project brief

IntegratE Project Results: FP Knowledge and Quality of Care Received from Community Pharmacists & Patent and Proprietary Medicine Vendors

KEY TAKEAWAYS: PPMVs, regardless of accreditation tier, are a good source of family planning counseling. According to client interviews in Lagos and Kaduna, Tier 1 PPMVs provided services of high quality, which is comparable to Tier 2 PPMVs. CPs provided lower quality of care relative to Tiers 1 and 2 PPMVs. CPs require further training and support to ensure that they offer high quality of care services to their FP clients.

BACKGROUND

In Nigeria, Community Pharmacists (CPs) and Patent and Proprietary Medicine Vendors (PPMVs) are the first point of care for many common illnesses within the community. Although CPs and PPMVs are not formally recognized as family planning (FP) service providers, 22% of modern contraceptive users report receiving their last method from a PPMV and 12% from a private pharmacy.[1] PPMVs are especially popular for FP due to their widespread availability, consistent drug stocks, extended hours, personable interactions, and no separate fees for consultations.[2,3] As the Federal Ministry of Health (FMoH) explores expanding its task sharing policy to include CPs and PPMVs, evidence is needed on an effective regulatory system to support PPMVs and CPs to provide high quality FP services.

THE INTEGRATE PROJECT

The IntegratE Project is a four-year initiative (2017-2021) funded by the Bill & Melinda Gates Foundation and MSD for Mothers[4] that seeks to increase access to contraceptive methods by involving the private sector (CPs and PPMVs) in FP service delivery in Lagos and Kaduna states. IntegratE is implemented by a consortium of partners led by Society for Family Health and includes Marie Stopes International Organization Nigeria, Planned Parenthood Federation of Nigeria, Population Council and PharmAccess. The project seeks to establish a regulatory system with the Pharmacists Council of Nigeria (PCN) to ensure that CPs and PPMVs provide quality FP services, comply with FP regulations, and report service statistics to the Health Management Information System (HMIS).

To achieve this, the IntegratE Project in collaboration with PCN and the FMoH, is implementing three main activities: (1) a pilot 3-tiered accreditation system for PPMVs based on their healthcare qualifications; (2) a pilot hub-and-spoke supervisory model where CPs (the hub) provide support to PPMVs (spokes) to ensure standard drug stocking practices; and (3) building the capacity of CPs and

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PPMVs to provide expanded FP services and report service statistics to the HMIS.

Under the pilot accreditation system, PPMVs were provided with a standardized FP training to enable them to offer certain FP services based on their tier (Table above). CPs function outside of the pilot accreditation system but would receive the same training and provide the same services as Tier 2 PPMVs. The IntegratE Project is simultaneously raising awareness about the FP services that CPs and PPMVs provide. **This brief focuses on comparing the following outcomes among PPMVs and CPs: knowledge of FP and QoC received as reported by FP clients served.** Additional information on the IntegratE Project can be found at www.integrateeproject.org.ng.

METHODS

The IntegratE Project conducted a mixed-methods study to assess the effect of a series of interventions implemented by the IntegratE project on PPMV and CPs' capacity to provide FP. This brief builds of off two existing analysis and focuses on two important components: provider knowledge of FP services and QoC received as reported by FP clients.

Provider Knowledge: Between 2019 and 2020, 607 CPs and PPMVs from Kaduna and Lagos states trained by the IntegratE project were enrolled into the study. As part of the study, enrolled CPs and PPMVs completed a self-administered 9-month follow-up knowledge assessment in 2020 Results presented in this brief are related to general knowledge for FP counseling (common to training received by all three provider groups) to compare results across Tier 1 PPMVs (n=74) Tier 2 PPMVs (n=213) and CPs (n=272).

Quality of Care (QoC): Between June and November of 2019, clients were interviewed after receiving FP services from trained CPs and PPMVs. Clients who received FP services from CPs in Kaduna and Lagos states were contacted within approximately 10 days of receiving services by a data collector by phone about the services that they received. QoC scores were categorized into high, medium, and low and disaggregated by provider type: Tier 1 PPMVs (n=98) Tier 2 PPMVs (n=305) and CPs (n=94).

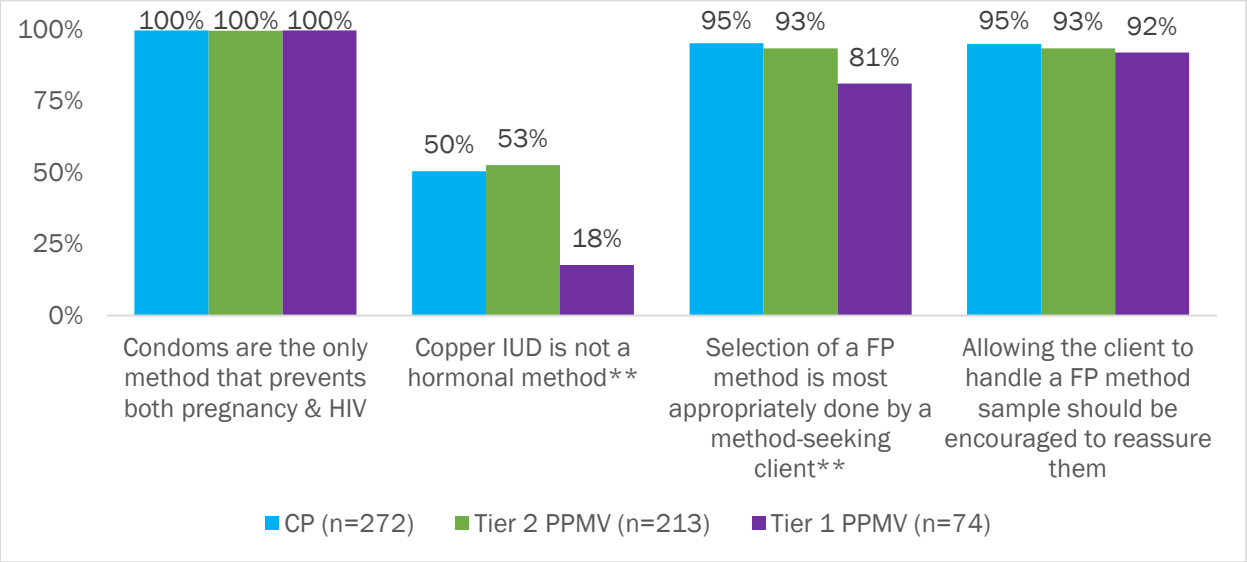
STUDY FINDINGS: PROVIDER KNOWLEDGE

The provider knowledge assessments found few significant differences in FP knowledge among Tier 1 and Tier 2 PPMVs and CPs at 9-months post-training. All Tier 1 PPMVs, Tier 2 PPMVs, and CPs had correct knowledge that condoms prevent pregnancy and HIV, and nearly all knew that clients should be allowed to handle an FP method to reassure them (Figure 1). In terms of differences in knowledge, 50% of CPs compared to 53% of Tier 2 PPMVs and 18% of Tier 1 PPMVs knew that the Copper IUD is not a hormonal contraceptive method (p-value $\leq$ 0.01). 95% of CPs compared to 93% of Tier 2 PPMVs and 81% of Tier 1 PPMVs knew that the selection of a contraceptive method is most appropriately done by a client seeking a contraceptive method (p-value $\leq$ 0.01).

An analysis was run to assess differences in knowledge between Tier 1 and Tier 2 PPMVs. Statistically significant differences were observed for correctly identifying that the Copper IUD is not a hormonal contraceptive, and that the selection of contraceptive method is most appropriately done by the client (data not shown).

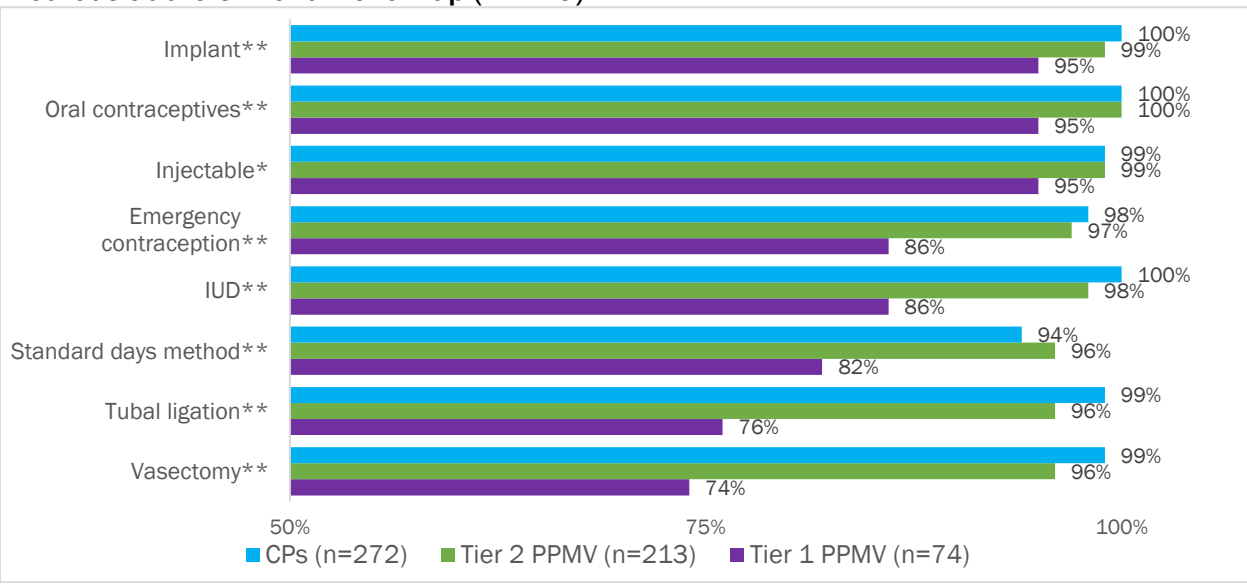
Regarding knowledge on a range of modern FP methods, PPMVs and CPs possessed similar knowledge for eight FP methods (Figure 2). This knowledge was high for nearly all methods but dropped slightly for standard days method and permanent methods. **Compared to CPs and Tier 2 PPMVs, Tier 1 PPMVs demonstrated lower levels of knowledge of the eight modern FP methods.** Lower levels of knowledge were most noticeable for permanent FP methods including tubal ligation (76%) and vasectomy (74%), standard days method (82%), IUD (86%) and emergency contraception (86%).

Figure 1: Proportion PPMVs and CPs who had correct FP counseling knowledge at the 9-month follow-up (n=559)



** p-value ≤ 0.01; * p-value ≤ 0.05

Figure 2: Proportion of PPMVs and CPs who correctly identified a range of modern FP methods at the 9-month follow-up (n=559)



** p-value ≤ 0.01 * p-value ≤ 0.05

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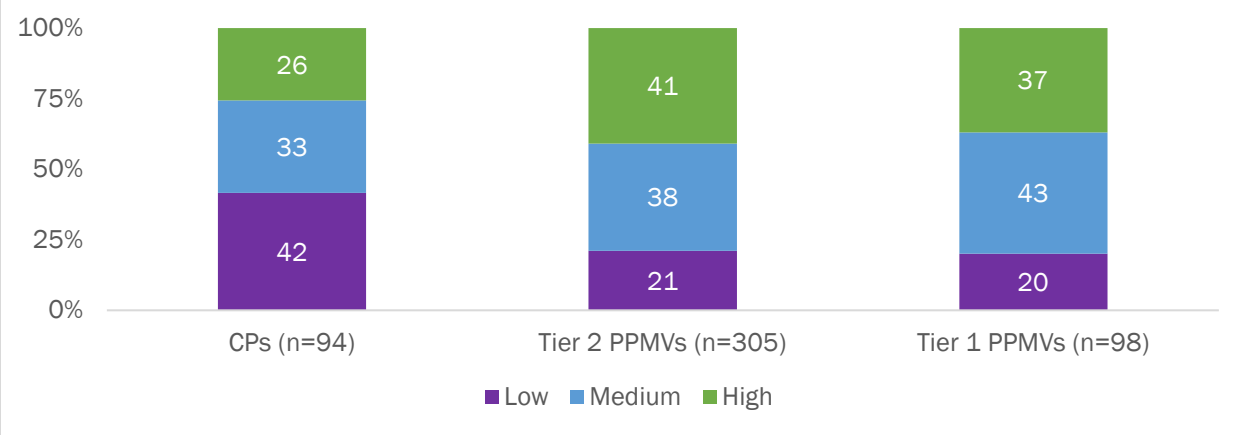
Figure 3: Distribution of clients' report of quality of care received by provider visited (Tier I and 2 PPMVs and CPs) (n=497)**



** p-value ≤ 0.01

STUDY FINDINGS: QUALITY OF CARE

While QoC received by Tier 1 and Tier 2 PPMV clients was found to be similar, those seen by a CPs reported receiving lower QoC (Figure 3). More women who saw a CP received low QoC (42%) compared to women who saw Tier 2 PPMVs (21%) or Tier 1 PPMVs (20%, p-value ≤ 0.01). Only 26% of women who saw a CP received high QoC, compared to 41% of who saw a Tier 2 PPMV and 37% of who saw a Tier 1 PPMV.

When comparing QoC received from clients seen by Tier 1 and 2 PPMVs, most women received high or medium quality of care and there was no statistically significant difference in care received between the two tiers (data not shown).

CONCLUSIONS & IMPLICATIONS

These results suggest that FP counseling knowledge was good for all three provider types and therefore, Tier 1 PPMVs are as good of a source of FP counseling as Tier 2 PPMVs and CPs. Tier 1 PPMVs' knowledge of modern FP methods could be improved but all providers indicated less knowledge for methods not offered routinely, like permanent contraception.

Further, FP clients reported receiving comparable quality of care from Tier 1 and Tier 2 PPMVs. **Results show that clients received lower levels of quality of care from CPs, which may be due to their low interest in providing FP services.** Further research should explore the reasons why CPs may be poorly motivated to provide quality FP services. Routinely collecting data from clients about quality of care received through a digital platform may help providers improve their services continuously and over time.

References

1. National Population Commission (NPC) [Nigeria] and ICF. 2019. Nigeria Demographic and Health Survey 2018. Abuja, Nigeria, and Rockville, Maryland, USA: NPC and ICF.
2. Brugha R, Zwi A (2002) "Improving the quality of private sector delivering of public health services: challenges and strategies." Health Policy Plan, 13:103-120.
3. Adetunji JA (1991) "Response of parents to five killer diseases among children in a Yoruba community,
Nigeria." Social Science Medicine 32:1379-1387.
4. This program is co-funded by, developed and is being implemented in collaboration with MSD for Mothers, MSD's $500 million initiative to help create a world where no woman dies giving life. MSD for Mothers is an initiative of Merck & Co., Inc., Kenilworth, NJ, U.S.A.

