

THE EXPERIENCE OF HOME BASED MANAGEMENT OF FEVER IN THE ERA OF ACTs

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Fresh Air Malaria workshop
31/03/09



Outline

- Background
- Community malaria case management, the HBMF experience
 - Implementation
 - CMD assessment
- Key issues



BACKGROUND

- Sept 2005-introduction of the Ministry of Health new National Policy on Malaria Treatment to ACTs due to increasing resistance to commonly used antimalarials
 - This statement includes treatment at household level.
- Rationale of pilot
 - Urgency to have information on key issues regarding use of AL at community level to ensure the smooth transition to its effective use under the HBMF strategy country wide.
 - Key Issues; Feasibility, Acceptability, Adherence



BACKGROUND-II

- HBMF strategy implementation in Kiboga district
- October 2006-Pilot study launched by MC in collaboration with MOH, CDC and Kiboga DHO
- Aim; to assess feasibility, acceptability and adherence of ACTs in the HBMF Strategy.
 - to inform successful/best approaches for national scale up of the HBMF strategy using ACTs.



WORK APPROACH

- Worked within MOH Guidelines, with national scale up in mind and not to raise expectations
- Improved and strengthened working relationship between Health Workers and CMDs
- Worked towards and developed good working relationship with Kiboga district officials and political leaders-
 - *through a series of planning and consultative meetings*
 - Set up District HBMF Advisory Committee
 - *to facilitate and provide guidance to the implementation of HBMF strategy using ACTs in the district*



ACTIVITIES

- Revision and update of old and development of new training and communication materials (*Oct 2006-August 2007*)
- Situational analysis of HBMF Strategy using Homapak was done (*Oct 2006, March 2007*)
- Development of a HBMF Communication strategy for the District (*Feb 2007*)
- Quantification and Distribution of Coartem



ACTIVITIES

- *Training and Sensitisation within the district*
 - Sensitisation of District political and Civic leaders, members of the press and non governmental organisations. (1 day) 23rd-24th May
 - Trainer of Trainers workshop (2 days) 5th -7th June:
 - Training of Health Workers (2 days) 19th-20th June
 - 183 Health Workers trained
 - Sensitisation of stakeholders at Sub county level (1 day) 21st June
 - Orientation of Parish Mobilisers (1 day) 21st June
 - Sensitisation of Communities and selection /replacement of CMDs (5 days) 25th-29th June
 - Training of CMDs and distribution of Coartem for use by the CMDs. (2 days) 3rd-10th July
 - Up to 1056 CMDs trained in the use of ACTs from 526
 - Attrition rate-5.4%(shift, death, loss of interest)



CMD SELECTION



ACTIVITIES

- **Support Supervision**

- **Quarterly CMD Home visits**; ongoing since 3rd-12th September 2007,
 - Assess CMD knowledge on malaria case management
 - % CMDs visited-drop outs are replaced;
 - All had medicines (AL) and 98.5% had medicine storage boxes
 - CMD record keeping had improved
- **Quarterly Review Meetings**; ongoing since 17th-26th Sept 2007
 - CMD Utilization is high.
 - All H/ Facilities and CMDs have HBMF Registers =HBMF record keeping.
 - Improved working relationship between CMDs and H/workers.

- **Monitoring ACT Supply chain at Community Level**



Assessment of CMD Coartem supply chain

- Study objective
 - to assess the feasibility of the supply chain of the CMD in the HBMF implementation in Kiboga district
- Methodology
 - Cross sectional descriptive study
 - 227 CMDs within selected parishes resident in Kiboga; 96 (42.1%) CMDs were male; 132 (57.9%) were female
 - Monthly assessments done; Feb-Jul08



Findings

- Case management
- Medicines management
- ADR monitoring
- CMD Attitudes, perceptions and challenges



Coartem is an effective treatment for fever

Reason(s) why CMD feels Coartem is an effective treatment for fever	Freq	%
It is an effective medicine/children respond to the medicine in a very short time	217	58.3
The medicine has no side effects and is not sour	124	33.3
The community as responded positively towards Coartem, Parents give feedback after treatment, Instructions are easy to follow	14	3.8
Medicine is accessible	8	2.2
Coartem is well packed	4	1.1
Parents do not have to pay hence reduced costs of treatment of malaria	2	.5
Total	372	100



Number of Patients treated within 24 hrs

Type of Medicine and Number of Patients	Frequency	%	
Yellow Pack	0	21	10.1
	1-10	167	80.7
	11-20	16	7.7
	≥ 21	3	1.4
Total	207	100	
Blue Pack	0	21	10.1
	1-10	152	73.1
	11-20	26	12.5
	≥ 21	9	4.3
Total	208	100	



Number of Patients treated within 48hrs

Type of Medicine and Number of Patients	Frequency	%
Yellow Pack	0	63
	1-10	134
	11-20	10
	≥ 21	0
Total	207	100
Blue Pack	0	54
	1-10	141
	11-20	8
	≥ 21	3
Total	206	100



Major problems encountered by CMDs during treatment of children-I

Problem	Freq	%
Some parents come to pick medicine without the children /some parents send children to pick medicine for sick siblings	72	17.5
CMDs do not have adequate user tools; paraffin, candles, torches	72	17.5
Some parents delay to bring the sick children for treatment	46	11.2
Some children are too young or too old while some parents want medicine for other diseases	45	10.9



Major problems encountered by CMDs during treatment of children-II

Problem	Freq	%
Follow up of children is difficult because of transport difficulties	36	8.8
Some parents do not follow instructions given by CMD	33	8.0
Some parents bring children at night	22	5.4
Unnecessary inconveniences e.g calling CMD from Garden	22	5.4



Major improvements in treatment of children under HBMF

Improvement	Freq	%
Children improve/get better after treatment/no deaths have been recorded/there are no more referrals	110	33.5
Care givers are more enthusiastic and willing to use the medicine	61	15.7
CMDs have been able to treat their own children and have gained more experience in the treatment of malaria.	57	14.7
There are reduced cases of malaria fever in the community	40	10.3
Parents no longer waste a lot of money on treating malaria/ distance to the hospital has reduced because services have been brought nearer	24	6.2
CMDs work has been made easier because medicine (Coartem) has no side effects and is easier to dispense	11	2.8
Radio announcements have helped in educating the community	1	.3
Total	388	100



Recommendations on how to improve treatment of children by CMDs-I

Recommendation	Freq	%
CMDs should be facilitated; soap, gloves, ,umbrellas, transport for follow up etc	114	38.4
Parents and community should continually be sensitized on medicine distribution/HBMF e.g about roles of CMDs, age bracket for children	57	19.2
Parents should be encouraged to bring children for treatment early enough i.e within 24 hours.	32	10.8



Recommendations on how to improve treatment of children by CMDs-II

Recommendation	Freq	%
CMDs should be given drugs for adults/older children and drugs for other diseases e.g cough, diarrhoea, deworming	26	8.8
CMDs should be given allowances to motivate them	18	6.1
Community members and leaders should support CMDs; collecting medicine, sensitization of the community	14	4.7
Provide CMDs with mosquito nets to reduce complaints from the community	12	4.0



Medicines management-I

Variable	YES Freq(%)
Whether received enough doses of Coartem (n=227)	210 (92.5)
Whether submits HBMF registers to supervising health facility/health worker (n=225)	222 (98.7)
Whether CMD in the past month, had to refer/send away a patient because stock of Coartem was finished (n=227)	57 (25.1)
Whether stores Coartem in special storage boxes (n=227)	216 (95.2)



Medicines management-II

Variable	YES Freq(%)
Whether has any expired Coartem (n=227)	2 (.9)
Whether CMD knows what a bad medicine reaction is (n=227)	204 (89.9)
Whether CMD has received complaints of such reactions from patients/caregivers (n=227)	218 (96)
Whether CMD referred child with Bad medicine reaction to health facility (n=9)	7 (77.8)
Whether CMD had any doses of Homapak (n=227)	6 (2.6)



Medicines management-III

Variable(n=227)	YES Freq(%)
Whether CMD is willing to continue distributing Coartem to children with fever	226 (99.6)
Whether CMD receives money for being a CMD	74 (32.6)
Whether CMD charges for giving Coartem to children to children who come for treatment	1 (.4)
Whether CMD feels it is okay to charge for giving Coartem to children who come for treatment	22 (9.7)



Major problems in getting Coartem from HFs in the last 6 months

Problem	Freq	%
Transport to collect medicine from Health facility	110	41.2.
Coartem packs were out of stock/ were given less doses than required	27	10.1
Failure to get someone to collect medicine from health facility on behalf of CMD	16	6.0
Lack of facilities and protective gear e.g gumboots, raincoats, torches to help with transportation of medicine	16	6.0
Poor working relationship between CMDs and HWs	12	4.5
Long lines at the HF/a lot of time when unattended to	11	4.1
Heath workers were not present at the health centre	8	3.0
Total	267	100



Major improvements in getting Coartem from HFs in the last 6 months

Problem	Frequency	%
The health workers are fast enough, serve CMDs well and understand CMD problems	135	45.3
CMD usually receives the amount of medicines required/medicine is always available	64	21.5
CMD received some training and gained experience in dispensing Coartem and in malaria control	23	7.7
The CMD was provided with utensils to help with transportation of medicine	22	7.4
Sometimes. the medicine was delivered to CMD's home by health workers/good Samaritans	16	6.0
Total	298	100



CMD recommendations on how to improve Coartem collection from HFs-I

Recommendation	Freq n=298	%
CMDs should be given transport to and from health facilities to collect medicine/CMDs should be given bicycles.	97	35.0
Health workers should deliver the medicine or get people to deliver the medicine to CMDs since the distances are long	44	15.9
CMDs should be provided with other facilitation; soap, gloves	25	9.0
CMDs should always be given the amount of medicine requested for when at the HF	15	5.4



CMD recommendations on how to improve Coartem collection from HFs-II

Recommendation	Freq n=298	%
Health workers should treat CMDs well at HFs	15	5.4
CMDs should be provided with refresher courses/trainings	5	1.8
Health workers should always be available at HFs	4	1.4
New staff at HFs should be oriented in HBMF	3	1.1
HWs should only give out medicine to some one else if CMD has authorized or the CMD register is available	2	.7



Key messages from the CMD assessment of Coartem supply chain

- Once trained, CMDs can manage malaria at community level
- CMDs can use Coartem with ease and safely- few ADRs recorded
- Support supervision is essential to maintain the link between HWs and CMDs and helps improve their quality of work
- HBMF medicines can be incorporated into the supply chain of essential medicines



Acknowledgement

- Kiboga District
- PMI/CDC
- DFID
- NMCP





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