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

Credit: PSI Photo Library

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, 2017[3]

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

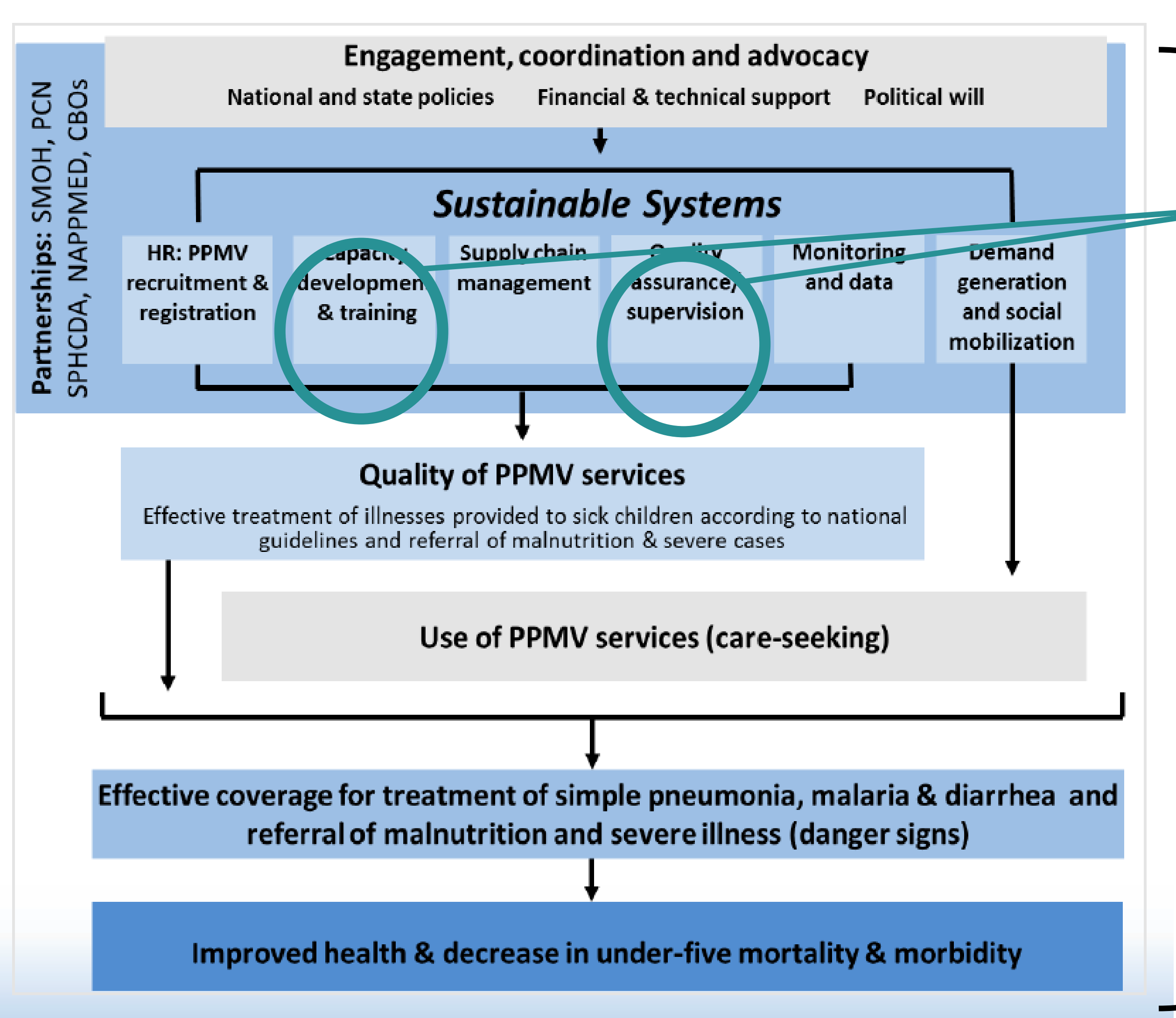
Pharmacy in Madagascar | Photo Credit: PSI

Technical brief

REVIEW OF INTEGRATED COMMUNITY CASE MANAGEMENT/FAMILY PLANNING/REPRODUCTIVE HEALTH TRAINING CURRICULA FOR PHARMACISTS AND DRUG SHOP OWNERS

THE MOMENTUM SUITE OF AWARDS works with USAID's Office of Population and Reproductive Health and Office of Maternal and Child Health and Nutrition to accelerate reductions in maternal, newborn and child health morbidity and mortality in high-burden USAID priority countries. Within the suite, the MOMENTUM Private Healthcare Delivery Project works to strengthen private sector healthcare contributions to these goals.

Leveraging the EQuiPP Framework and the IMPACT Project's Accredited Drug Dispenser Outlet (ADDO) Work



For clinical skills training – MPHD

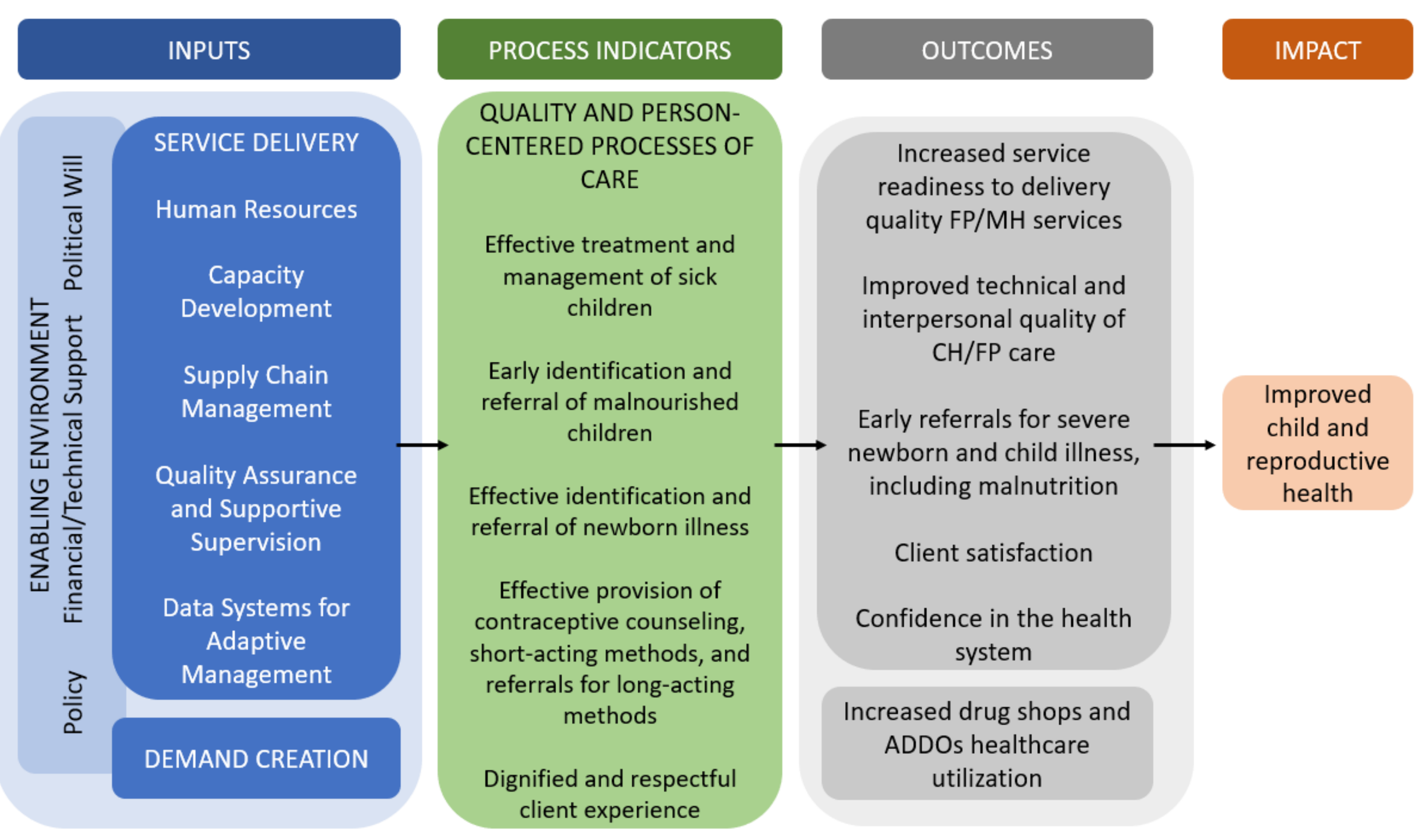
For business training – IMPACT

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

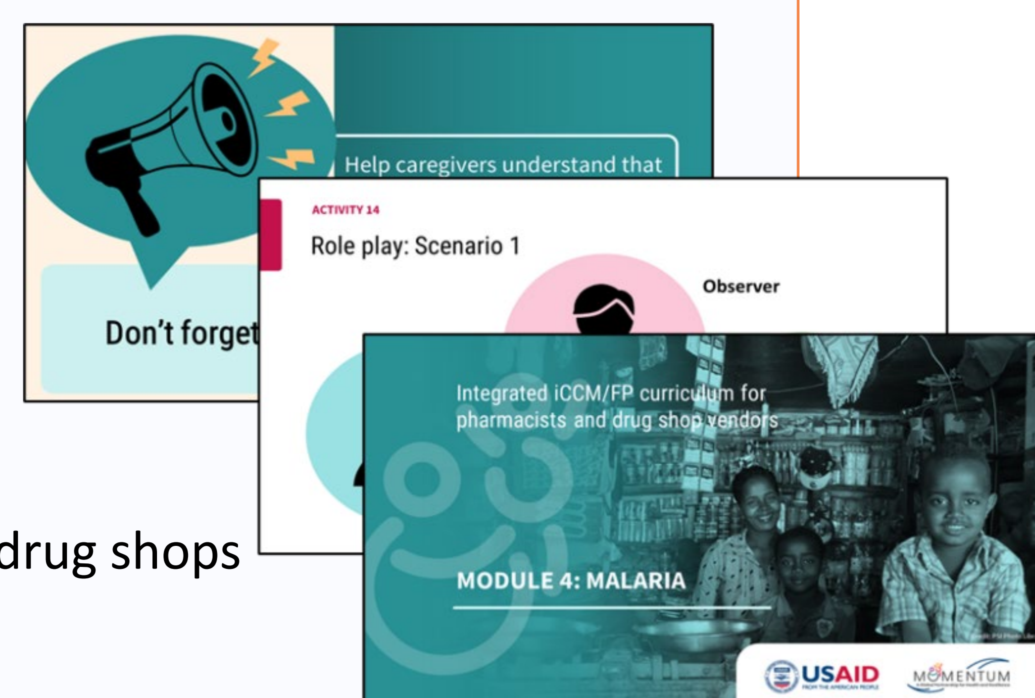
Conceptual Framework



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

Content Related to Youth and Gender

While the curriculum does not include a specific module dedicated to concepts related to gender and youth in the context of health services provision, users will note that the curriculum includes definitions, guidance, and exercises related to gender and youth woven across the curriculum modules. Further, while the training content does note for providers that gender-based violence or other forms of violence may be disclosed by clients to trained providers, addressing these forms of violence within the training content is beyond the scope of this curriculum. For further content on these topics, the following resources are recommended:

- The USAID-funded Gender Competency for Family Planning Providers free e-learning course: Designed for health workers, policymakers, and program planners at ministries of health and their local partners, as well as others with a stake in delivering quality FP services, the course aims to reduce provider bias and facilitate the provision of gender-sensitive, transformative services to help improve gender equality and reproductive health outcomes.
- The USAID-funded Adolescent Competencies for Family Planning Service Providers brief: This document provides guidance to enhance adolescent competencies for FP service providers to ensure that contraceptive services meet the needs of this demographic.
- The World Health Organization Adolescent pregnancy site page: This page provides overview information on the health, social and economic consequences of adolescent pregnancy, as well as links to related guidance and resources.

ADAPTING THE CURRICULUM MATERIALS

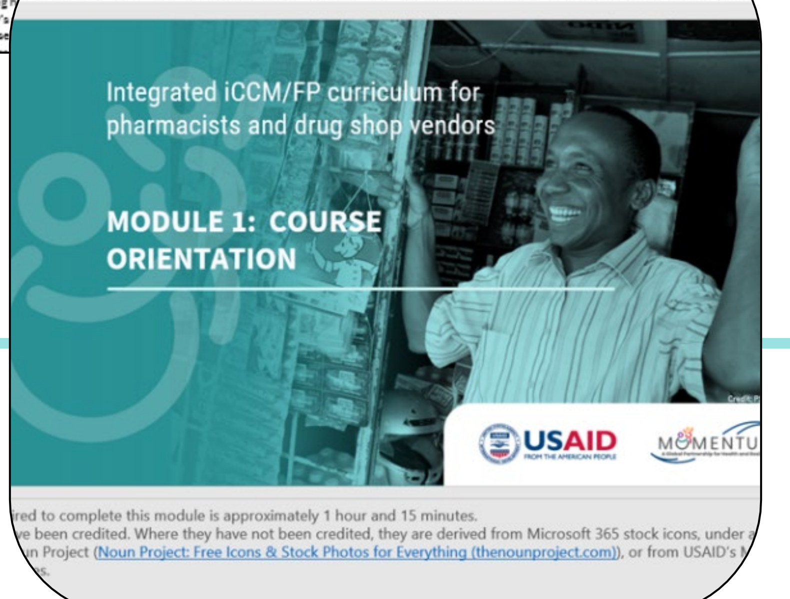
This curriculum is intended to be adapted by a range of implementers (such as Ministries of Health, implementing partners, or private sector associations) for a range of providers (such as pharmacists, pharmacy technicians, pharmacy or drug shop owners, or drug shop staff). Options for adaptation included within the training materials are outlined below, as well as contextual elements you should consider in planning your own adapted training. **For comprehensive and step-by-step guidance on how to adapt the training package for your country and participant context, please see Annex B.**

Adaptation Notes

Throughout each slide deck, certain slides have been mark... with a corresponding "Adaptation Note" listed in the n... facilitator to adapt that slide before training begins... such as: inserting country-specific data; removing h... for this cadre; or tailoring content to the country's... Facilitators may also choose to tailor images, case...

THE CHOICE BOOKLET FOR HEALTH WORKERS

- Color-coded matrix for quick and easy comparison of method benefits
- Benefit pages for clients who want more details
- Key messages and instructions for short acting methods to increase client compliance and satisfaction
- Counseling tool to discuss period changes and quick job aid to rule out pregnancy



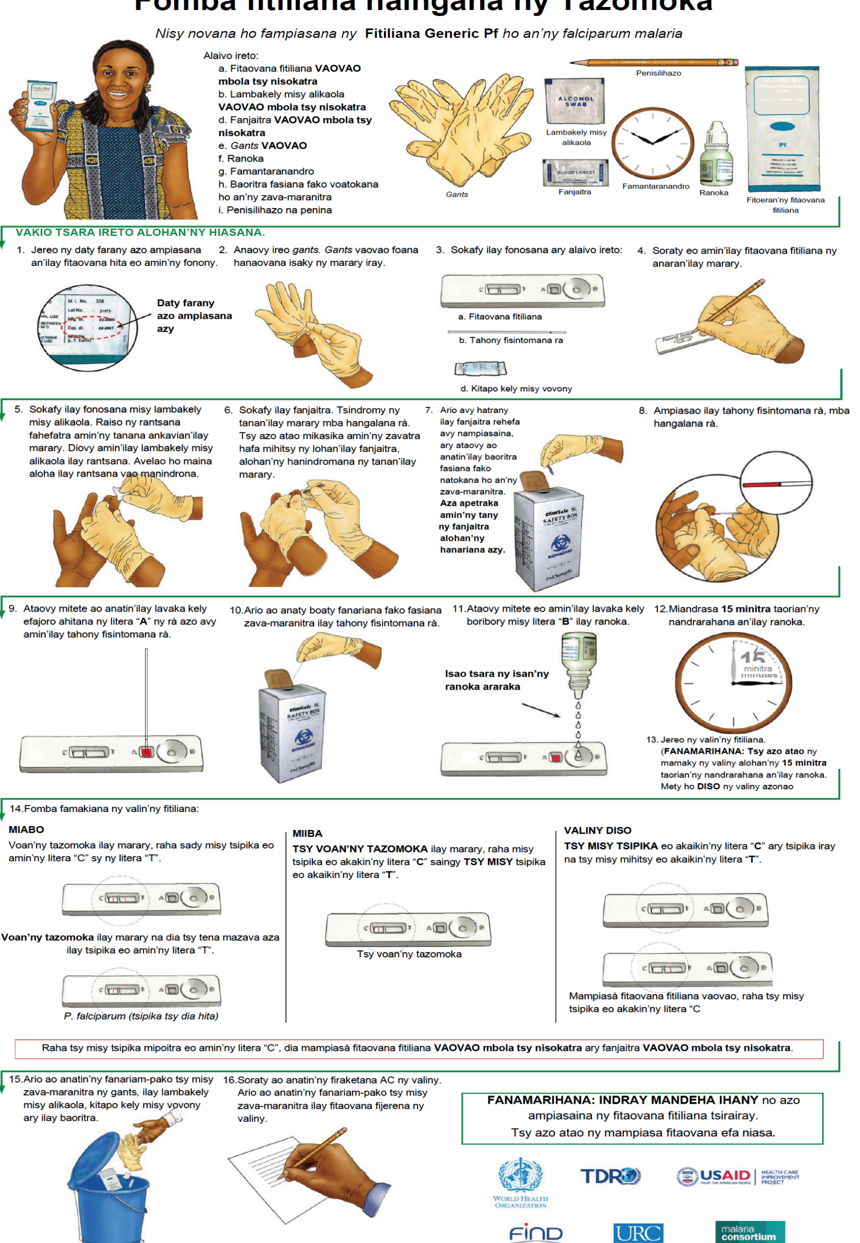
Piloting in Madagascar

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:

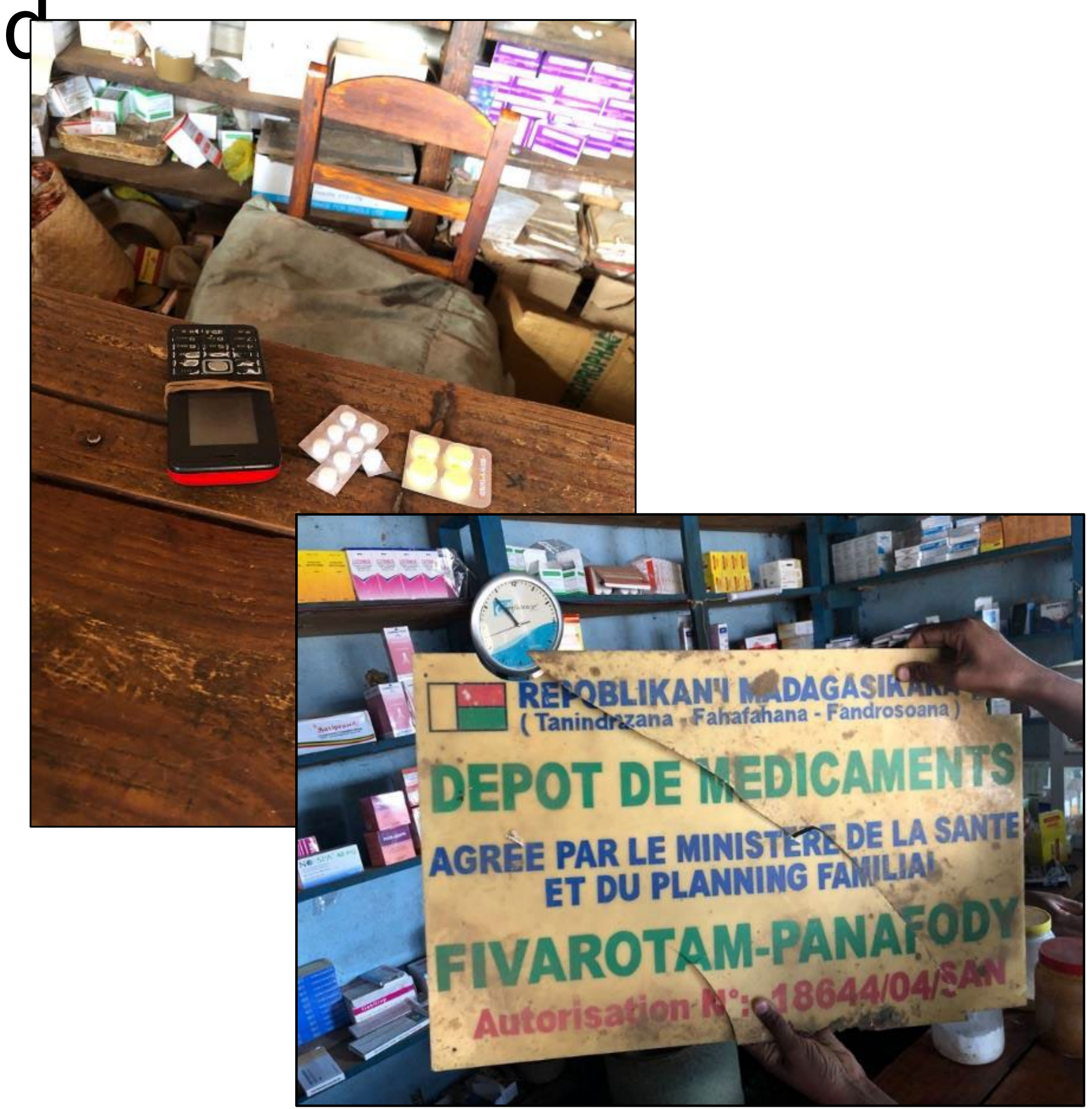
- 18 from 6 total pharmacies, 42 from 28 total ADDOs, 13 from 13 total non-ADDO drug shops
- 2 regions: Atsinanana and Analanjirofo

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

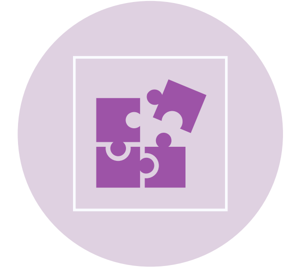
- Expanded to **three cohorts** (pharmacies, ADDOs, non-accredited drug shops) rather than only one (ADDOs)
- **Mid-intervention quality of care audit** to review quality of supervision and create action plans
- **Adaptation of midline methodology** to reflect current client volumes
- **Use of IVR** rather than digital apps/platforms or SMS as originally designed

Next Steps

- MPHD 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

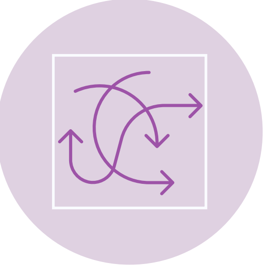
Takeaways…So Far

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

Home | Child Health Data | Family Planning Data | About the Data | About this Tool | SHOPSPlusProject.org

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 at 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

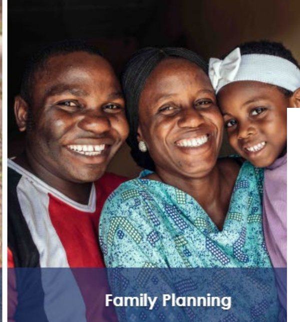
Child Health

Explore if and where caregivers obtain sick child care.

Interact with the data!

- Socioeconomic status
- Maternal education
- Urban and rural residence
- Illness (diarrhea, ARI symptoms, fever)

Child Health



Family Planning

Explore if and where women obtain their family planning method.

Interact with the data!

- mCPR
- Method mix
- Socioeconomic status
- Urban and rural residence
- Age and marital status

Family Plannin

2. County Briefs

(4-page PDFs)

The private sector is the dominant source of care in Pakistan. Understanding if and where sick children are taken for care is critical to improve case management interventions. This brief presents a secondary analysis of the 2017–18 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 infection, or diarrhea. These illnesses represent some of the leading causes of death in children under five years old.

Key Findings

- 48% of children in Pakistan experienced fever, acute respiratory infection symptoms, or diarrhea in the past two weeks.
- 79% of Pakistani caregivers seek treatment or advice outside the home, across all three illnesses.
- Pakistan has the highest level of private sector care seeking (80%) in the Asia region (the regional average is 60%). This holds true across all income levels.
- 96% of public sector care seekers and 81% 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 child survival in Pakistan.

This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries.

Private Sector Counts

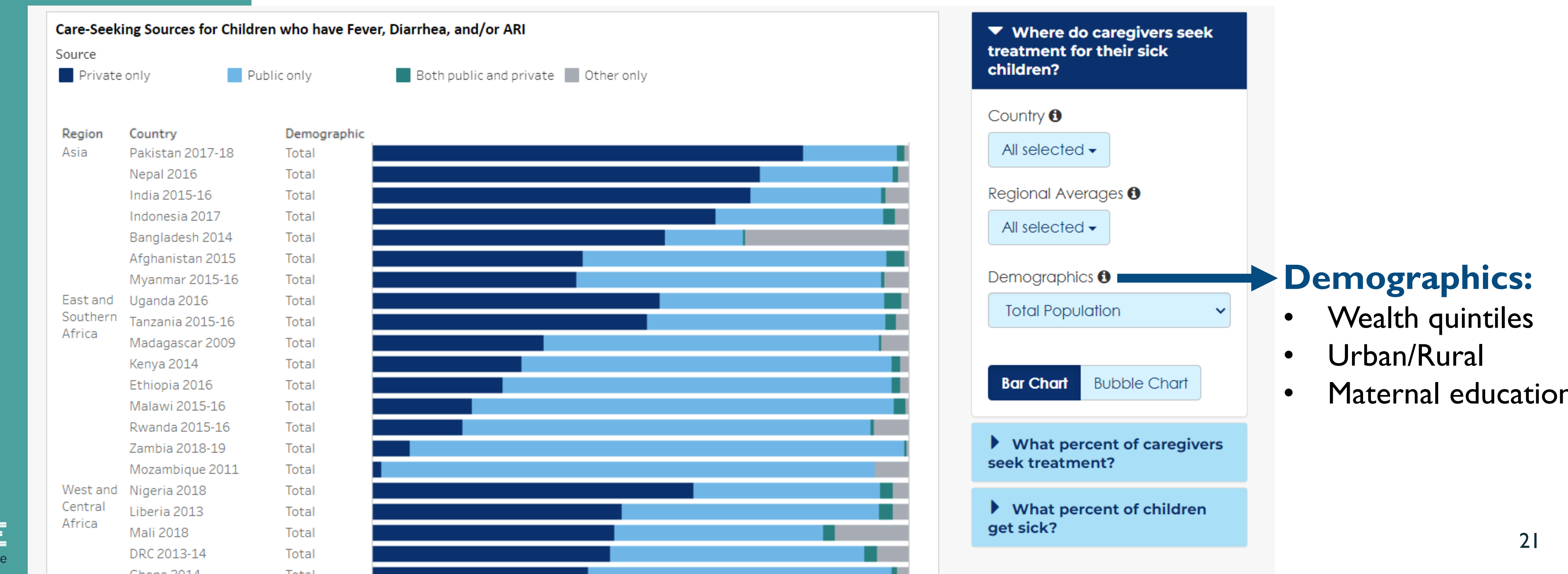
Child Health Section

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

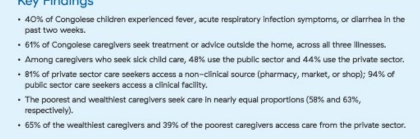
FHMENGAGE
Healthy Markets for Healthy People

Sources for Sick Child Care Briefs

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)*



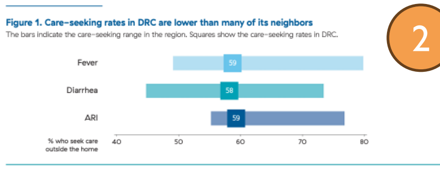
This is one in a series of briefs that examines care seeking in USAID maternal and child survival priority countries.

Illness prevalence

Out-of-home care seeking

2 out of 5 children in DRC experienced fever, ARI symptoms, or diarrhea in the last 2 weeks.

Sources of care



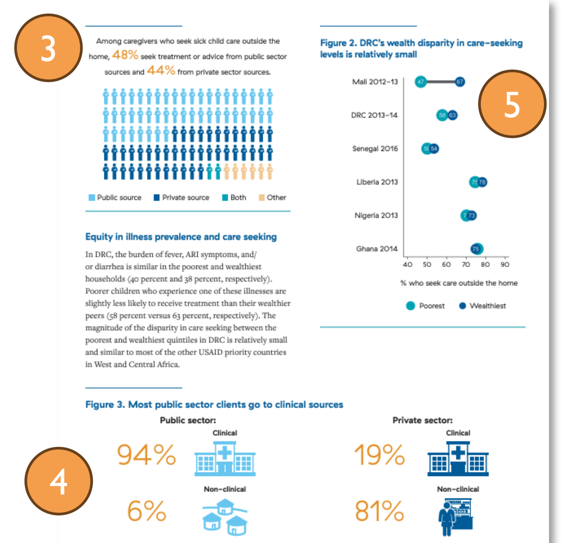


Figure 2. DRC's wealth disparity in care-seeking levels is relatively small

Mali 2012–13, DRC 2013–14, Senegal 2016, Liberia 2013, Nigeria 2013, Ghana 2014

% who seek care outside the home

Poorest · Wealthiest

Sources of care categories

Public sector: Hospitals, health centers, health posts, maternity clinics, mobile clinics, community relay, health workers

Private sector: Private clinics, hospitals, and doctors; pharmacies, shops, markets, and mobile nurses

Other: Traditional practitioners

Figure 4. The poorest Congolese caregivers use the public sector, the wealthiest use the private sector

Nigeria 2013, DRC 2013–14, Liberia 2013, Mali 2012–13, Ghana 2014, Senegal 2016

Public source · Private source · Both · Other

Q1: Poorest, Q5: Wealthiest

% who seek care outside the home

Conclusion

Find Us

SHOPSPlusProject.org

April 2018

Pause for discussion

- → 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?

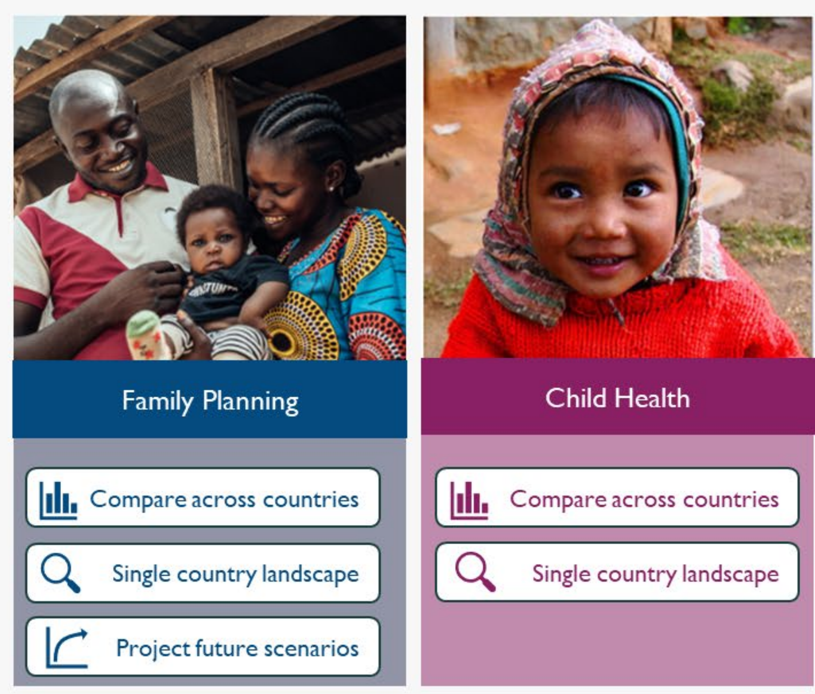
The plan:

Integrate Child Health into a new Market Intelligence Platform

Home | Family Planning | Child Health | About the Data | About the Tool

The Market Intelligence Platform uses Demographic and Health Survey (DHS) data to highlight contributions of the 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

Compare across countries

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

Single country landscape

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

Expanding scope as part of integration

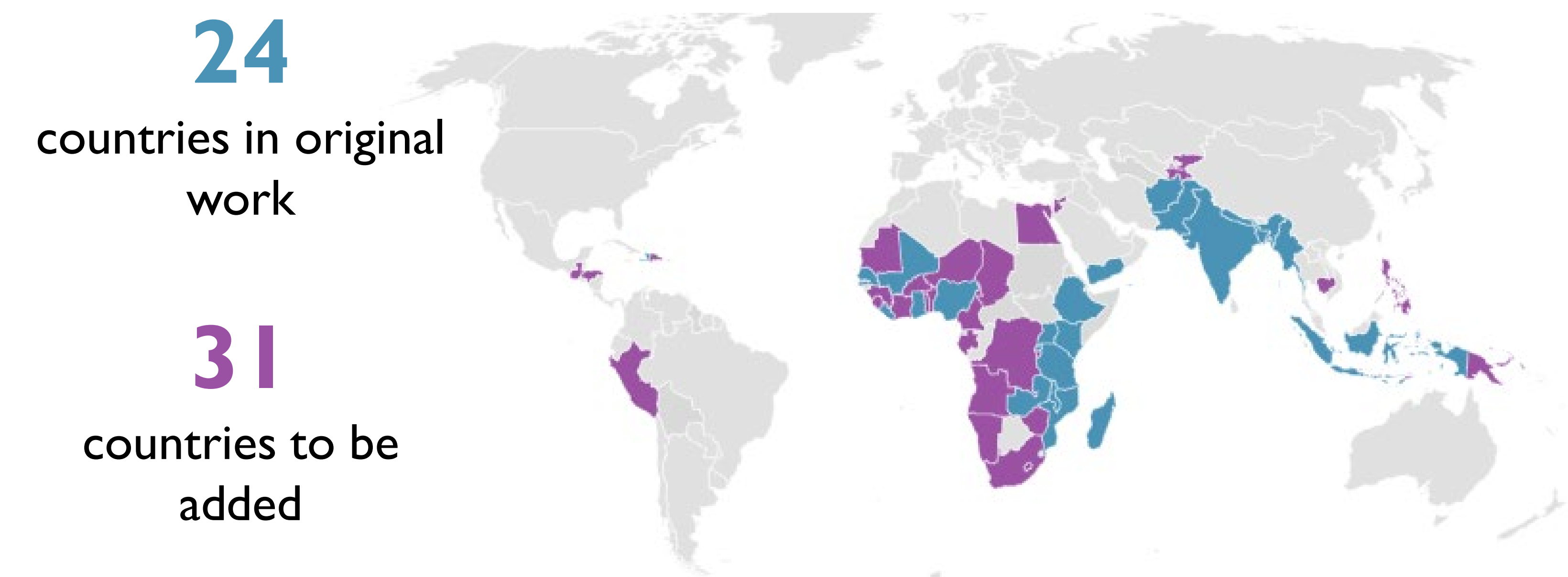
Expanded country scope

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

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

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

Provide technical assistance to countries on PSE for child survival action.

Further work on catalyzing the quality and consistent reporting of private sector data into National HMIS

Progress against the priorities identified from the CHNRI process

Advocacy on the importance of the private sector, products, and services as part of the whole health system.

Focus on advancing equity and quality through urban health and the private sector.

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

The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID MOMENTUM Routine Immunization Transformation and Equity project and funded by USAID.

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