Lessons from EquiPP adaptation in Madagascar and an introduction to the next generation of DHS care seeking briefs on child health

Co-hosted by the Private Sector Engagement and Institutionalizing iCCM Subgroups

June 25, 2024
Building and Testing a Global iCCM/FP Integrated Curriculum for Pharmacies and Drug Shops

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MOMENTUM Private Healthcare Delivery

Child Health Task Force – PSE Subgroup Meeting

June 25, 2024
Why Pharmacies and Drug Shops?

- Pharmacies and drug shops are a significant source of **sick child care** provision.
  - A study across 24 countries showed that 50% of caregivers seek sick child care in the public sector, and **43% seek care in the private sector**
  - 40% of the poorest households and 60% of the wealthiest households rely on the private sector for sick child care
  - 50% of those seeking private sector care go to a **source like a pharmacy or shop**

**PHARMACIES:** retail facilities, overseen by licensed pharmacists, that sell both over-the-counter and registered prescription-based medicines

**DRUG SHOPS:** lower-tier retail outlets, with no pharmacist on staff, that sell over-the-counter drugs, chemical products, and household remedies. Drug shop vendors may or may not have any formal training

RILEY ET AL, 2017³
Rationale for an Integrated Curriculum

• Data also show that pharmacies and drug shops are a significant source of family planning (FP) provision

• Strong evidence demonstrates that pharmacists and drug shop staff can manage certain childhood illnesses and provide FP effectively with appropriate training and support

• We found no global training resources available that are integrated and tailored to this cadre’s specific contexts and needs

• This work leverages the EQuiPP activity in Nigeria as a foundation for the iCCM content and approach
Components of the Activity

1. Package of Global Training Materials
2. Pilot of Curriculum in Madagascar
3. Implementation Study
Building the Global Curriculum

1. Reviewed iCCM and FP curricula used in national level pilots from Nigeria, Kenya, Zambia, Uganda, Tanzania, as well as the Training Resource Package for FP’s Global Emergency Contraceptive Pills Training for Pharmacists
   - Many of the national level pilots were based on the Accredited Drug Dispensing Outlet (ADDO) curriculum developed by Management Sciences for Health and tailored for each country

2. Incorporated content on person-centered care, interpersonal communications, gender, and barriers faced by youth

3. Developed beta version of global curriculum with various USAID teams
Leveraging the EQuiPP Framework and the IMPACT Project’s Accredited Drug Dispenser Outlet (ADDO) Work

For clinical skills training – MPHD

For business training – IMPACT

All other components – IMPACT
MPHD Implementation Study

- 12-month study of the training and follow-up supervision package to assess the acceptability, effectiveness and change in service provision
- Includes costing of intervention components, including supervision elements
- Methodology based on the study for child health services though PPMVs conducted by EQuiPP

Conceptual Framework

**INPUTS**
- Service Delivery
  - Human Resources
  - Capacity Development
  - Supply Chain Management
  - Quality Assurance and Supportive Supervision
  - Data Systems for Adaptive Management

**PROCESS INDICATORs**
- Quality and Person-Centered Processes of Care
  - Effective treatment and management of sick children
  - Early identification and referral of malnourished children
  - Effective identification and referral of newborn illness
  - Effective provision of contraceptive counseling, short-acting methods, and referrals for long-acting methods
  - Dignified and respectful client experience

**OUTCOMES**
- Increased service readiness to delivery quality FP/MH services
- Improved technical and interpersonal quality of CH/FP care
- Early referrals for severe newborn and child illness, including malnutrition
- Client satisfaction
- Confidence in the health system
- Increased drug shops and ADDOs healthcare utilization

**IMPACT**
- Improved child and reproductive health
Curriculum Content

Modules:

1. Course orientation (with pre-test)
2. Person-centered care and interpersonal communication
3. Introduction to iCCM
4. Malaria
5. Diarrhea
6. Pneumonia
7. Malnutrition
8. Home care recommendations
9. Introduction to FP
10. FP methods provided through pharmacies and drug shops
11. FP counseling for choice
12. Closing (with post-test)
Tailoring the iCCM Curriculum to Pharmacies and Drug Shops

**Pneumonia**: Simplified guidelines for difficult breathing in children

**Diarrhea in newborns**: Emphasis on breastfeeding and urgent referral

**Malaria**: No intramuscular injections of quinine

**Nutrition**: No mention of RUTF treatment at this level

Developed new guidance on *home-based care* (handwashing, improving indoor air quality, using ITNs, feeding during illness, emphasizing breastfeeding) and immunization screening
Package of Training Materials

Facilitator and Adaptation Guide, including recommendations for modular training, aligning with local content, and conducting certification/supervision

PPTs, including participatory activities and trainer script, with relevant exercise handouts and pre-/post-test

On-the-Job Reference booklets on child health, FP, and FP counseling
Piloting in Madagascar

What do we hope to learn?

• Is the training and supervision package **acceptable** to this cadre of private sector business owners and staff? For example, do the format and duration of the training prevent business owners from wanting to participate?

• Is the training and supervision package **effective** in increasing the knowledge and competency in this largely non-clinical cadre of health worker?

• What changes do we see in **client volumes and quality of service provision** after the training and supervision package?
Adaptations in Madagascar

• **Child health content** covers all iCCM modules

• **FP content** covers provision of short acting methods, CycleBeads, LAM, referrals for injectables and long acting methods, and PSI’s FP Counseling for Choice approach

• Gender and youth content and approaches integrated throughout curriculum

• **3 trainee cohorts**: pharmacies, ADDOs, drug shops; curriculum tailored to approved services for each cadre
Madagascar Roll Out

Participating Providers:
- 18 from 6 total pharmacies, 42 from 28 total ADDOs, 13 from 13 total non-ADDO drug shops
- 2 regions: Atsinanana and Analanjirofo

Supervision:
- Regular in-person supervision, with more frequent supervision for lower performers
- Supplemental ‘digital coaching’ through interactive voice response (robocall/digitized menu) quizzes and reminder messages
Challenges Encountered

- Some attrition of participating providers
- New cadre=lower demand
- Difficult-to-reach locations
- Regulatory push-back
- Commercial stock outs and high pricing
- Integrated supervision
- Lack of digital infrastructure, low literacy
Mid-Implementation Solutions and Adaptations

• Expanded to **three cohorts** (pharmacies, ADDOs, non-accredited drug shops) rather than only one (ADDOs)

• **Mid-intervention quality of care audit** to review quality of supervision and create action plans

• **Adaptation of midline methodology** to reflect current client volumes

• **Use of IVR** rather than digital apps/platforms or SMS as originally designed
Next Steps

• MPHDP testing inclusion of eligible ADDOs in the *Harena community health insurance program*

• Supervision continuing through approximately December 2024, then *transferring to the local agency* responsible for this cadre

• **Additional training** under discussion, may be part of future bilateral projects

• **Endline data collection** starting January 2025

• **Study results** expected April-June 2025
Takeaways…So Far

The global curriculum will be an excellent resource for these cadres, but needs careful and thorough adaptation to every context.

Adapting an existing model into a new context brings new challenges...but also old challenges.

Assume there will be regular and continued opposition to task sharing with this cadre.

Expect the unexpected and prepare to adapt!
Integration of Private Sector Counts into a new tool

Child Health Tool and Country Briefs

Michelle Weinberger, Avenir Health

Child Health Task Force
June 25, 2024
Two Key Resources Developed by SHOPS Plus

FHM Engage taking on updating and maintaining the resources

Subcontract to Avenir Health to complete this work

1. Private Sector Counts Website

Private Sector Counts
Explore the role of public and private sources of care

Private Sector Counts uses Demographic and Health Survey data to illuminate the important contribution of the public and private sectors to sick child care and family planning service delivery.

Donors and program implementers have all their fingertips the data they need to design country programs using a total market approach.

Access country briefs explaining these data:
- Sources for sick child care
- Sources for family planning

2. County Briefs (4-page PDFs)

The private sector is the dominant source of care in Pakistan. Understanding it and where sick children are taken for care is critical to improve care management interventions. This brief presents a secondary analysis of the 2015–16 Pakistan Demographic and Health Survey to examine where treatment or advice is sought for sick children who experience at least one of three treatable illnesses: fever, acute respiratory illness, or diarrhea. These briefs represent some of the leading causes of death in children under five years old.

Key Findings
- 46% of mothers in Pakistan experienced fever, acute respiratory infection, or diarrhea in the past two weeks.
- 38% of mothers whose caregivers seek treatment or advice seek it at home, across all three illnesses.
- Mothers use the highest level of private sector care seeking (20%) in the delta region (the regional average is 9%). This holds true across all income levels.
- 95% of public sector care seekers and 85% of private sector care seekers access a clinical facility.
- The substantial use of private clinical facilities and low reliance on the public sector are key factors that should be considered to improve childhood health in Pakistan.

This is one in a series of briefs that examines care seeking in USAID maternal and child health priority countries.
Cross country comparison using data from DHS surveys

Focused on children with diarrhea, fever and/or ARI

Results divided into three sections:

- **Care-seeking sources:** Where do caregivers seek treatment for their sick children?
- **Care-seeking levels:** What percent of caregivers seek treatment?
- **Illness prevalence:** What percent of children get sick?

Demographics:

- Wealth quintiles
- Urban/Rural
- Maternal education
Four-page PDF briefs for priority countries based on most recent DHS

6 Key data visuals:

1. Illness prevalence
2. Care seeking levels (compared to other countries in the region)
3. Source of treatment (aggregated sector)
4. Source of treatment (clinical vs non-clinical)
5. Wealth disparity in treatment seeking (compared to other countries in the region)
6. Source mix by wealth quintile (compared to other countries in the region)
→ How have you used Private Sector Counts or the country briefs?

→ What information was most useful?

→ Is there information you wished was there, but it was not?
The plan:

Integrate Child Health into a new Market Intelligence Platform

The Market Intelligence Platform uses Demographic and Health Survey (DHS) data to highlight contributions of the public and private sectors to family planning and sick child care services.

This tool was adapted from Private Sector Counts and the Family Planning Market Analyzer tools developed under the SHOPS Plus project.

- Integrating these products into the new online tool also allows for expansion/changes

- Rather than static PDF country briefs, briefs will be dynamic online country landscapes to allow briefs to be updated with new data and to integrate additional results.
Integrated tool approach

- Series of **bar graphs** comparing selected indicators **across** countries
- Similar to previous Private Sector Counts tool

**Compare across countries**

- Deep dive into a **selected country**
- Mix of **text** (dynamically updates based on selection) and **graphs**
- Similar to previous Child Health Care Seeking Briefs

**Single country landscape**
Expanding scope as part of integration

**Expanded country scope**

- **24** countries in original work
- **31** countries to be added

**Additional indicators and disaggregation**

For this phase focused on DHS, but opportunity to expand what is included (see next slide)
## Potential to expand sick child care analysis

<table>
<thead>
<tr>
<th>Area</th>
<th>What is currently in the tool/briefs</th>
<th>Potential additions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Seeking care vs treatment</strong></td>
<td>Focus is only on <strong>seeking</strong> care or treatment, not receiving (appropriate) treatment.</td>
<td>Potential to look at (any/appropriate) <strong>treatment</strong> by source:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Treatment for diarrhea (ORS with or without zinc, vs other treatments)</td>
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<tr>
<td></td>
<td></td>
<td>• Testing and appropriate treatment for malaria (<em>data may be limited to select surveys</em>)</td>
</tr>
<tr>
<td><strong>Source by cause</strong></td>
<td>Diarrhea, fever, and/or ARI are combined (<em>in tool and country brief, shown in global brief</em>)</td>
<td>Potential to look at source of care seeking <strong>separately</strong> for diarrhea, fever and/or ARI (<em>fever &amp; ARI combined in some surveys</em>).</td>
</tr>
<tr>
<td><strong>Caregiver demographics</strong></td>
<td>• Wealth</td>
<td>Potential to add additional <strong>demographic splits</strong> such as:</td>
</tr>
<tr>
<td></td>
<td>• Urban/Rural (tool only not briefs)</td>
<td>• Mother’s age</td>
</tr>
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<td></td>
<td>• Mother’s Education level (tool only not briefs)</td>
<td>• Birth order/parity</td>
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<tr>
<td></td>
<td></td>
<td>• Income (<em>being included in FP section</em>)</td>
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<td></td>
<td></td>
<td>• Geographic Region</td>
</tr>
<tr>
<td><strong>Survey trends</strong></td>
<td>Most recent survey for each country</td>
<td>Potential to include <strong>older survey</strong> for time-trends (<em>being done for FP section</em>)</td>
</tr>
<tr>
<td><strong>Health areas</strong></td>
<td>Children with diarrhea, fever and/or ARI</td>
<td>Potential to also include <strong>immunization</strong> (<em>only countries with 2019+ DHS, survey asks source of vaccinations</em>)</td>
</tr>
</tbody>
</table>
Input into the new integrated tool

– In what situations would you see yourself going to the new integrated tool?
  • What type of information do you need?
  • What types of questions are you trying to answer?
  • How would you like that information packaged?

– Thoughts on potential expansions outlined in the previous slide
  • Seeking care vs treatment
  • Source by cause
  • Caregiver demographics
  • Survey trends
  • Health areas

– Are there things you would like to see in the new integrated tool not yet discussed?
THANK YOU

FOR MORE INFORMATION, PLEASE CONTACT:

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### Priorities for PSE Subgroup for the next year

1. Provide technical assistance to countries on PSE for child survival action.
2. Further work on catalyzing the quality and consistent reporting of private sector data into National HMIS.
3. Progress against the priorities identified from the CHNRI process.
4. Advocacy on the importance of the private sector, products, and services as part of the whole health system.
5. Focus on advancing equity and quality through urban health and the private sector.
6. How to improve quality of care provided by formal and informal private providers.
Wrap up and closing
Upcoming webinars for 2024

• PSE webinar together with Aga Khan University, Karachi
• PSE webinar together with the vaccination sub-group
• Any other priorities?
• Next sub-group meeting to discuss upcoming priorities for 2024
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