accreditation. Using carrots (preferential loans/bulk commodities buying) and sticks (periodic inspections), make registration and licensing appealing to PPMVs.
- PCN can utilize CHMIS data to scale and monitor service delivery to further improve accountability and quality of care. This will help to identify, plan and prioritize PPMV engagement.
- Model PPMVs – recognize and distinguish those that are trained and report service data (e.g., marketing campaigns could recognize PPMVs that report in CHMIS).
- SMOH/SPHCDA to integrated PPMVs/CPs monitoring into the existing quarterly ISS.
- PCN to roll out PPMV's Tier System in all the states and FCT for seamless engagement with PPMVs

Next Frontier for PPMV Development in Nigeria

- PCN to consider online registration and renewal of operating license for PPMVs.
- Stratification of PPMVs according to the Tier system in all the 36 states and FCT will improve regulatory mechanism and enhance compliance to protocols.
 - Currently, the tier system is only implemented in IntegratE Project supported states.
- FMOH approving service data from PPMVs and CPs to be reported in the CHMIS staging server. Also, FMOH to fast-track efforts in linking the CHMIS staging server to the DHIS2.
- Leverage networking with the PHCs by strengthen referral between CHIPs, PPMVs and PHCs to offer seamless continuum of care.

References

Landscape of PPMVs

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

PPMV Mentoring Tool

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

Monthly Summary Form

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

PPMV background data

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4309565/>

Contact Information

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- Chidinma Uzoama - chidinma.uzoama@ihp-nigeria.com



Thank you!
Questions?



The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID Advancing Nutrition project and funded by USAID and the Bill & Melinda Gates Foundation.

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