



EXPANDING ACCESS TO QUALITY FAMILY PLANNING AND PRIMARY HEALTHCARE SERVICES

Policy Brief

IntegratE Project

Heterogeneity of PPMVs and Implication for Family Planning Services in Lagos and Kaduna States

A Case Study of the IntegratE project and the Pharmacists Council of Nigeria's 3 Tier - Accreditation System of PPMVs.



Introduction

Of the 30,000 Primary Health Care centres in Nigeria, only about 20% is functionalⁱ. The most significant problem facing the country's primary health care (PHC) services include inadequate, personnel, medical equipment and medicines. The failures of the primary healthcare system have created an overburden on the private health sector and made more prominent the informal healthcare. Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) are the first point of primary health care (PHC) for most Nigerianⁱⁱ.

PPMVs are an especially popular source for family planning (FP) due to their widespread availability, ease of access, consistent drug stocks, extended hours, personable interactions, and lack of consultation fees. While a significant proportion of CPs and PPMV have health qualificationsⁱⁱⁱ, many often do not have the necessary skills and knowledge to competently provide these services, are not formally recognized as part of the health system, and are prohibited from offering many PHC products and services that they are or could be trained to provide.

The IntegratE project, implemented by a consortium led by the Society of Family Health (SFH) and co-funded by Bill & Melinda Gates Foundation and MSD for Mothers, has since 2017 been working with the Federal Ministry of Health (FMoH) to broaden its task-sharing and task-shifting (TSTS) policy by piloting a 3- Tier accreditation system, led by the Pharmacy Council of Nigeria (PCN) to test a task-shifting model in Lagos and Kaduna States with the view to future scale-up.

The pilot, which is still ongoing, is conducting implementation research and generating evidence on PPMV and CP capacity to provide FP services, CP and PPMV perceptions of the tiered accreditation model, and client experiences with the FP services received.

i. Adewole I. Thirty-Six States and the FCT are to Share \$1.5m FG Fund for Primary Health Care. (2016). Available from: <https://www.informationng.com/2016/07/36-states-and-the-fct-to-share-1-5m-fg-fund-for-primary-healthcare.html>

ii. Extracted and adapted from the DFID PQQ for the Nigerian MNCH2 draft ToR (2013).

iii. Liu, J., Beyeler, N., Prach, L.M., Sieverding, M., Isiguzo, C., Nwokolo, E., Anyanti, J. (2015). The Landscape of Patent and Proprietary Medicine Vendors in 16 States of Nigeria. Abuja, Nigeria: Society for Family Health.

PCN 3-Tier accreditation mode

Recognizing the heterogeneity of PPMVs presents an opportunity to scale basic healthcare services especially in rural communities in line with the task shifting and task sharing policy. The Pharmacists Council of Nigeria is considering stratifying PPMVs into three tiers in line with their qualification in health discipline.

These tiers are show below;

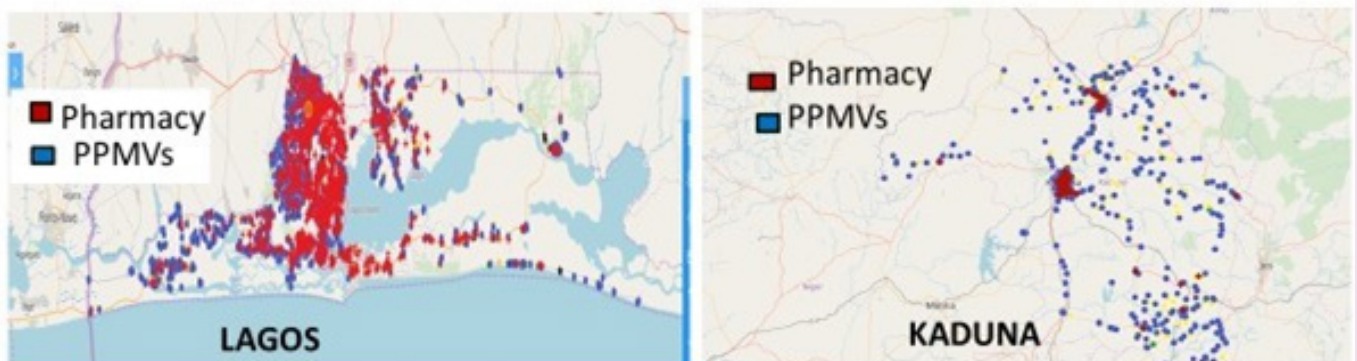
PCN -3-Tier Accreditation system

TIER CLASSIFICATION	ELIGIBILITY CRITERIA	SCOPE OF WORK (Pharmaceutical care and Service Delivery)
<i>Tier 1 PPMVs (i.e. PPMVs lacking health qualifications and any training</i>	<ol style="list-style-type: none"> 1 Ability to read and write. 2 Attainment of 21 years of age. 3 Submission of reference from two referees to PCN. 4 Qualified personnel will include those who attempted to obtain a Secondary School Certificate. 5 Also in this category are holders of Bachelor's degree in biological sciences or any other disciplines (outside of health related disciplines). 	This tier will be licensed to sell over the counter products and manage common illnesses. FP services will include condoms, cycle beads, emergency contraceptives, refill of pills but not initiation, counselling and referrals. However, persons who have training on the use of malaria rapid diagnostic test-kits (mRDT) may use the test kits to test patients for malaria.
<i>Tier 2 PPMVs (i.e. Health Qualified PPMVs):</i>	<ol style="list-style-type: none"> 1 Must fulfil the tier 1 eligibility criteria. (Ability to read and write and attainment of 21 years of age) In addition, must possess Diploma or degree in Nursing or Midwifery or, CHEWs, CHOs or any other health qualifications recognized by PCN. 	PPMV operators in this tier will be enabled to provide selected PHC services in line with the Task shifting and Task sharing policy. They will provide tier 1 services as well as use Rapid Diagnostic Test kits (RDTs), administer amoxicillin DT, conduct HIV Self-Testing, sell self-injecting contraceptives and refer patients to PHCs and higher level facilities for nutrition counselling and treatment of any other common ailment. They will also be allowed to initiate and administer LARC particularly implants if they have received training on comprehensive FP services in line with the Task Shifting and Task sharing policy.
<i>Tier 3 PPMVs (i.e. Health Qualified PPMVs</i>	<ol style="list-style-type: none"> 1. These persons must fulfill the tier 1 eligibility criteria. 2. In addition, must be Pharmacy technician 	PPMV operators in this tier will be enabled to provide selected PHC services (in line with the Task shifting and Task sharing policy); they will provide tier 1 services as well as use Rapid Diagnostic Test kits (RDTs), administer amoxicillin DT, conduct HIV Self-Testing if trained, sell self-injecting contraceptives and refer patients to PHCs and higher level facilities for nutrition counselling and treatment of any other common ailment.

GIS Mapping of Community Pharmacists and Patent and Proprietary Medicines Vendors

At inception in 2018, the project conducted a GIS Mapping of Community Pharmacists (CPs) and PPMVs in Lagos and Kaduna States to understand the size, distribution and characteristics of the providers to enable PCN categorize the PPMVs into tiers for training and service delivery.

Geospatial distribution of CPs and PPMVs in Lagos and Kaduna States



State	CP	PPMVs			Percentage of PPMVs with Health qualification
		Tier 1	Tier 2	Tier 3	
Lagos	1,686	3,089	331	37	11%
Kaduna	261	2,451	2,004	7	43%

The result was consistent with the report of the Landscape study of PPMVs which shows that significant proportion of PPMVs have health training.

Tiered Accreditation training with Focus on Family planning – IntegratE Approach



Implant insertion at PHC during competency training

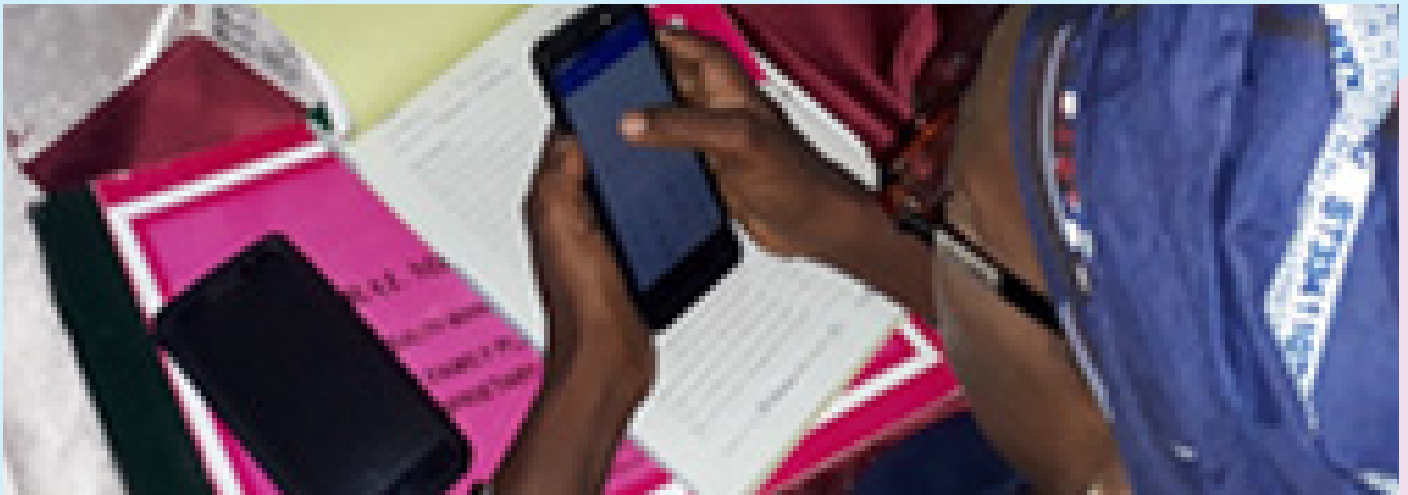
Under the pilot accreditation system, Tier 1 PPMVs participate in a three-day training on FP counseling, provision of condoms, cycle beads and oral contraceptive refills, referrals for FP methods, and documenting FP services. Tier 2 and Tier 3 PPMVs receive the same training as Tier 1 PPMVs plus an additional three-day training on injectable administration, implant insertion and removal.

As CPs must obtain a pharmacy degree for licensure, they function outside of the pilot accreditation system but receive the same training as Tier 2 and Tier 3 PPMVs.

Between July 2018 and June 2021, 461 CPs and 998 PPMVs enrolled in the IntegratE project were trained in FP based on tiering system. The FP counseling, referral and FP reporting sessions were classroom-based. CPs, Tier 2 and Tier 3 PPMVs were required to competently complete 12 implant insertions and 3 removals as part of their clinical training in nearby public health facilities.

The IntegratE project and state teams (Pharmacy Council of Nigeria, National Association of Patent and Proprietary Medicine Dealers, State Ministry of Health and State Primary Health Care Development Agency) provided supportive supervision approximately 3 months after the training.

A mobile DHIS2 was developed to aggregate FP data reported on the daily registers by the trained providers and all CPs and PPMVs were trained on data reporting and documentation using the national tools.



DHIS2 Training with providers

FP Service Delivery Data-Achievements



209,363

Number of Women Accessing
FP Services from CPs/PPMVs



94,109

New Family Planning Clients



62,051

Couple Year of Protection (CYP)

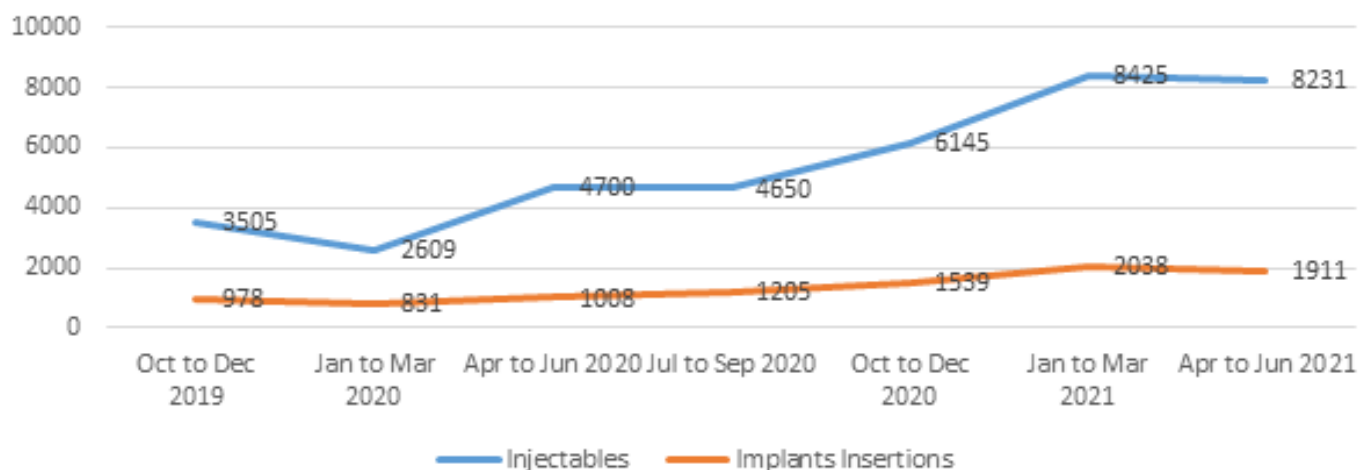


17,871

Unintended Pregnancies Averted

Over the past few years, we have noticed a gradual and consistent rise in the number of women receiving longer acting reversible contraceptive methods safely from trained CPs and PPMVs across the two states.

Injectable and Implants Uptake by Women of Reproductive Age from trained CPs and PPMVs between October 2019 – June 2021



Evidence and Learnings

The project sought to answer the following key learning questions:

1. How do the three training modules for the 3-tiered accreditation system influence PPMVs' & CPs' knowledge? Is knowledge retained over time?

Result from the 27-months knowledge retention studies reveal that CPs and PPMVs can be trained to provide an expanded scope of FP services including FP counseling, injectable administration and implant insertion/removal, and this knowledge can be retained over time. IntegratE conducted pre, post and follow-up knowledge assessment to understand the effect of the IntegratE model on CPs' and PPMVs' knowledge in line with the training received according to their scope and level of accreditation. [Check IntegratE website for detailed study at https://integrateproject.org.ng/project-brief/](https://integrateproject.org.ng/project-brief/)

2. How do clients who receive services from trained PPMVs (from all three tiers) perceive the quality, accessibility, convenience, and cost of those services they received?

Result from client exit interviews obtained from women who had just received FP services from the trained CPs and PPMVs shows that clients reported close relationships with IntegratE providers. Women often provided highly positive feedback on their interactions with the CP and PPMV they visited, using expressions like 'motherly', 'friendly', 'warm', 'caring', 'patient', and 'respectful'. Several women expressed that their relationship had grown beyond that of a client and provider to that of a friend and confidant and noted that the provider would often call them to check on their welfare after their visit. Some women sought health care for other members of their family from the PPMV who provided them their FP services. [Check IntegratE website for detailed study at https://integrateproject.org.ng/project-brief/](https://integrateproject.org.ng/project-brief/)

3. What are PPMVs/CPs perceptions of the accreditation and supervisory system and how do these models affect their businesses?

Results of IntegratE project's implementation research approaches demonstrate that CPs and PPMVs appreciated the relevance of project's FP training. Leveraging results from the 9-month follow-up, most CPs and PPMVs (94%) felt that more people in their communities have confidence in the quality of FP services that they provide, and 85% agreed that they received more demand for FP as a result of the training (reported at the 9-month follow-up). These CPs also stated that they had conflicts on the day of the training and were not aware of opportunities to attend other trainings on implant insertion and removal. [Check IntegratE website for detailed study at https://integrateproject.org.ng/project-brief/](https://integrateproject.org.ng/project-brief/)

Recommendations and Conclusions

1. Results from the pilot studies in Lagos and Kaduna states reveal that CPs and PPMVs can be trained to safely provide expanded family planning services like injectable and implant when properly supervised and supported.
2. A revised task-sharing and task-shifting (TSTS) policy inclusive of CPs and health trained PPMVs has the potential to dramatically improve access to primary healthcare access for Nigerians, especially underserved populations, expanding services and supplies through these retail channels in a way that ensures quality and sustainability.
3. CPs and PPMVs have the capacity to be trained to routinely provide service delivery data which can be integrated into the National Health Management Information system. This will provide the country with a robust data for decision making and planning.
4. CPs and health trained PPMVs presents an opportunity to rapidly and safely scale up DMPA-SC and self-injection in line with the country's accelerated plan.