



Exploring a new global resource on care seeking for child health: the New Health Market Analyzer Tool

December 12, 2024

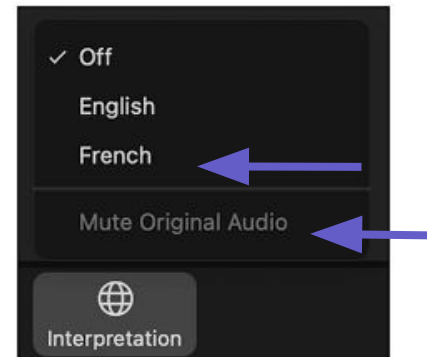
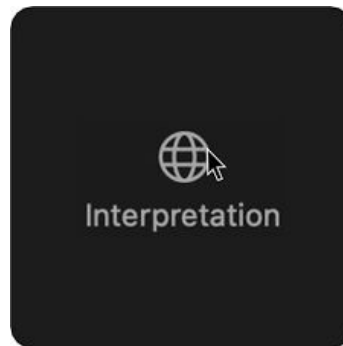
Hosted by:

The Child Health Task Force Secretariat and Private Sector Engagement Subgroup

Translation/La traduction:

EN: Translation is accessible by clicking the globe icon on the bottom of your screen.

FR: La traduction est accessible en cliquant sur l'icône globale terrestre au bas de votre écran.





The Child Health Task Force is managed by JSI Research & Training Institute, Inc. through the USAID M-RITE project and funded by USAID.

MOMENTUM Routine Immunization Transformation and Equity is funded by the U.S. Agency for International Development (USAID) as part of the MOMENTUM suite of awards and implemented by JSI Research & Training Institute, Inc. with partners PATH, Accenture Development Partnerships, Results for Development, and CORE Group under USAID cooperative agreement #7200AA20CA00017. For more information about MOMENTUM, visit USAIDMomentum.org. The contents of this Powerpoint and presentation are the sole responsibility of JSI Research and Training Institute, Inc. and do not necessarily reflect the views of USAID or the United States Government.

Reach out to the Child Health Task Force Secretariat:

childhealthtaskforce@jsi.com

About the CHTF and the PSE Subgroup

The CHTF Goal:

Strengthen equitable and comprehensive child health programs - focused on children aged 0-19 years in line with Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) - through primary health care, inclusive of community health systems.

The PSE Goal:

To achieve global recognition of the contribution of the private sector to improving child health and promoting approaches that improve access to, and quality of, private sector services.

The PSE Co-Chairs: Michel Pacqué (mpacque@gmail.com) and Gaurav Sharma (Gaurav.Sharma@jhpiego.org)

Subgroup information, recordings and presentations from previous webinars are available on the subgroup page of the Child Health Task Force website: www.childhealthtaskforce.org/subgroups/expansion

Presenters and Moderators



Michelle Weinberger
Senior Associate, Avenir Health



Nefra Faltas
Senior Child Health & Immunization Advisor, USAID



Michel Pacqué
Co-Chair, PSE Subgroup, CHTF



Gaurav Sharma
Principal Technical Advisor, MNCH, Jhpiego and Co-Chair of
the PSE Subgroup

WE NEED TO ACT!

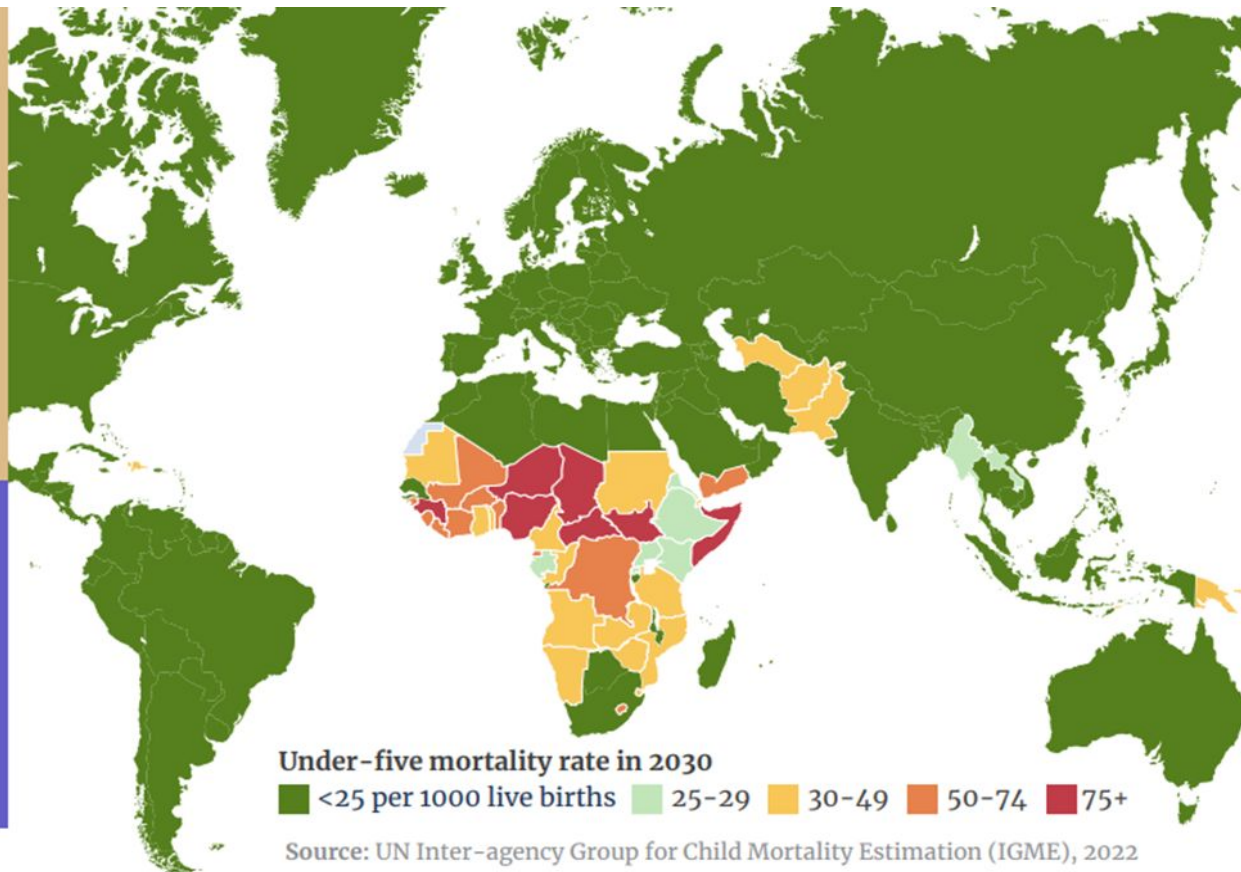
There are only 7 years left for countries to achieve the SDG targets

In 2021, 5 million children under the age of five died before their 5th birthday

Without accelerated action, 54 countries are not on track to meet the SDG target of 25 or fewer deaths per 1,000 live births

54 countries need accelerated action to meet the child survival SDG by 2030;

almost **80%** are in Africa



Exploring a new global resource on care seeking for child health: the New Health Market Analyzer Tool

Child Health Taskforce Webinar

Michelle Weinberger, Avenir Health

December 12, 2024

Outline

- Background
- Overview of tool part 1: compare across countries
- Pause for Q&A (5 min)
- Overview of the tool part 2: single country landscape
- Q&A and Discussion

Building from Two Key Resources Developed by SHOPS Plus

Updated and integrated into a new online tool under FHM Engage

Added data for more countries; now includes 55 countries

Added new indicators and disaggregation's of the data

I. 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)



Sources for Sick Child Care in Pakistan

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.

Health Market Analyzer

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

The Health Market Analyzer 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.



Family Planning

- Compare Across Countries
- Single Country Landscape
- Project Future Scenarios



Child Health

- Compare Across Countries
- Single Country Landscape



Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development (USAID). This tool is made possible by the generous support of the American people through USAID. The information provided on this website is not official U.S. government information and does not represent the views or positions of the USAID or the U.S. Government.

Includes 55 countries grouped by region

▼ Explore Care-seeking by Source

Country
West and Central Africa, ▾

Demographic segment
All ▾

Illness/vaccination
Diarrhea ▾

Survey
Most recent ▾

View
Share of sick children ▾

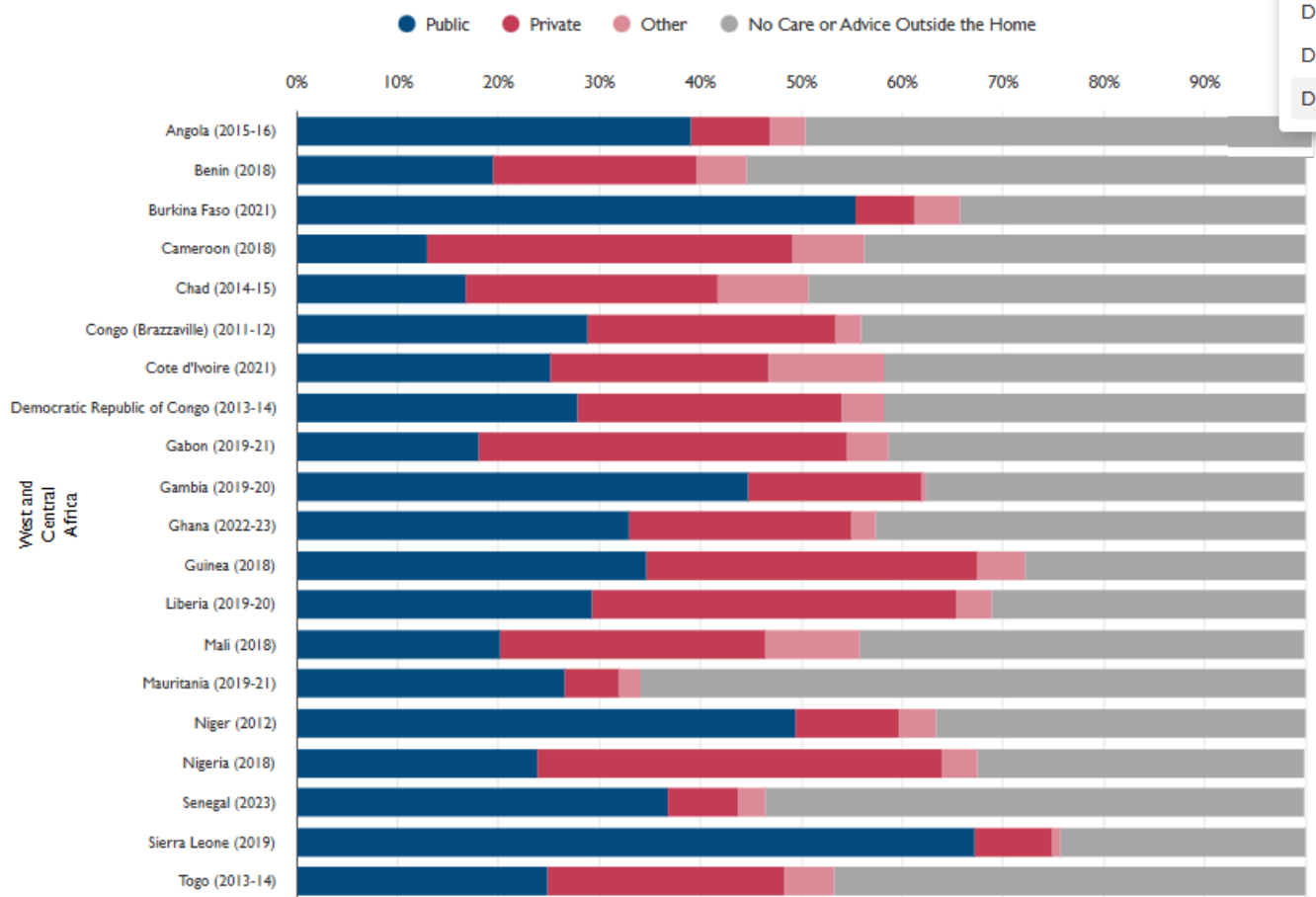
Sector split
Aggregated ▾

► Explore Care-seeking by Levels

► Explore Appropriate Care

► Explore Illness Prevalence

Source of care or advice among children with diarrhea



☰

Download PNG

Download PDF

Download CSV

Download all graphs as images or data files

*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

Explore Care-seeking by Source

Country
West and Central Africa, ▾

Demographic segment
Rural ▾

Illness/vaccination
Diarrhea ▾

Survey
Most recent ▾

View
Share of sick children ▾

Sector split
Aggregated ▾

Explore Care-seeking by Levels

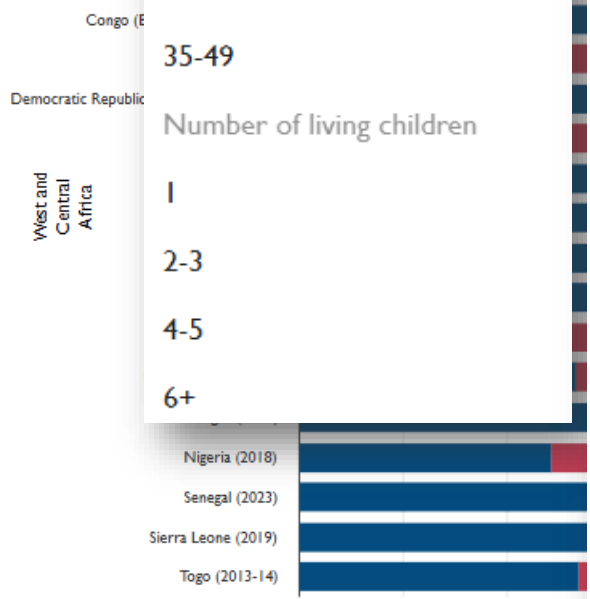
Explore Appropriate Care

Explore Illness Prevalence

- Residence
- Urban
- Rural
- Mother's Education
- None
- Primary
- Secondary+
- Mother's Age
- <20
- 20-34
- 35-49
- Number of living children
- 1
- 2-3
- 4-5
- 6+

- Wealth
- Poorest
- Poorer
- Middle
- Richer
- Richest
- Income
- Under \$2.15
- \$2.15-\$3.64
- \$3.65-\$6.85
- Above \$6.85
- Mother's Employment
- No Paid Work
- Paid In-Kind (Any)
- Paid Cash Only
- Sex of child
- Female
- Male

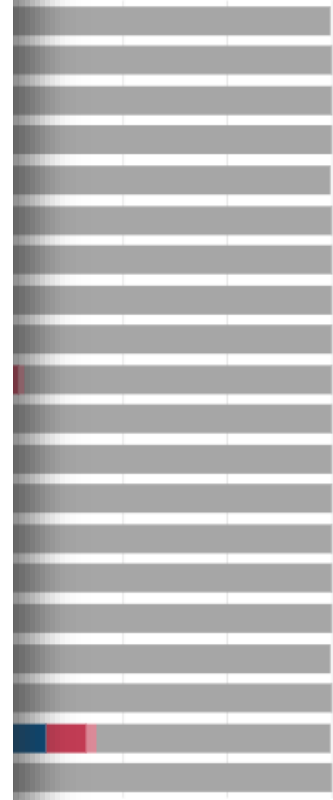
View results for a wide range of demographic segments



*When a country is not being displayed or no data is showing fo

rrhea

0% 80% 90% 100%



too small to analyze results.

▼ Explore Care-seeking by Source

Country
West and Central Africa, ▾

Demographic segment
Rural ▾

Illness/vaccination
Diarrhea ▾

Survey
Most recent ▾

View
Share of sick children ▾

Sector split
Aggregated ▾

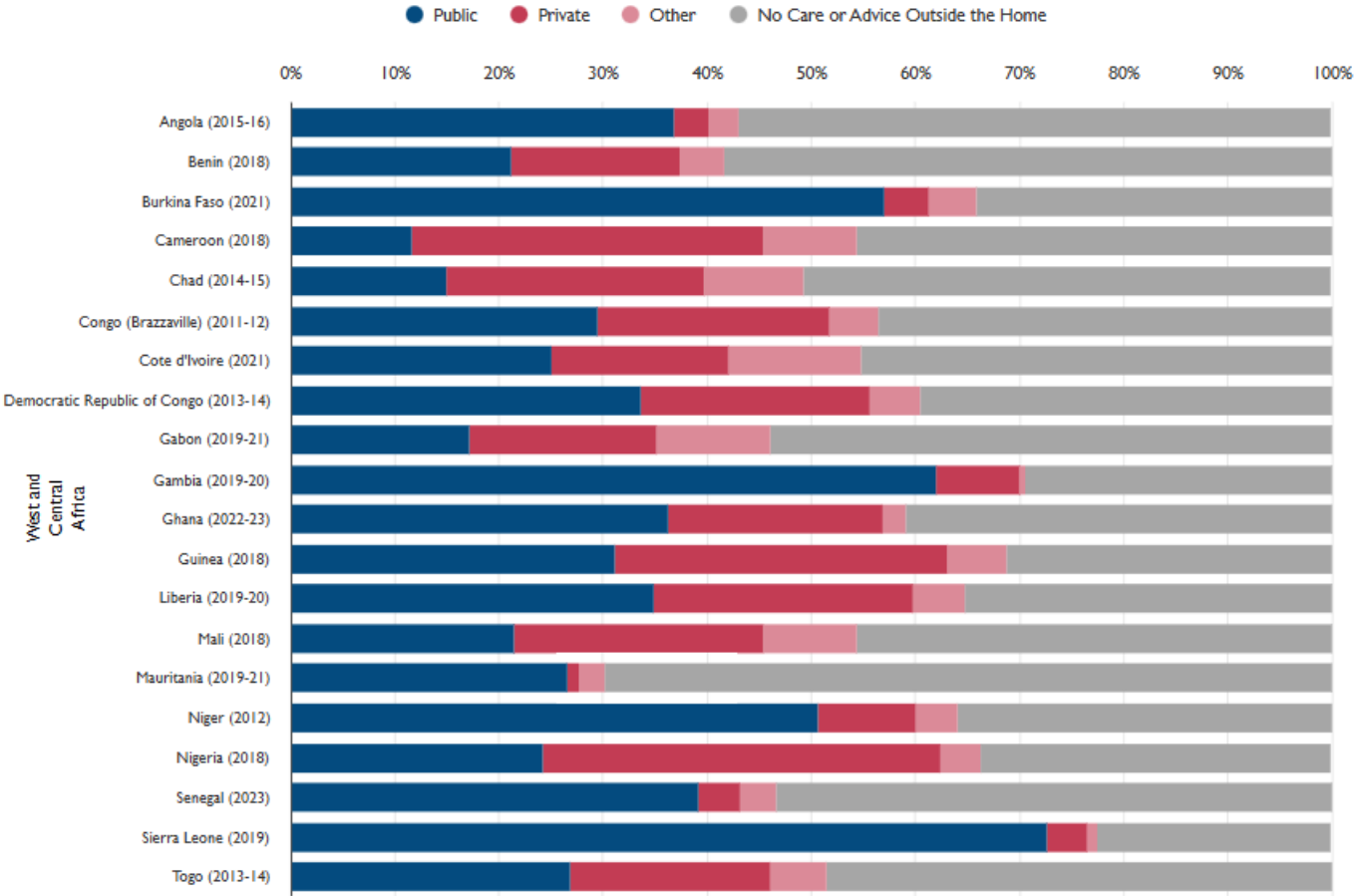
▶ Explore Care-seeking by Levels

▶ Explore Appropriate Care

▶ Explore Illness Prevalence

View results for a wide range of demographic segments

Source of care or advice among children with diarrhea



*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

▼ Explore Care-seeking by Source

Country
West and Central Africa, ▾

Demographic segment
Rural ▾

Diarrhea
Fever
ARI
Vaccination

View
Share of sick children ▾

Sector split
Aggregated ▾

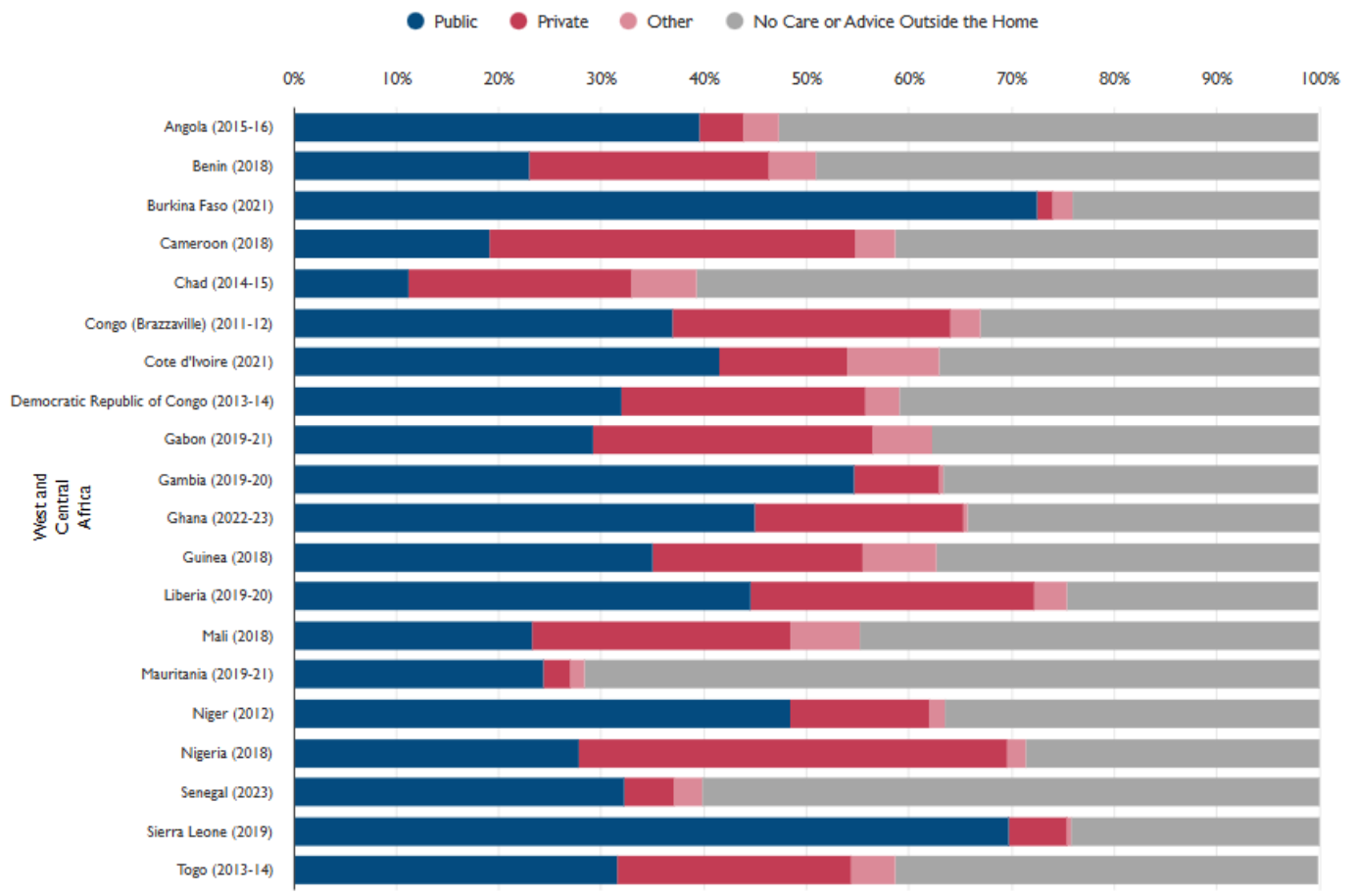
▶ Explore Care-seeking by Levels

▶ Explore Appropriate Care

▶ Explore Illness Prevalence

View results by illness or vaccination; note no longer showing grouped 'diarrhea fever and/or ARI'

Source of care or advice among children with fever



*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

Explore Care-seeking by Source

Country

West and Central Africa, ▾

Demographic segment

Rural ▾

Illness/vaccination

Fever ▾

Most recent

Older

View

Share of sick children ▾

Sector split

Aggregated ▾

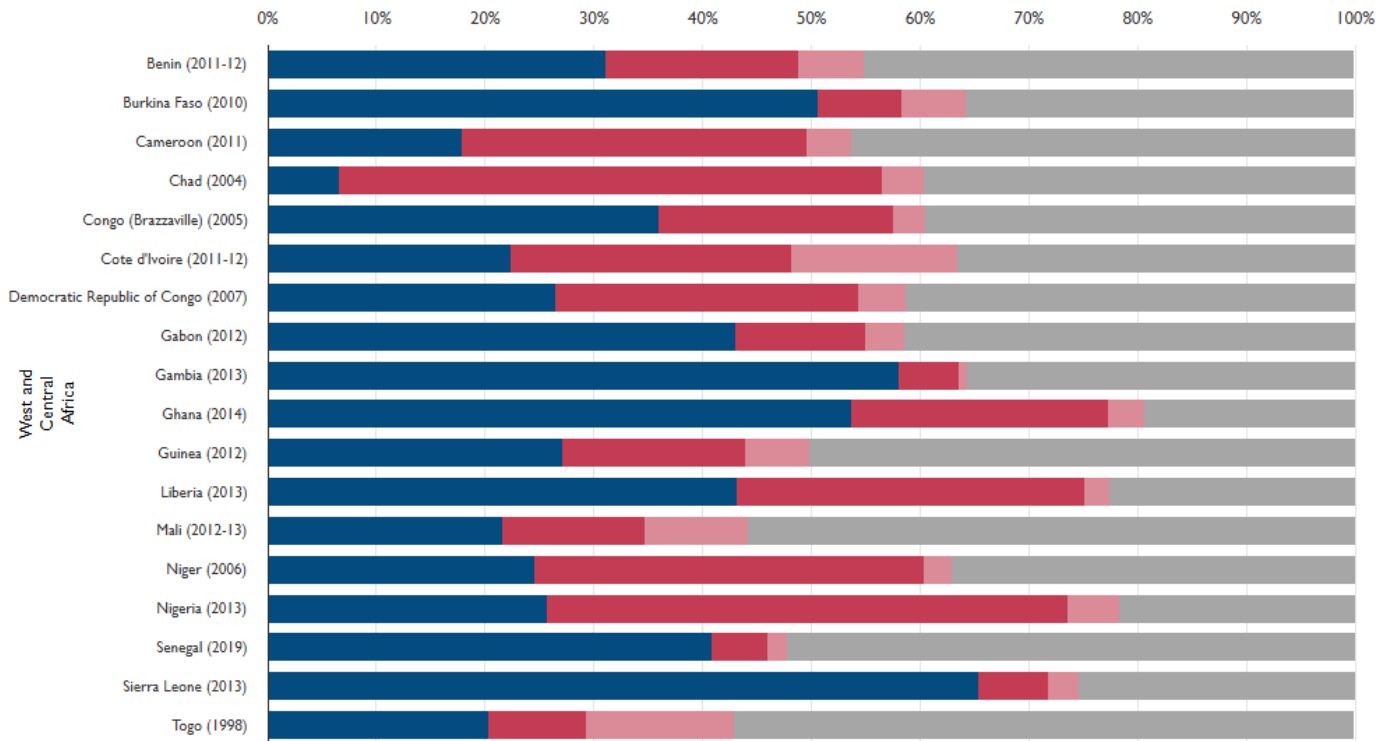
Explore Care-seeking by Levels

Explore Appropriate Care

Explore Illness Prevalence

Source of care or advice among children with fever

Public Private Other No Care or Advice Outside the Home



*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

Includes both the most recent and one older survey (where available)

▼ Explore Care-seeking by Source

Country

West and Central Africa, ▾

Demographic segment

Rural ▾

Illness/vaccination

Fever ▾

Survey

Most recent ▾

View

Share of sick children seekin... ▾

Sector split

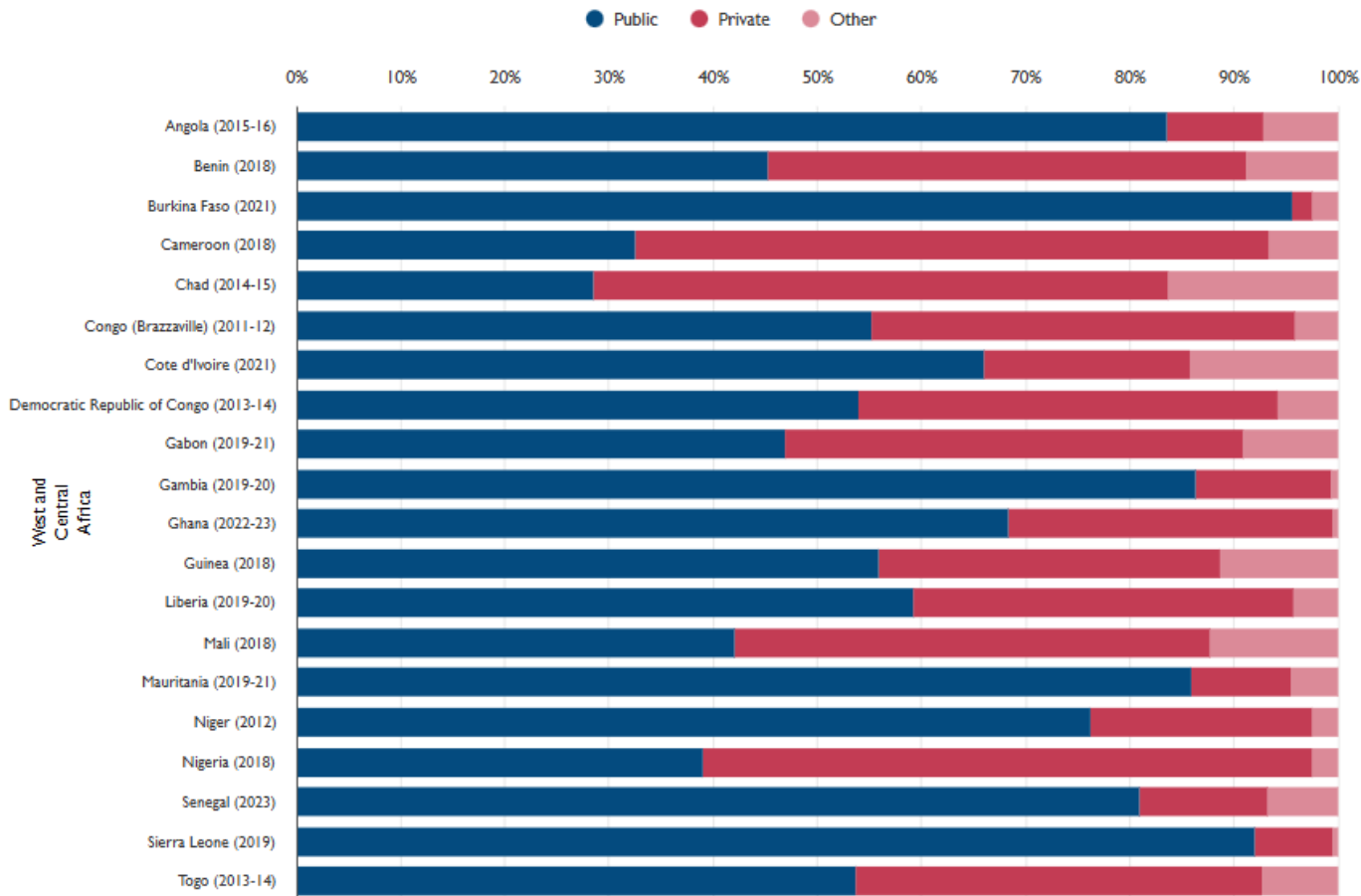
Aggregated ▾

▶ Explore Care-seeking by Levels

▶ Explore Appropriate Care

▶ Explore Illness Prevalence

Source of care or advice among children with fever



*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

Limit view to source used among those who sought care outside the home

Explore Care-seeking by Source

Country

West and Central Africa, ▾

Demographic segment

Rural ▾

Illness/vaccination

Fever ▾

Survey

Most recent ▾

View

Share of sick children seekin... ▾

Sector split

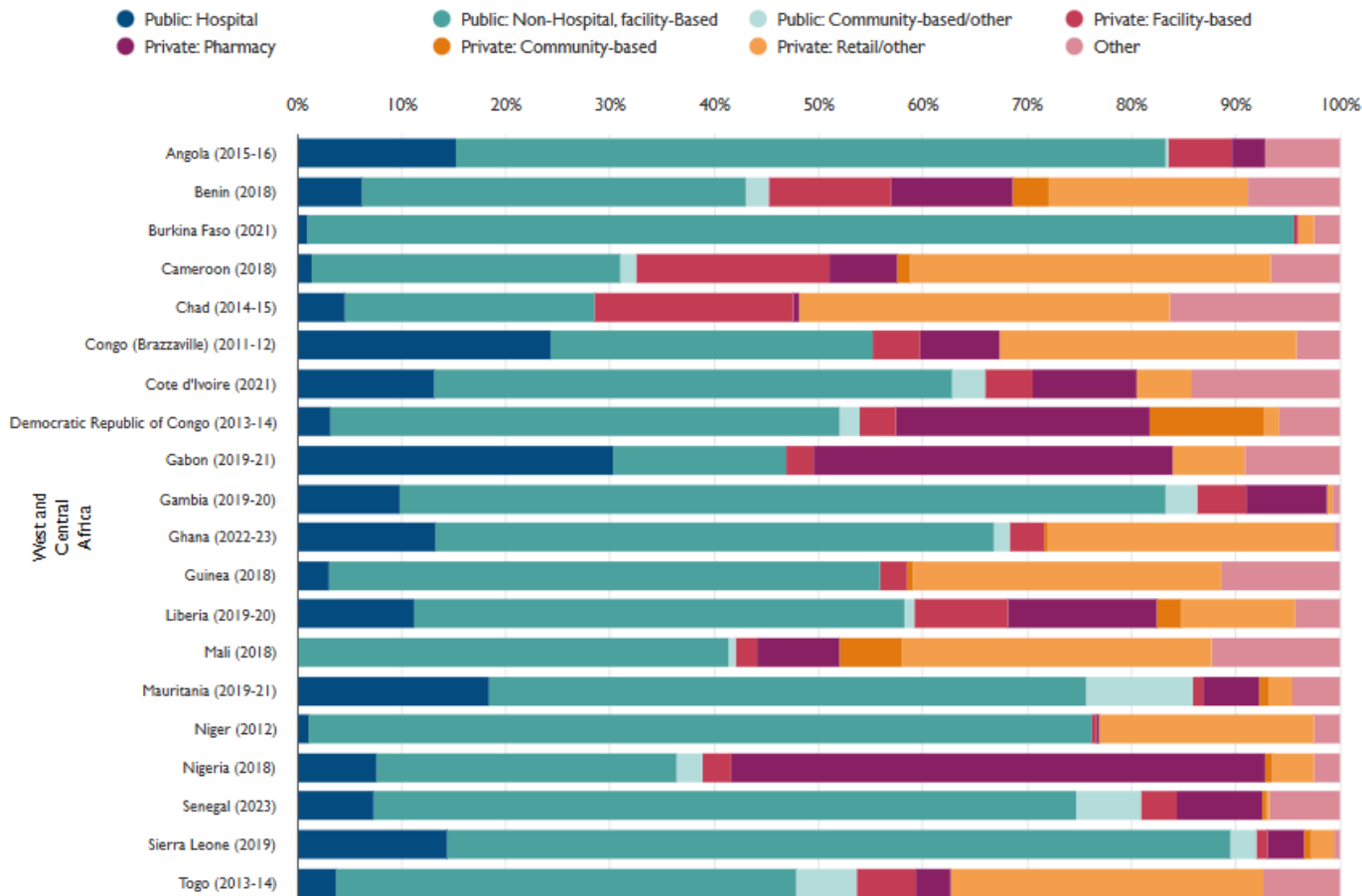
Detailed ▾

Explore Care-seeking by Levels

Explore Appropriate Care

Explore Illness Prevalence

Source of care or advice among children with fever



*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

Detailed splits of source within the public and private sectors

▼ Explore Care-seeking by Source

Country

All

Demographic segment

All

Illness/vaccination

Vaccination

Survey

Most recent

View

Share of vaccinated children

Sector split

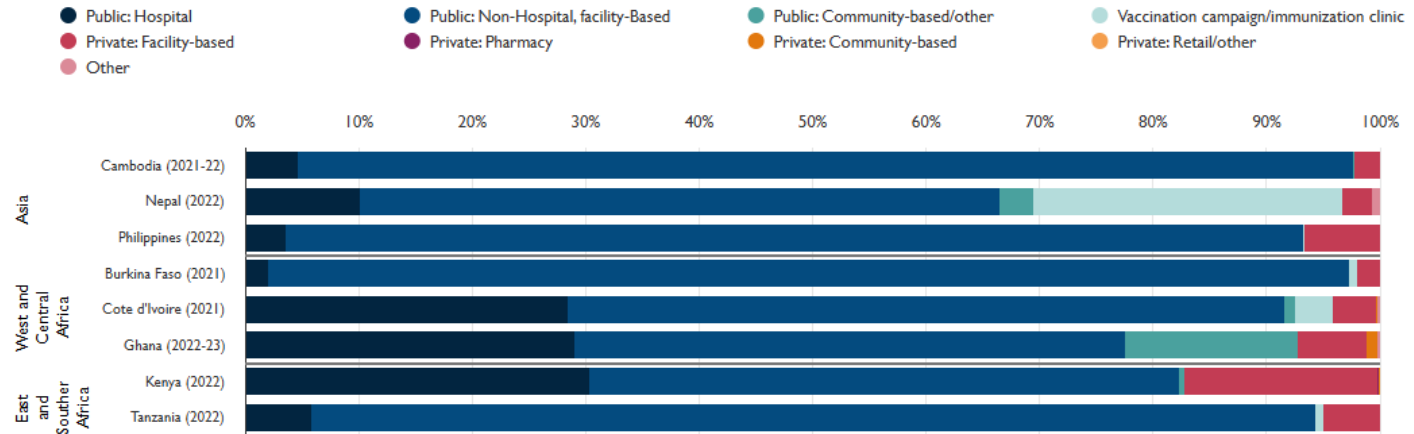
Detailed

▶ Explore Care-seeking by Levels

▶ Explore Appropriate Care

▶ Explore Illness Prevalence

Place where most vaccinations were received



Recent DHS surveys include a question about where most vaccinations were obtained. Data included for countries with available data.

Explore Care-seeking by Source

Explore Care-seeking by Levels

Country

East and Southern Africa,...

Demographic group

Residence

Demographic segment(s)

Compare Urban and Rural

Illness

Diarrhea

Survey

Most recent

Sector

Public

Explore Appropriate Care

Explore Illness Prevalence



Focus on comparisons of care seeking between segments

Care-seeking levels among children with diarrhea

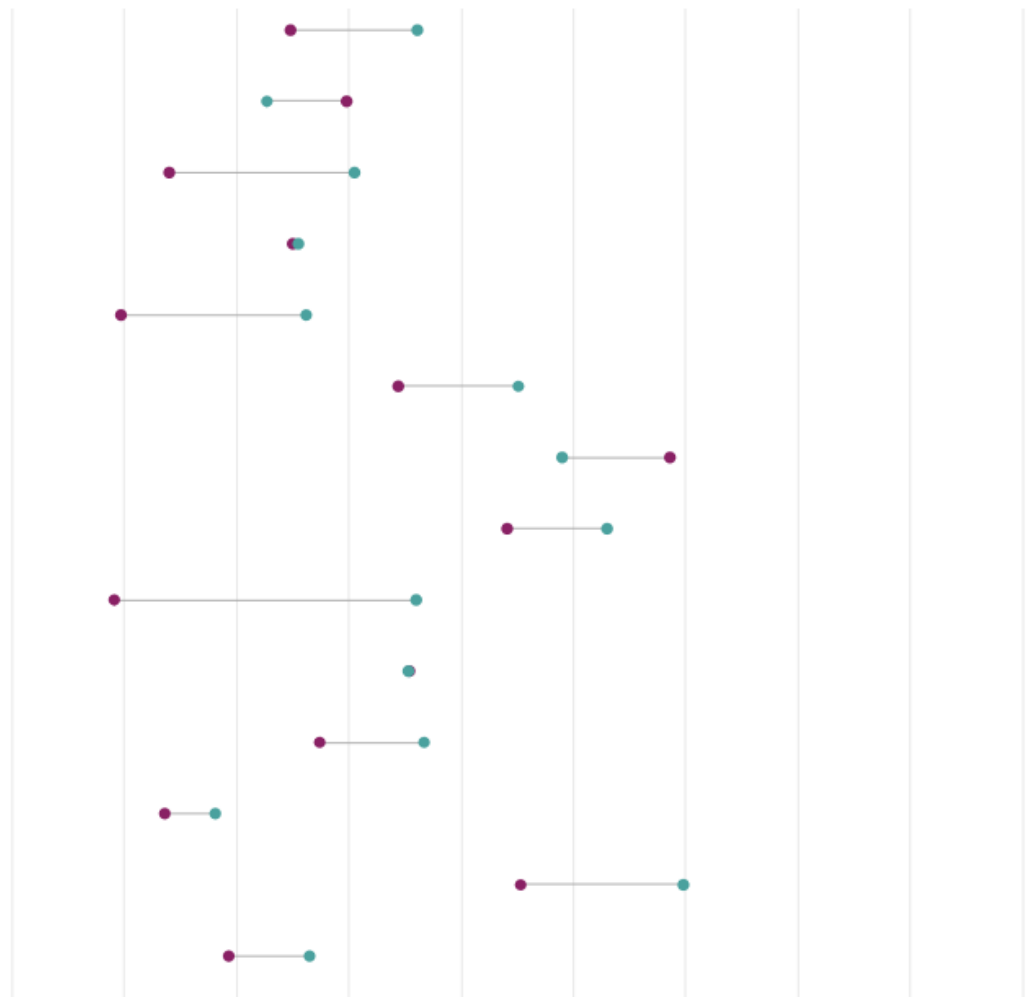


Rural Urban

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

East and Southern Africa

- Burundi (2016-17)
- Ethiopia (2016)
- Kenya (2022)
- Lesotho (2014)
- Madagascar (2021)
- Malawi (2015-16)
- Mozambique (2022-23)
- Namibia (2013)
- Rwanda (2019-20)
- South Africa (2016)
- Tanzania (2022)
- Uganda (2016)
- Zambia (2018)
- Zimbabwe (2015)



[▶ Explore Care-seeking by Source](#)[▼ Explore Care-seeking by Levels](#)

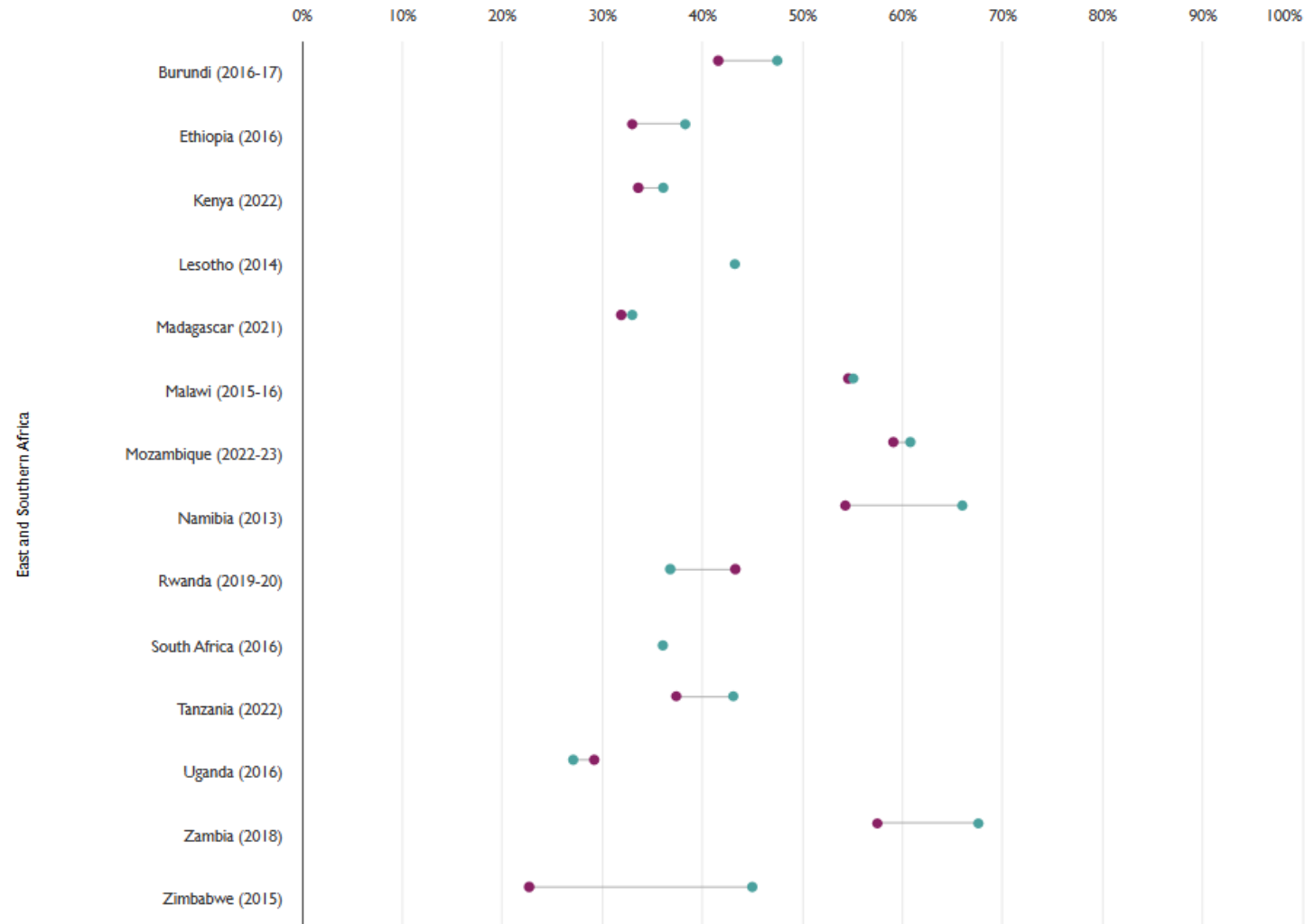
- All
- Residence
- Mother's Education
- Mother's Age
- Number of living children
- Wealth
- Income
- Mother's Employment
- Sex of child

[Most recent](#)[Sector](#)[Public](#)[▶ Explore Appropriate Care](#)[▶ Explore Illness Prevalence](#)

Care-seeking levels among children with diarrhea



● <20 ● 35-49



[▶ Explore Care-seeking by Source](#)[▼ Explore Care-seeking by Levels](#)

Country

East and Southern Africa,...

Demographic group

Mother's Age

Demographic segment(s)

Compare <20 and 35-49

Illness

Diarrhea

Survey

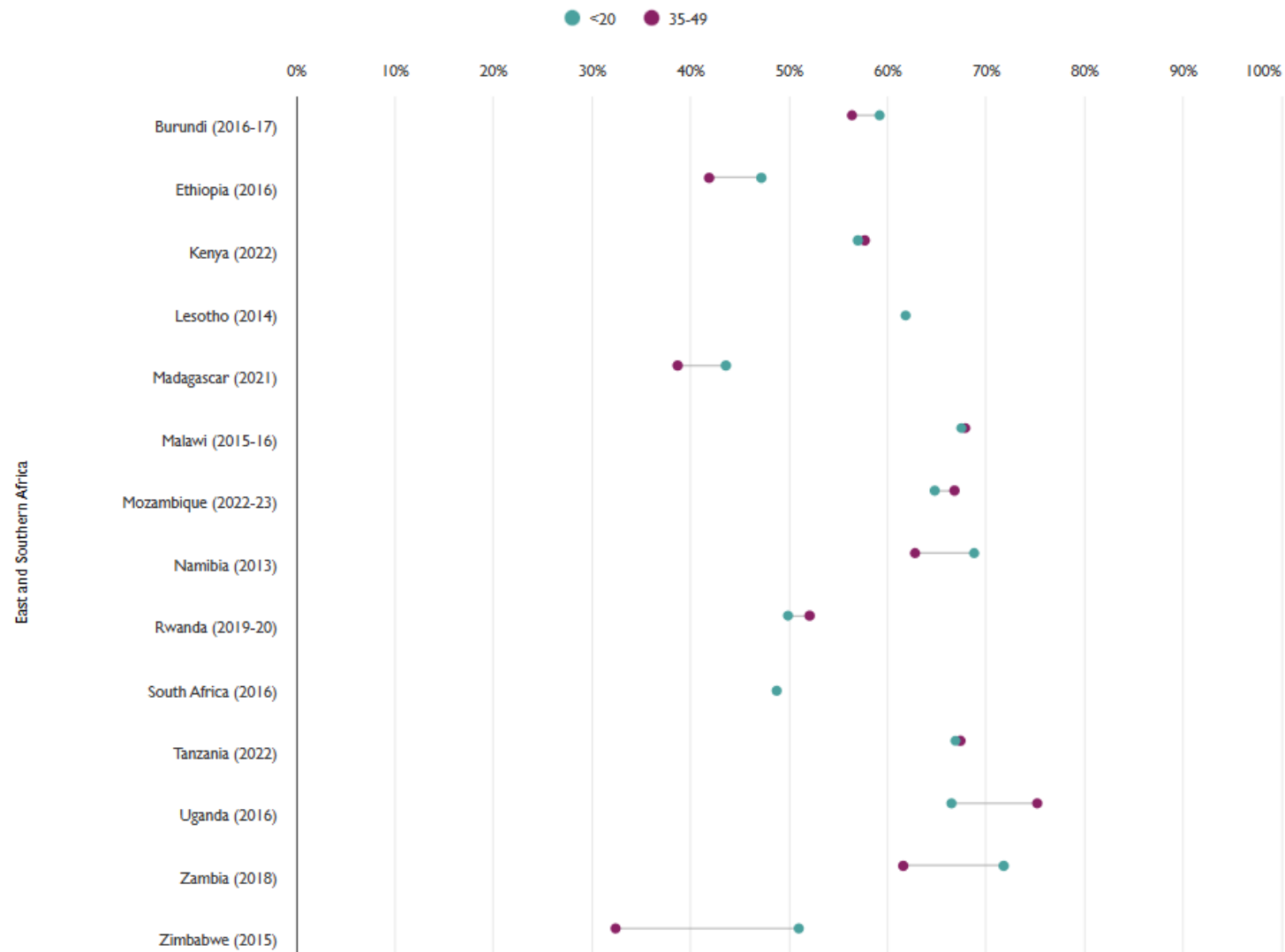
Most recent

Sector

Any Care

[▶ Explore Appropriate Care](#)[▶ Explore Illness Prevalence](#)

Care-seeking levels among children with diarrhea



See results for public sector, private sector, or any care outside the home

▶ Explore Care-seeking by Source

▶ Explore Care-seeking by Levels

▼ Explore Appropriate Care

Country

Finger/heel stick for malaria

ACTs among antimalaria

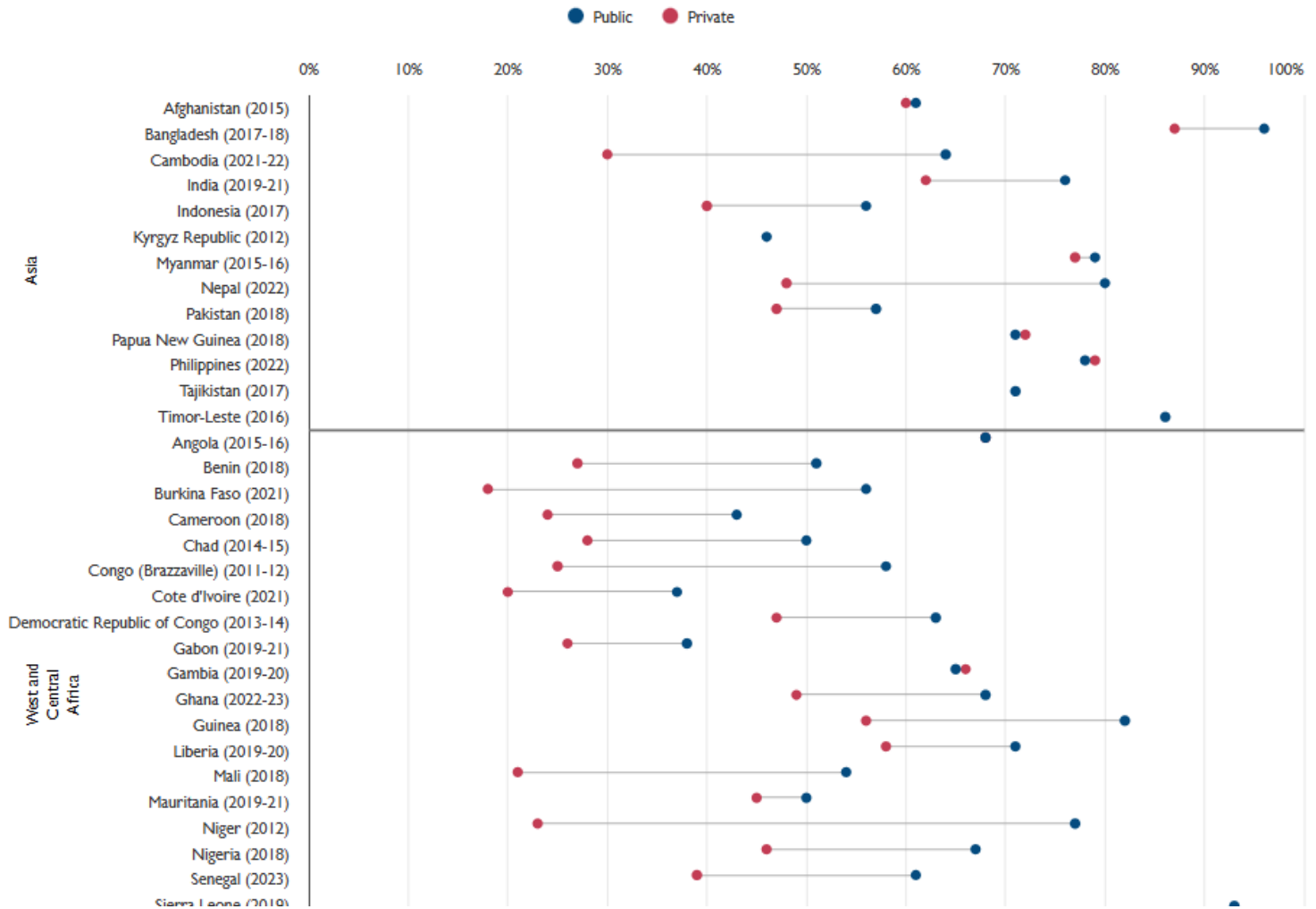
ORS

ORS with Zinc

Antibiotics for ARI

New set of results on appropriate care; limited to what is asked in DHS surveys

Appropriate care for diarrhea: ORS



▶ Explore Care-seeking by Source

▶ Explore Care-seeking by Levels

▶ Explore Appropriate Care

▼ Explore Illness Prevalence

Country

West and Central Africa, ▼

Demographic segment

All ▼

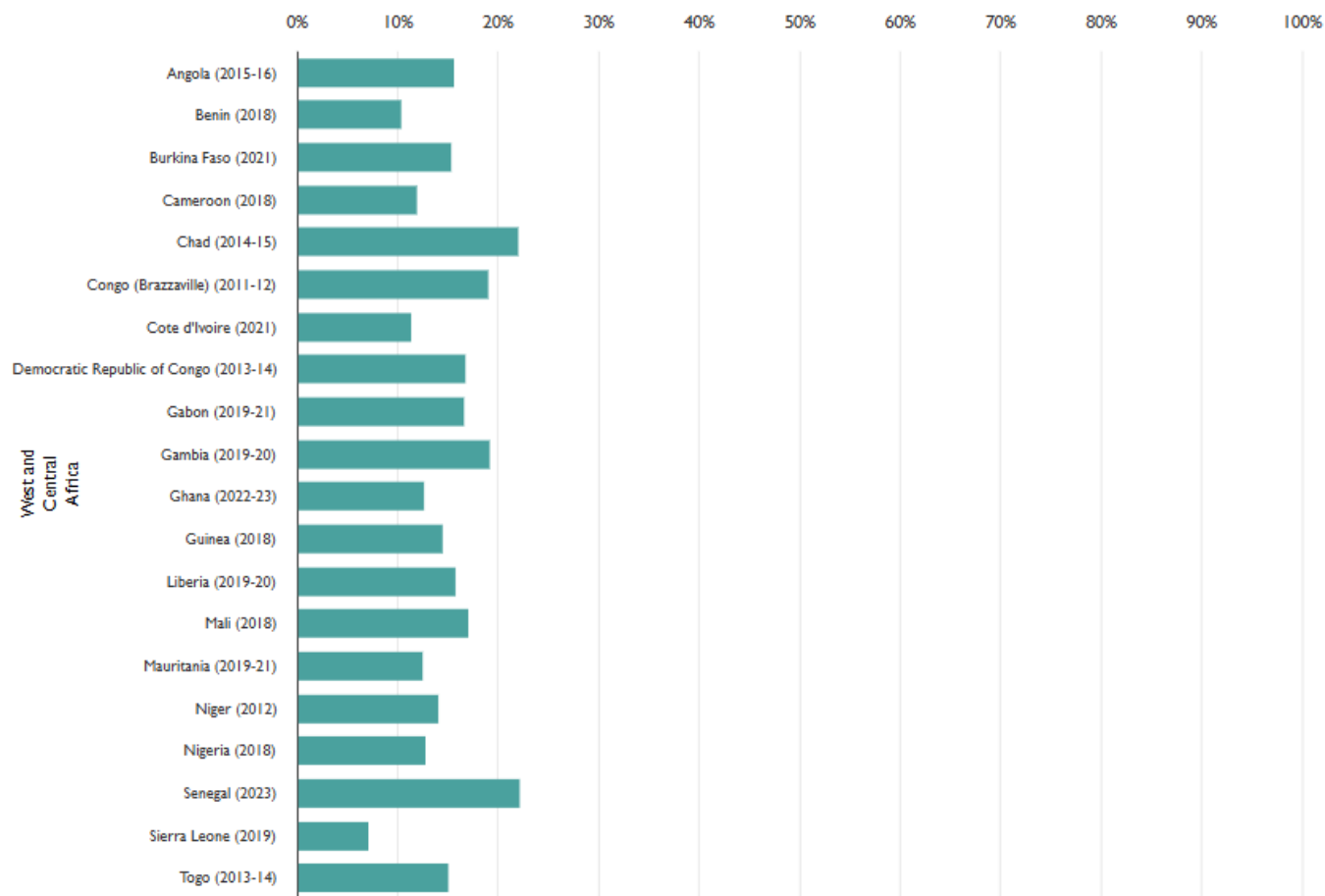
Illness/immunization

Diarrhea ▼

Survey

Most recent ▼

Share of children with diarrhea in the last two weeks



*When a country is not being displayed or no data is showing for a country that is because the sample size was too small to analyze results.

**Illness prevalence
included for context**

The Health Market Analyzer 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.



Family Planning

- Compare Across Countries
- Single Country Landscape
- Project Future Scenarios



Child Health

- Compare Across Countries
- Single Country Landscape

Pause for Q&A

Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development (USAID). This tool is made possible by the generous support of the American people through USAID. The information provided on this website is not official U.S. government information and does not represent the views or positions of the USAID or the U.S. Government.

The Health Market Analyzer 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.



Family Planning

- Compare Across Countries
- Single Country Landscape
- Project Future Scenarios



Child Health

- Compare Across Countries
- Single Country Landscape



Looking at Burkina Faso today, but available for all 55 countries included in the tool

Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development (USAID). This tool is made possible by the generous support of the American people through USAID. The information provided on this website is not official U.S. government information and does not represent the views or positions of the USAID or the U.S. Government.

Burkina Faso

Select Country

Summary
OverviewSub-National
View

Overview of Sources for Sick Child Care in Burkina Faso

Introduction

The public and private sectors are important sources of sick child-care in Burkina Faso. Understanding if and where sick children are taken for care is critical to improve case management interventions. This country landscape presents secondary analysis of the 2021 Demographic and Health Survey to examine where treatment or advice is sought and if appropriate care is received for sick children who experienced 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.

Demographic and health snapshot

Total population: **23.5 million**

Children Under Age 5: **3.36 million**

Total fertility rate (TRF): **4.1**

Under-five mortality rate: **78.8**

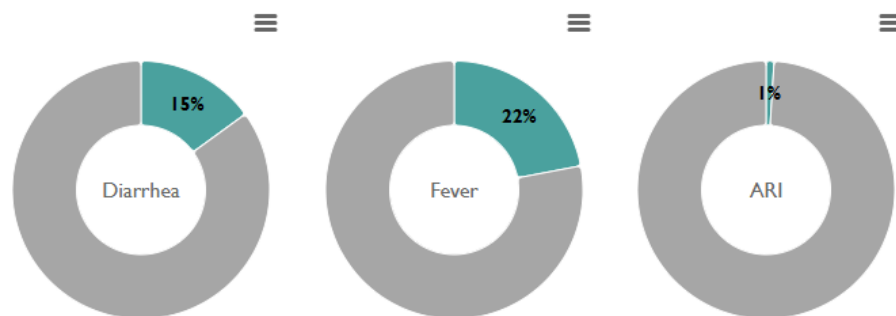


**Text and graphics
automatically
update based on
selected country.**

Illness prevalence

Illness prevalence is based on interviews with mothers about symptoms their children experienced in the two weeks before the interview for the survey was conducted. In Burkina Faso, 15% of children experienced diarrhea, 22% experienced fever, 1% experienced acute respiratory infection (ARI), a proxy for pneumonia. ¹

Illness prevalence among children under age 5



Out-of-home care seeking

Care-seeking rates vary across the three illnesses considered in this analysis: diarrhea (66%), fever (76%), and ARI (94%).



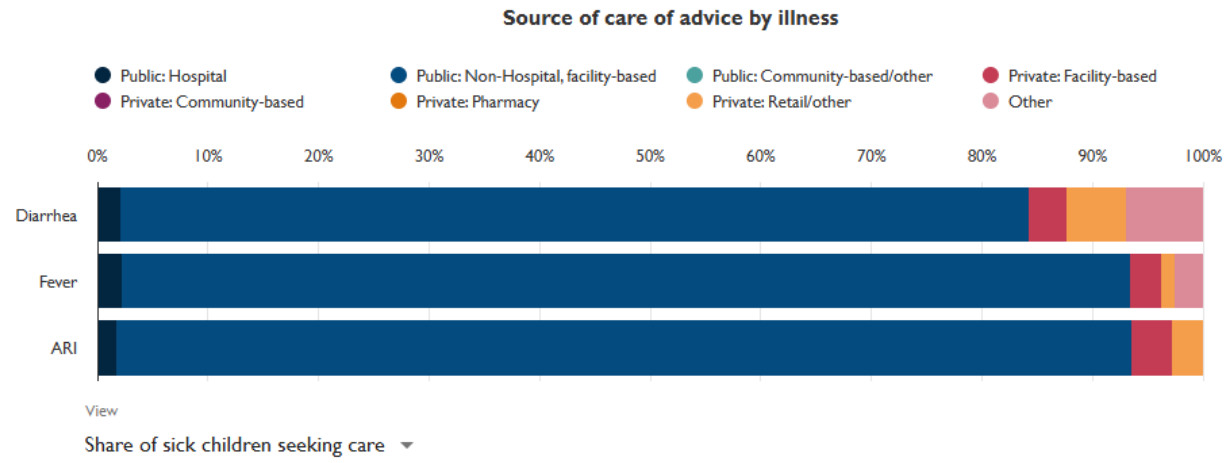
Sources of care

Caregivers can seek advice and care from a range of different sources. The type of care needed will vary based on the type and severity of symptoms.

Care-seeking for diarrhea, fever and ARI are shown separately below. There are similar patterns across the three illnesses in terms of where care is sought among those who seek care.

- The public sector (84%) accounts for the most common source of care seeking for children with diarrhea.
- The public sector (93%) accounts for the most common source of care seeking for children with fever.
- The public sector (94%) accounts for the most common source of care seeking for children with ARI.

This analysis shows where caregivers go for treatment, regardless of their level of access to different sources of care. It does not reflect where caregivers might choose to go if they had access to all sources of care.



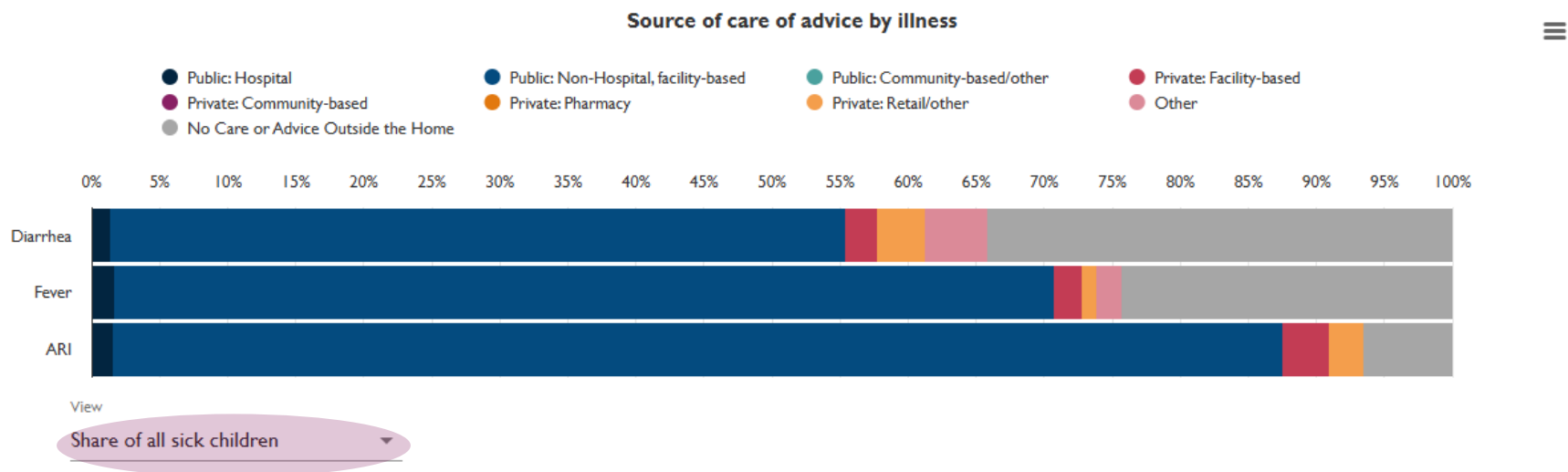
Sources of care

Caregivers can seek advice and care from a range of different sources. The type of care needed will vary based on the type and severity of symptoms.

Care-seeking for diarrhea, fever and ARI are shown separately below. There are similar patterns across the three illnesses in terms of where care is sought among those who seek care.

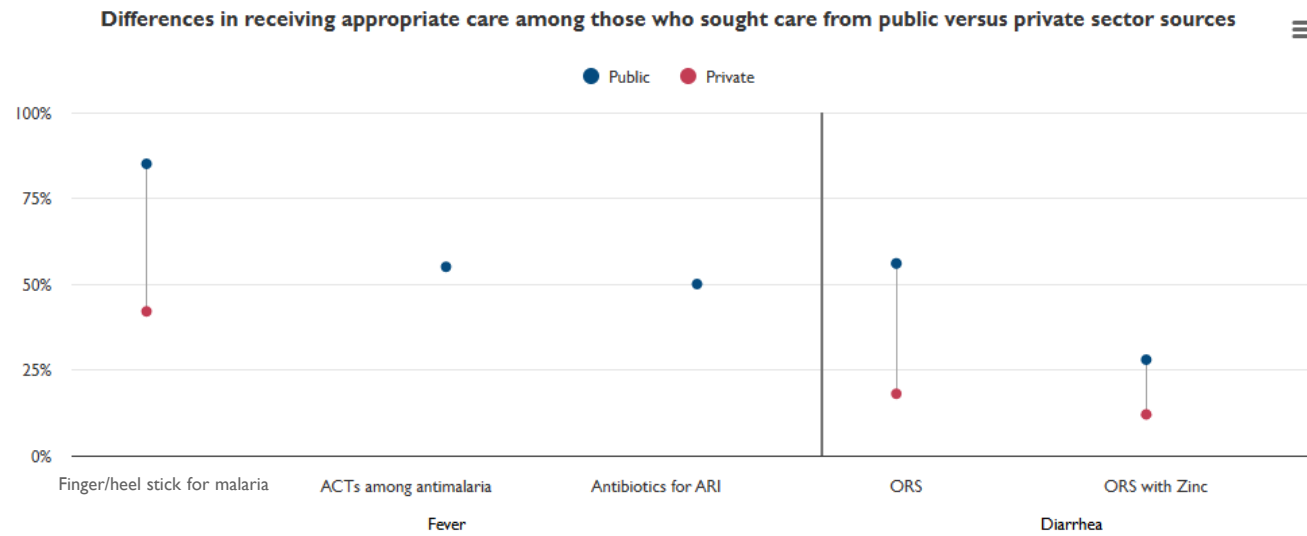
- The public sector (84%) accounts for the most common source of care seeking for children with diarrhea.
- The public sector (93%) accounts for the most common source of care seeking for children with fever.
- The public sector (94%) accounts for the most common source of care seeking for children with ARI.

This analysis shows where caregivers go for treatment, regardless of their level of access to different sources of care. It does not reflect where caregivers might choose to go if they had access to all sources of care.



Appropriate care

The previous section focused on if any advice or treatment was sought from outside the home, not whether or not the child received appropriate care. In some instances, children may receive appropriate care even if no care outside the home was sought, for example, a child could have received oral rehydration salts for diarrhea that the caregiver already had on hand at home; however this is not considered for this analysis as the intention is to look at the type of care received at public versus private facilities.

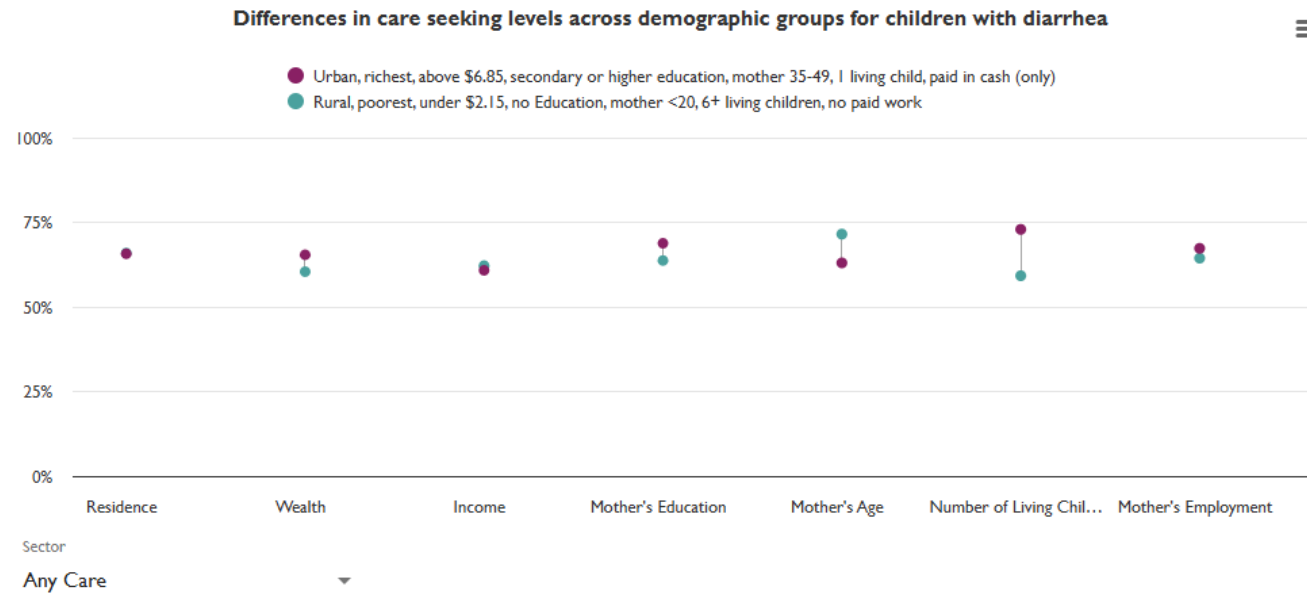


Equity in care seeking

Illness

Diarrhea

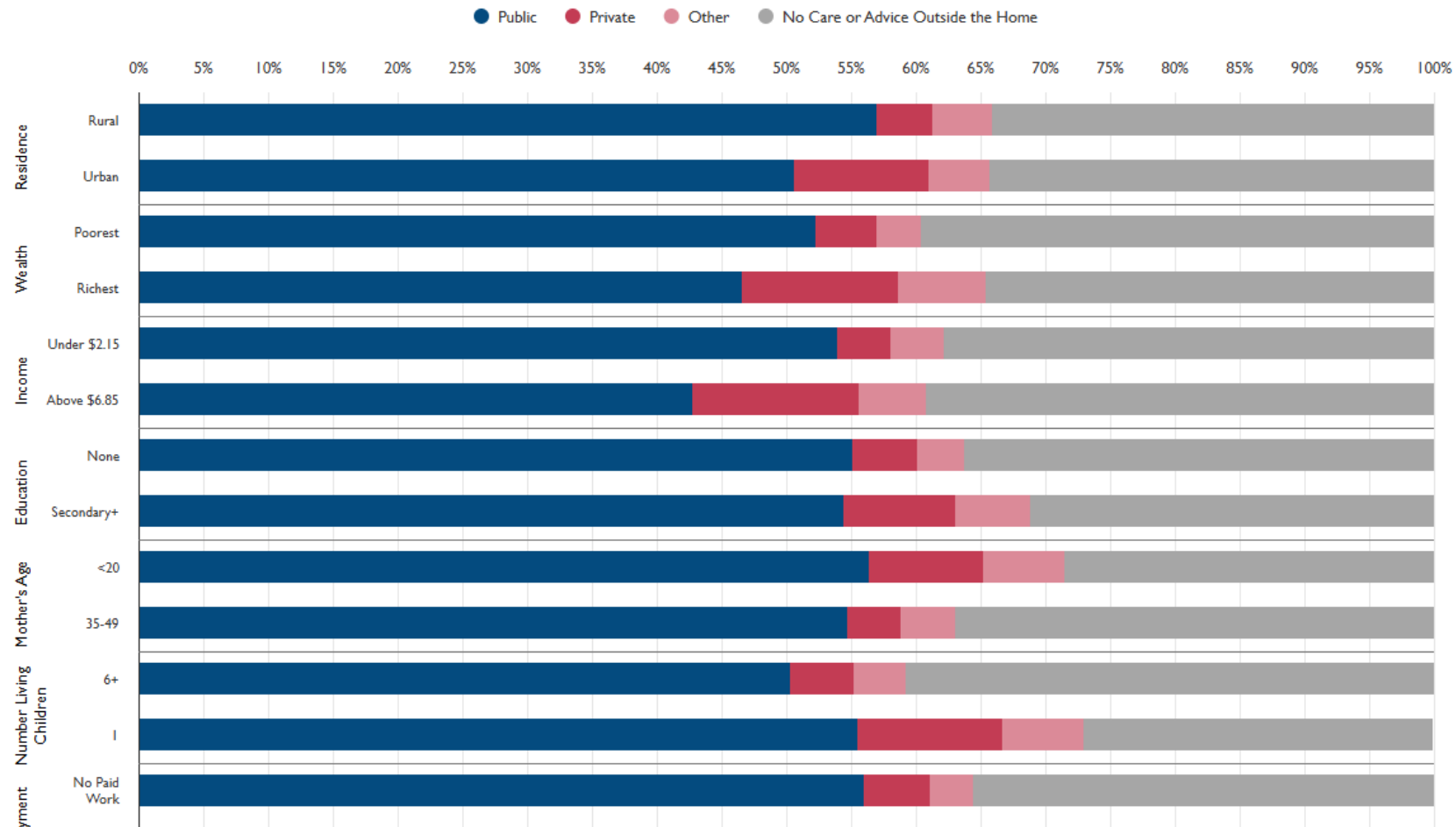
Care seeking may look different for different caregivers. It is important to look at how care seeking varies across demographic segments to identify potential issues in equity of access to care. The graph below compares levels of care seeking between the 'lowest' and 'highest' category for each of the demographic categories shown.



Where caregivers seek care often varies across demographic segments, as shown in the graph below.

- A bigger share of rural caregivers seek advice or care from the public sector (57%) as compared to urban caregivers (50.6%)
- A bigger share of caregivers from the poorest quintile seek advice or care from the public sector (52.3%) as compared to caregivers in the richest quintile (46.6%)
- A bigger share of caregivers from households living on less than \$2.15 a day per person seek advice or care from the public sector (53.9%) as compared to caregivers from households living on more than \$6.85 a day per person (42.7%)
- A bigger share of caregivers with no education seek advice or care from the public sector (55.1%) as compared to caregivers with secondary or higher education (54.4%)
- A bigger share of caregivers aged 15-24 seek advice or care from the public sector (56.4%) as compared to caregivers age 35 or older (54.7%)
- A smaller share of caregivers of 6+ children from the public sector (50.3%) as compared to caregivers of 1 child (55.5%)
- A bigger share of caregivers who are not paid from the public sector (56%) as compared to caregivers who are paid in cash only (53.1%)

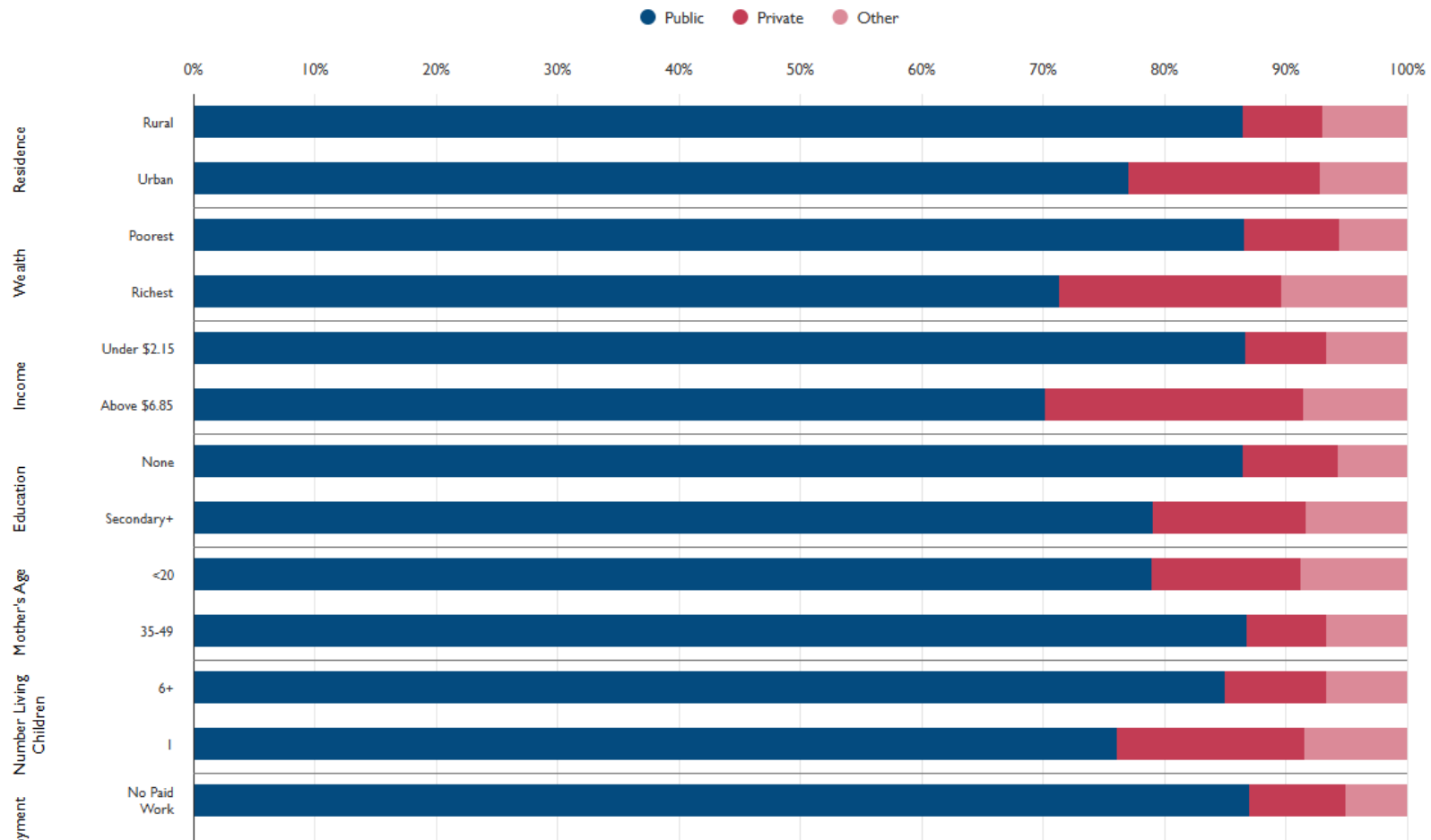
Patterns in care seeking sources across demographic groups among children with diarrhea



Where caregivers seek care often varies across demographic segments, as shown in the graph below.

- A bigger share of rural caregivers seek advice or care from the public sector (57%) as compared to urban caregivers (50.6%)
- A bigger share of caregivers from the poorest quintile seek advice or care from the public sector (52.3%) as compared to caregivers in the richest quintile (46.6%)
- A bigger share of caregivers from households living on less than \$2.15 a day per person seek advice or care from the public sector (53.9%) as compared to caregivers from households living on more than \$6.85 a day per person (42.7%)
- A bigger share of caregivers with no education seek advice or care from the public sector (55.1%) as compared to caregivers with secondary or higher education (54.4%)
- A bigger share of caregivers aged 15-24 seek advice or care from the public sector (56.4%) as compared to caregivers age 35 or older (54.7%)
- A smaller share of caregivers of 6+ children from the public sector (50.3%) as compared to caregivers of 1 child (55.5%)
- A bigger share of caregivers who are not paid from the public sector (56%) as compared to caregivers who are paid in cash only (53.1%)

Patterns in care seeking sources across demographic groups among children with diarrhea



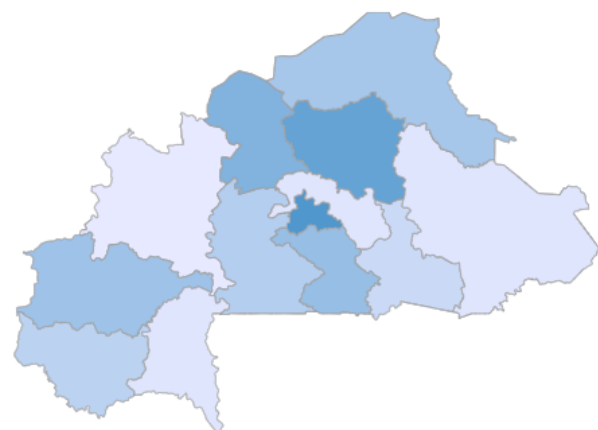
Burkina Faso

Select Country

Summary
OverviewSub-National
View

Overview of Child Health and Care-seeking by Region

In many countries there is wide sub-national variation in levels of care seeking and the relative roles of the public and private sectors. Use the dropdown menu below the map to explore subnational patterns for key indicators of child health and care-seeking in Burkina Faso. The indicators presented below show results for children whose caregivers reported that they experienced one or more illness in the last two weeks (diarrhea, fever, and/or ARI).



0% 10% 20% 30%

Diarrhea

Private Share



This map shows the share of children for whom care or advice was sought from the private sector; among children whose caregivers sought any care or advice outside the home for children who had Diarrhea in the two weeks before the survey.

In Burkina Faso, the private sector share ranges from 0% in Boucle du Mouhoun to 21% in Centre.

*Note: For some indicators sample size may not be sufficient to analyze the indicator in all regions. If sample size is insufficient the regions appear in white on the graph



Available indicators for sub-national view:

Illness prevalence

Any Care or Advice Outside the Home

No Care or Advice Outside the Home

Public Share

Private Share

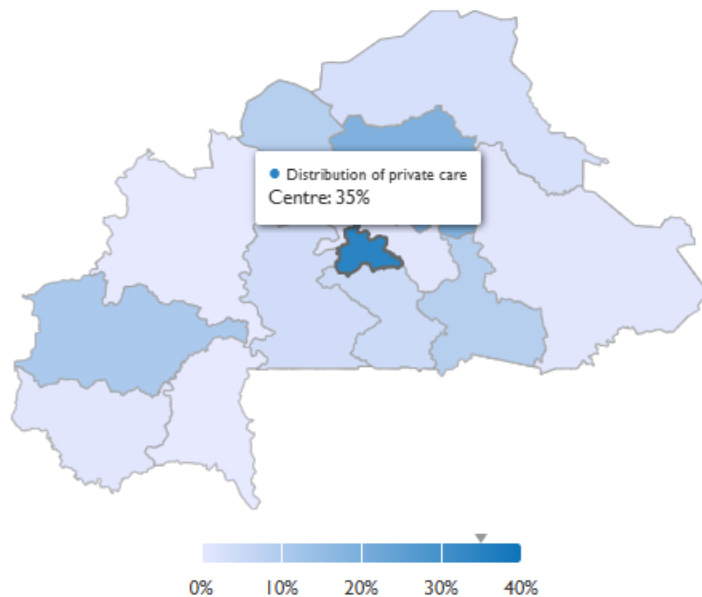
Distribution of Public Care

Distribution of Private Care

Distribution of No Care or Advice Outside the Home

Overview of Child Health and Care-seeking by Region

In many countries there is wide sub-national variation in levels of care seeking and the relative roles of the public and private sectors. Use the dropdown menu below the map to explore subnational patterns for key indicators of child health and care-seeking in Burkina Faso. The indicators presented below show results for children whose caregivers reported that they experienced one or more illness in the last two weeks (diarrhea, fever, and/or ARI).



Diarrhea

Distribution of Private Care



This map shows the distribution of private sector care seekers among children with diarrhea in the two weeks before the survey. This distribution is influenced by differences in population size, illness prevalence, and care-seeking levels and patterns. This distribution can be helpful in thinking about the potential size of markets in different places.

In Burkina Faso, the share of private sector care seekers ranges from 0% in Boucle du Mouhoun to 35% in Centre.

*Note: For some indicators sample size may not be sufficient to analyze the indicator in all regions. If sample size is insufficient the regions appear in white on the graph

Health Market Analyzer

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

The Health Market Analyzer 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.



Family Planning

- Compare Across Countries
- Single Country Landscape
- Project Future Scenarios



Child Health

- Compare Across Countries
- Single Country Landscape

Frontier Health Markets (FHM) Engage is a five-year cooperative agreement (7200AA21CA00027) funded by the United States Agency for International Development (USAID). This tool is made possible by the generous support of the American people through USAID. The information provided on this website is not official U.S. government information and does not represent the views or positions of the USAID or the U.S. Government.



USAID
FROM THE AMERICAN PEOPLE

FHM
ENGAGE

Healthy Markets for
Healthy People



INTEGRATED ICCM/FP CURRICULUM
FOR PHARMACISTS AND DRUG SHOP
VENDORS

Adaptation and Facilitation Guide



This curriculum is a global resource package for trainers, supervisors, and program managers. It is designed for training pharmacy and drug shop cadre in low-and middle-income countries on child health and FP content. The global resource package consists of 12 modules that contain PowerPoint presentations and other resource documents.

DOWNLOAD ADAPTATION AND FACILITATION GUIDE

MODULE 1: COURSE ORIENTATION

MODULE 2: COMMUNICATION SKILLS

MODULE 3: INTRODUCTION TO ICCM

MODULE 4: MALARIA

MODULE 5: DIARRHEA

MODULE 6A: PNEUMONIA

MODULE 6B: PNEUMONIA VIDEOS

MODULE 7: MALNUTRITION

MODULE 8: HOME BASED CARE

MODULE 9: INTRODUCTION TO FAMILY PLANNING

MODULE 10: FAMILY PLANNING METHODS

MODULE 11: FAMILY PLANNING COUNSELING

MODULE 12: CLOSING

Available at:

<https://www.childhealthtaskforce.org/resources/guide/2024/training-guidance-integrated-iccmfp-curriculum-pharmacists-and-drug-shop>

<https://usaidmomentum.org/resource/integrated-iccm-fp-curriculum-for-pharmacists-and-drug-shops-vendors/>



INTEGRATED ICCM/FP CURRICULUM FOR PHARMACISTS AND DRUG SHOP VENDORS

Adaptation and Facilitation Guide

MOMENTUM PRIVATE HEALTHCARE DELIVERY



SEPTEMBER 2024



Next steps/ plans
for next year

Steering committee meeting early
next year

Suggestions on priorities for next
year

Dissemination of learnings – TRM
Child health, iCCM curricula pilot

Member survey from the CHTF